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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
63974	10/16/14 - 2/2/16	1/13/17	$ 720.00	Depo prep, Depo review, 2 Board appear's. LBO, P&I's + Cost & Sanc.	$ 719.50	26796	10/19/16	US Administrator (Republic group)
					$ 1,300.00	27527	1/10/17	
			TOTAL AMT PAID =>		**$ 2,019.50**			
64328	11/20/14 - 9/10/15	4/3/17	$ 563.00	Depo prep, Depo review Board appear. LBO + P&I's	$ 156.00	166565	2/19/15	Illinoise Midwest
					$ 556.22	249672	3/27/17	
			TOTAL AMT PAID =>		**$ 712.22**			
70205	8/10/16 - 9/22/16	5/15/17	$406.50	Board appear. LBO, C&R reading, P&I's + Cost & Sanc.	$ 156.50	0000016647	9/28/16	York
					$ 90.00	0000023378	4/6/17	
					$ 1,000.00	0000025026	5/18/17	
			TOTAL AMT PAID =>		**$ 1,246.50**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
62785	5/10/12 - 2/9/15	12/29/16	$1,282.50	3 Depo preps, 2 Depo reviews, 2 Board appear. LBO, Lien act. Fee, P&I's + Cost & Sanc.	$ 313.00	1198579463	3/19/13	The Hartford & Travelers
					$ 656.50	1237631998	3/11/15	
					$ 156.50	1263349366	9/15/16	
					$ 1,600.00	891A87945256	12/23/16	
			TOTAL AMT PAID =>		**$ 2,726.00**			
64326	11/19/14 - 12/21/16	5/8/17	$1,126.00	3 Depo preps, 2 Depo reviews, Board appear. LBO, P&I's + Cost & Sanc.	$ 969.50	1269468200	2/8/17	The Hartford
					$ 156.50	1271266075	3/21/17	
					$ 386.67	1272326772	4/14/17	
					$ 1,031.83	1273093488	5/2/17	
			TOTAL AMT PAID =>		**$2,544.50**			
67719	10/12/15 - 2/23/16	9/6/16	$ 386.50	QME eval, Board appear. LBO, P&I's + Cost & Sanc.	$ 1,466.00	53568	9/2/16	York
			TOTAL AMT PAID =>		**$ 1,466.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
48902	10/4/11 - 6/11/13	9/6/16	$2,800.00	Initial, 13 PR-2's, P&S, Lien act. Fee & P&I's	$ 4,563.99	00292677	9/2/16	Amtrust
			TOTAL AMT PAID =>		**$ 4,563.99**			
65053	3/5/15 - 5/4/16	9/14/16	$3,806.50	Initial, 6 PR-2's, Initial Chiro, 5 F/U chiro tx, Initial Acup., 3 F/U acup., 2 F.C.E.'s, P&S, Depo prep, Depo review, C&R reading, Lien fil fee & P&I's	$ 156.50	CT-409696	5/6/15	SCIF
					$ 250.00	CU-306077	8/19/16	
					$ 4,556.57	CU-309418	9/12/16	
			TOTAL AMT PAID =>		**$ 4,963.07**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
38523	9/17/10 - 9/15/15	8/19/16	$5,229.50	Initial, 21 PR-2's, 2 Depo preps, 2 Depo reviews, 1 Board appear. LBO, C&R reading, Lien act. Fee, P&I + Cost & Sanc.	$ 229.50	104252953	9/30/15	CNAClaims
					$ 9,000.00	104996731	8/31/16	
			TOTAL AMT PAID =>		**$ 9,229.50**			
60954	2/6/14 - 5/24/16	10/12/16	$ 1,029.50	Initial, PR-2, Diagn. Study (EMG/NCT), 3 Board appear. LBO, Lien fil fee & P&I's	$ 1,278.64	0073355747	10/6/16	Sedgwick
			TOTAL AMT PAID =>		**$ 1,278.64**			
59022	6/4/13 - 12/10/13	10/11/16	$1,480.00	Initial, 4 PR-2's, F.C.E. test, Diagn. Study (EMG/NCV), P&S, Lien fil Fee & P&I's	$ 720.00	28836639	7/14/15	AIG & Zurich
					$ 1,288.00	1100987898	10/7/16	
			TOTAL AMT PAID =>		**$ 2,008.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
62459	6/25/14 - 3/18/15	3/18/16	$ 563.00	Depo prep, Depo review, Board appear. ANA, P&I's + Cost & Sanc.	$ 850.00	8815793491	3/15/16	Farmers
			TOTAL AMT PAID =>		**$ 850.00**			
59916	10/10/13 - 12/30/13	10/5/16	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 156.50	896D83338036	12/5/13	Travelers
					$ 1,000.00	896D88386145	9/30/16	
			TOTAL AMT PAID =>		**$ 1,156.50**			
66105	6/1/15 - 3/9/16	10/6/16	$563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 156.50	1100456370	7/10/15	Zurich
					$ 250.00	1100488305	8/6/15	
					$ 156.50	1100954374	9/8/16	
					$ 750.00	1100981341	10/3/16	
			TOTAL AMT PAID =>		$ 1,313.00			
59126	6/20/13 - 4/7/14	4/7/16	$1,800.00	10 F/U acup., Lien fil Fee & P&I's	$ 2,734.53	314006	3/31/16	Intercare
			TOTAL AMT PAID =>		**$ 2,734.53**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
63745	10/2/14 - 10/12/16	4/25/17	$ 969.50	Depo prep, Depo review, Board appear. LBO, C&R reading, P&I's + Cost & Sanc.	$ 90.00	00603033	12/19/14	Pacific Comp & Seabright
					$ 66.50	343023	3/5/15	
					$ 156.56	00614316	4/14/15	
					$ 2,077.00	01052381	4/20/17	
			TOTAL AMT PAID =>		**$ 2,390.06**			
50552	12/13/11 - 8/17/15	3/28/16	$ 2,147.00	Initial, Initial Psych (2.5hrs), Initial acup., F.C.E. Test, 2 PR 2's, 2 Board appear. LBO, Depo prep, Deposition, Depo review, Lien act. Fee, P&I's + Cost & Sanc.	$ 4,243.28	0063489562	3/22/16	Sedgwick
			TOTAL AMT PAID =>		**$ 4,243.28**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
62967	8/7/14 - 2/17/16	4/21/17	$563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 156.50	1100131281	10/13/14	Zurich
					$ 250.00	1100728707	3/1/16	
					$ 156.00	1101104410	1/20/17	
					$ 800.00	1101206707	4/18/17	
			TOTAL AMT PAID =>		**$ 1,362.50**			
55922	11/8/12 - 5/26/15	3/24/16	$ 1,026.00	Depo prep, Depo review, Diagn. Study (MRI), 3 Board appear. LBO, P&I's + Cost & Sanc.	$ 406.50	4566	1/15/13	American Claims
					$ 150.00	4743	2/8/13	
					$ 156.50	7185	4/25/14	
					$ 156.50	8173	6/4/00	
					$ 156.50	8989	3/14/16	
					$ 1,000.00	9037	4/1/16	
			TOTAL AMT PAID =>		**$ 2,026.00**			
41933	1/18/11	4/11/16	$ 156.50	Board appear. LBO, Lien act. Fee & P&I's	$ 369.23	1100775991	4/7/16	Zurich
			TOTAL AMT PAID =>		**$ 369.23**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
50529	12/12/11 - 8/27/15	4/11/16	$6,901.00	4 Initial's, 22 PR-2's, Pre-Op, Surgery (7.5hrs), 3 Post-Op, 4 Board appear. LAO, Lien act. Fee, P&I's + Cost & Sanc.	$ 8,000.00	4407615	4/7/16	Sedgwick
			TOTAL AMT PAID =>		**$ 8,000.00**			
60221	10/29/13 - 2/17/14	2/14/17	$ 1,280.00	3 PR-2's, Initial acup., 2 F/U acup., F.C.E. Test, Lien fil Fee & P&I's	$ 2,073.69	00129086	2/9/17	Amtrust (Sequoia Insurance company)
			TOTAL AMT PAID =>		**$ 2,073.69**			
66115	6/4/15	9/6/16	$ 156.50	Depo prep, P&I's + Cost & Sanc.	$ 156.50	260546897	3/24/16	Employers
					$ 600.00	260605227	9/1/16	
			TOTAL AMT PAID =>		**$ 756.50**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64053	10/29/14 - 7/29/15	8/31/16	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 156.50	0000697505	1/8/15	ICW
					$ 1,916.61	1403343	8/24/16	
			TOTAL AMT PAID =>		**$ 2,073.11**			
63607	10/2/14 - 3/5/15	1/13/16	$ 563.00	Depo prep, Board appear. LBO, C&R reading, P&I's + Cost & Sanc.	$ 156.50	99972093	11/6/14	Liberty Mutual
					$ 709.23	0029473886	1/7/16	
			TOTAL AMT PAID =>		**$ 865.73**			
43734	3/16/11 - 7/27/15	12/23/15	$ 813.00	2 Board appear. LBO, 2 C&R reading's, Lien act Fee, P&I's + Cost & Sanc.	$ 156.50	CU-789900	5/4/11	SCIF
					$ 15.65	CU-174463	12/30/14	
					$ 10.96	CU-174464	12/30/14	
					$ 156.50	CU-174467	12/30/14	
					$ 250.00	CU-225935	8/4/15	
					$ 469.69	CU-261725	1/11/16	
			TOTAL AMT PAID =>		**$ 1,059.30**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
45360	6/6/11 - 4/2/15	4/11/16	$ 1,276.00	3 Board appears. LBO, 2 C&R readings, 2 Diagn. Studies (MRI/Polysonm) P&I's + Cost & Sanc.	$ 150.00	CS-364229	2/22/12	SCIF
					$ 313.00	CS-438969	5/1/13	
					$ 306.50	CS-590795	3/16/16	
					$ 813.00	CS-591985	3/25/16	
					$ 813.00	CS-593602	4/7/16	
			TOTAL AMT PAID =>		**$ 2,395.50**			
52439	4/9/12 - 8/27/12	3/24/16	$ 976.00	3 Board appears LBO, Depo prep, C&R reading, P&I's + Cost & Sanc.	$ 313.00	0264168	7/4/12	Patriot Risk Services (CIGA/Ullico)
					$ 156.00	30796	11/23/13	
					$ 406.50	79698142	6/2/15	
					$ 500.00	79926235	3/31/16	
			TOTAL AMT PAID =>		**$ 1,375.50**			
59275	6/25/13 - 9/28/15	2/15/17	$ 1,463.00	Initial, PR-2, Job analysis, Depo prep, Depo review, C&R reading + P&I's	$ 156.50	0251902	12/12/13	Berkshire Hathaway (Cypress Insurance)
					$ 698.08	0543029	10/30/15	
					$ 1,000.00	0715594	2/13/17	
			TOTAL AMT PAID =>		**$ 1,854.58**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
41522	1/5/11 - 7/16/15	2/14/17	$ 1,260.50	6 Board appears (LBO/AHM/SBR) Board appear. Full day (SBR), P&I's + Cost & Sanc.	$ 156.50	DA65398634	5/20/11	ACE/ESIS
					$ 156.50	DA66118788	9/9/11	
					$ 156.50	DA66891653	1/10/12	
					$ 165.00	DA70961011	11/11/13	
					$ 156.50	DA72397302	7/22/14	
					$ 1,100.00	DA77479887	2/7/17	
			TOTAL AMT PAID =>		**$ 1,891.00**			
65450	3/16/15 - 5/14/15	2/8/17	$ 656.50	Depo prep, Depo review, C&R reading, P&I'S + Cost & Sanc.	$ 1,200.00	891A88052845	2/3/17	Travelers
			TOTAL AMT PAID =>		**$ 1,200.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
66097	5/28/15 - 2/1/16	2/1/17	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 156.50	1243735520	7/14/15	The Hartford
					$ 406.50	1258693267	6/6/16	
					$ 90.38	1268838926	1/25/17	
			TOTAL AMT PAID =>		**$ 653.38**			
47728	8/23/11 - 7/5/16	5/25/17	$ 469.50	2 Board appears. LBO, C&R reading, P&I's + Cost & Sanc.	$ 156.50	CP-518101	9/12/11	SCIF
					$ 156.50	CP-933492	8/18/16	
					$ 156.50	CP-965231	3/29/17	
					$ 1,000.00	CP-972232	5/23/17	
			TOTAL AMT PAID =>		**$ 1,469.50**			
67842	11/9/15 - 12/29/15	8/2/16	$ 813.00	Depo prep, Depo review, Board appear. LBO, C&R reading, P&I's + Cost & Sanc.	$ 270.00	0001154567	1/12/15	Insurance of the West (ICW)
					$ 356.00	1324757	6/21/16	
					$ 1,800.00	1369510	7/29/16	
			TOTAL AMT PAID =>		**$ 2,426.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
61093	3/7/14 - 10/13/16	3/31/17	$ 1,032.50	Depo prep, Depo Revew, 4 Board appears. LBO, P&I's + Cost & Sanc.	$ 406.50	896D84216793	5/23/14	Travelers
					$ 156.50	896D86338952	7/22/15	
					$ 156.50	896D86574649	9/9/15	
					$ 1,198.37	896D89154600	3/24/17	
			TOTAL AMT PAID =>		**$ 1,917.87**			
61081	2/25/14 - 11/11/15	3/24/17	$ 813.00	Depo prep, Depo review, Board appear. LBO, C&R reading, P&I's + Cost & Sanc.	$ 563.00	CU-217916	6/30/15	SCIF
					$ 250.00	CU-327637	1/11/17	
					$ 250.00	CU-334119	2/23/17	
					$ 780.00	CU-337068	3/14/17	
			TOTAL AMT PAID =>		**$ 1,843.00**			
60614	12/18/13 - 8/3/16	3/28/17	$ 1,662.50	Depo prep, Depo review, 4 Board appears. LBO, C&R reading, Lien fil fee, P&I's + Cost & Sanc.	$ 180.00	0000501276	4/29/14	Insurance of the West (ICW)
					$ 156.50	0000594279	8/28/14	
					$ 2,400.00	1660527	3/21/17	
			TOTAL AMT PAID =>		**$ 2,736.50**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
35667	10/22/09 - 5/9/16	3/28/17	$ 2,221.50	2 Depo preps, 2 Depo reviews, 7 Board appears. LBO, P&I's + Cost & Sanc.	$ 406.50	0076143247	1/20/10	Gallagher Bassett
					$ 313.00	0092027575	3/8/12	
					$ 1,189.00	0104513318	9/27/13	
					$ 313.00	0134633349	2/9/17	
					$ 1,429.00	0135673589	3/23/17	
			TOTAL AMT PAID =>		**$ 3,650.50**			
64279	11/5/14 - 3/22/16	3/24/17	$ 1,032.50	2 Depo preps, Depo review, 3 Board appears. LBO, P&I'S + Cost & Sanc.	$ 563.00	8815219964	2/18/15	Farmers
					$ 156.50	8815656136	12/8/15	
					$ 156.50	8815779840	3/7/16	
					$ 156.50	8816273695	2/24/17	
					$ 1,156.50	8816307572	3/21/17	
			TOTAL AMT PAID =>		**$ 2,189.00**			
39524	10/25/10 - 10/4/16	3/22/17	$ 1,032.50	Depo prep, Depo review, 3 Board appears. LBO, P&I's + Cost & Sanc.	$ 313.00	896D88473739	10/20/16	Travelers
					$ 719.50	896D88933100	2/3/17	
					$ 1,400.00	896D89122683	3/17/17	
			TOTAL AMT PAID =>		**$ 2,432.50**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68007	12/9/15 - 5/18/16	6/6/17	$ 313.00	2 Board appears. LBO, P&I's + Cost & Sanc.	$ 156.50	1100700377	2/5/16	Zurich
					$ 156.50	1101161642	3/9/17	
					$ 1,000.00	1101256224	6/1/17	
			TOTAL AMT PAID =>		**$ 1,313.00**			
46657	7/18/11 - 9/18/15	4/15/16	$ 1,457.75	6 Board appears. POM, Diagn. Study (Ct scan), C&R reading, Lien act fee + P&I's	$ 313.00	6510942689	1/6/12	Broadspire
					$ 185.55	650191593	8/15/12	
					$ 168.75	6520245164	10/2/12	
					$ 313.00	6520959865	8/4/14	
					$ 737.93	6530510786	4/11/16	
			TOTAL AMT PAID =>		**$ 1,718.23**			
66047	5/11/15 - 1/11/16	5/9/17	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 156.50	FE48702704	7/14/15	ACE/ESIS
					$ 246.50	FE60391991	4/3/17	
					$ 1,542.18	FE60530759	5/4/17	
			TOTAL AMT PAID =>		**$ 1,945.18**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64912	2/17/15	6/2/17	$ 156.50	Board appear. LBO	$ 156.50	240671449	8/10/16	Employers
					$ 32.16	240698581	10/6/16	
					$ 100.00	240808957	5/31/17	
			TOTAL AMT PAID =>		**$ 288.66**			
69892	6/29/16 - 2/9/17	5/8/17	$ 313.00	2 Board apppears. POM, P&I's + Cost & Sanc.	$ 313.00	1272266990	4/13/17	The Hartford
					$ 450.00	1272950484	4/28/17	
			TOTAL AMT PAID =>		**$ 763.00**			
28111	11/02/17 - 2/11/16	4/18/16	$ 1,639.50	2 Initials, 2 Board appears. LBO, C&R reading, Lien act fee + P&I's	$ 90.00	0060713025	10/29/07	Gallagher Bassett
					$ 180.00	0065718151	8/25/08	
					$ 2,106.71	0127079546	4/10/16	
			TOTAL AMT PAID =>		**$ 2,376.71**			
58706	4/8/13 - 7/31/14	4/19/16	$ 2,294.50	Initial (3hrs), 6 PR-2's, 2 Depo preps, Depo review, Lien fil fee, P&I's + Cost & Sanc.	$ 115.00	891A85331840	7/31/14	Travelers
					$ 448.00	891A85440611	9/3/14	
					$ 3,000.00	891A87227441	4/15/16	
			TOTAL AMT PAID =>		**$ 3,563.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
66093	5/27/15	6/28/16	$ 250.00	C&R reading, P&I's + Cost & Sanc.	$ 1,000.00	891A87431802	6/24/16	Travelers
			TOTAL AMT PAID =>		**$ 1,000.00**			
45815	6/15/11 - 8/8/11	7/6/16	$ 306.50	Diagn study (MRI), Board appear. LBO, P&I's + Cost & Sanc.	$ 800.00	71136479	6/30/16	FirstComp
			TOTAL AMT PAID =>		**$ 800.00**			
32560	12/14/08 - 11/23/15	7/6/16	$ 2,765.00	4 Diagn studies (MRI's/MRA), 2 Depo preps, 2 Depo reviews, 7 Board appears. LBO, Lien act fee + P&I's	$ 150.00	0068594753	1/14/09	Gallagher Bassett
					$ 813.00	0075928312	1/6/10	
					$ 3,089.00	0129105633	6/29/16	
			TOTAL AMT PAID =>		**$ 4,052.00**			
48344	8/30/11 - 1/22/13	7/19/16	$ 2,283.00	3 Initials, 4 PR-2's, 2 P&S's, 2 Board appears. LBO, Lien act fee + P&I's	$ 1,273.00	79785052	9/17/15	CIGA
					$ 2,174.47	79996730	7/12/16	
			TOTAL AMT PAID =>		**$ 3,447.47**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
66428	6/22/15 - 10/23/15	6/1/16	$ 313.00	Board appear. LBO, Stipulation, P&I's + Cost & Sanc.	$ 313.00	01251091	3/16/16	Liberty Mutual
					$ 59.55	01408629	5/20/16	
					$ 1,091.09	01422557	5/26/16	
			TOTAL AMT PAID =>		**$ 1,463.64**			
62944	7/24/14 - 1/20/15	5/31/16	$ 10,168.00	Initial, Depo prep, Depo review, 44 F/U acups., 7 PR-2's, Board appear. LBO, Lien fil fee, P&I's + Cost & Sanc.	$ 313.12	CJ28508	2/20/15	OneBeacon
					$ 180.00	CJ28510	2/20/15	
					$ 156.50	CJ28981	3/2/15	
					$ 313.12	CJ31017	4/6/15	
					$ 469.68	CJ32834	5/11/15	
					$ 990.00	CJ36128	7/2/15	
					$ 360.00	CJ37058	7/20/15	
					$ 876.56	CJ47594	1/11/16	
					$ 10,000.00	AD74841-5	5/24/16	
			TOTAL AMT PAID =>		**$ 13,658.98**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
58506	4/8/13 - 4/24/13	5/27/16	$ 406.50	Depo prep, Depo review, P&I's + Cost & Sanc.	$ 279.00	7665836	2/16/16	Corvel
					$ 180.00	7705385	3/29/16	
					$ 1,137.32	7752475	5/24/16	
			TOTAL AMT PAID =>		**$ 1,596.32**			
64527	12/23/14 - 12/14/15	5/3/16	$ 719.50	2 Depo preps, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 1,910.16	66390457	4/28/16	Liberty Mutual
			TOTAL AMT PAID =>		**$ 1,910.16**			
60606	1/3/14 - 12/23/15	5/23/16	$ 719.50	Depo prep, Depo review, 2 Board appear. LBO, P&I's + Cost & Sanc	$ 719.50	FE9908521	4/21/16	Esis
					$ 750.00	FE59033579	5/19/16	
			TOTAL AMT PAID =>		**$ 1,469.50**			
66417	6/29/15	4/22/16	$ 250.00	C&R reading, & P&I's	$ 308.61	CP-914256	4/20/16	SCIF
			TOTAL AMT PAID =>		**$ 308.61**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
49674	10/30/11 - 9/28/15	4/19/16	$ 1,639.00	3 Diagn. Studies (MRI), Depo prep, Depo review, 4 Board appear. LBO, P&I's + Cost & Sanc.	$ 1,169.50	009106419	12/11/14	Guard
					$ 469.50	009218283	1/22/16	
					$ 800.00	009242275	4/14/16	
			TOTAL AMT PAID =>		**$ 2,439.00**			
62661	6/11/14 - 6/29/15	4/15/16	$ 1,032.50	4 Board appear. (SA & LBO), Depo prep, Depo review, P&I's + Cost & Sanc.	$ 156.50	CU-150027	9/22/14	SCIF
					$ 156.50	CU-158959	10/27/14	
					$ 250.00	CU-183417	2/6/15	
					$ 469.50	CU-246638	10/27/15	
					$ 700.00	CU-281334	4/13/16	
			TOTAL AMT PAID =>		**$ 1,732.50**			
64866	1/20/15 - 4/16/15	4/22/16	$ 313.00	2 Board appear. LBO, P&I's + Cost & Sanc.	$ 156.50	00616344	5/4/15	Pacific Comp
					$ 156.50	00628407	8/21/15	
					$ 500.00	01002552	4/18/16	
			TOTAL AMT PAID =>		**$ 813.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
59214	7/2/13 - 7/30/15	4/18/16	$ 13,240.00	7 Initials, 37 PR-2's, 11 Phys tx, 17 F/U acup., 3 F.C.E. test, 1 Diagn. Test (EMG/NCV), Initial Chiro, P&S, Lien fil. Fee & P&I's	$ 630.00	32858130	2/13/14	Fireman's Fund
					$ 3,060.00	33038840	10/9/14	
					$ 90.00	33086093	12/16/14	
					$ 180.00	33147348	3/18/15	
					$ 90.00	33192795	5/21/15	
					$ 360.00	33192794	5/21/15	
					$ 90.00	33195001	5/26/15	
					$ 180.00	33203970	6/9/15	
					$ 90.00	33207102	6/12/15	
					$ 1,260.00	33223965	7/9/15	
					$ 4,410.00	33226953	7/14/15	
					$ 3,767.51	33390658	4/8/16	
			TOTAL AMT PAID =>		$ 14,207.51			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69488	10/1/12 - 12/4/14	5/27/16	$ 795.00	2 Diagn. Studies (Ct scan/ Ultrasound), Surgery (5.5 hrs), Lien fil fee & P&I's	$ 1,137.88	1321495	6/17/16	Insurance of the West (ICW)
			TOTAL AMT PAID =>		**$ 1,137.88**			
49895	11/7/11	3/23/17	$ 156.00	Board appear. LBO, Lien act. Fee, P&I's + Cost & Sanc.	$ 369.77	BU-179022	11/21/16	SCIF
					$ 650.00	CU-338189	3/21/17	
			TOTAL AMT PAID =>		**$ 1,019.77**			
60578	12/16/13 - 2/4/15	3/16/17	$ 7,033.00	4 Initial's 30 PR-2's, Diagn. Study (EMG/NCV), Depo prep, Depo review, Board appear. LBO, Lien fil fee, P&I's + Cost & Sanc.	$ 3,500.00	5636892852	11/9/15	Broadspire
					$ 7,500.00	5644101654	3/13/17	
			TOTAL AMT PAID =>		**$ 11,000.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
40661	11/23/10 - 6/10/13	7/6/16	$ 1,466.00	Initial, 2 PR-2's, Depo prep, Depo review, 3 Board appear., Lien act. Fee, P&I's + Cost & Sanc.	$ 836.00	1247819868	10/7/15	The Hartford
					$ 2,142.49	1260317544	7/7/16	
			TOTAL AMT PAID =>		**$ 2,978.49**			
62943	7/23/14 - 8/6/15	4/21/17	$ 469.50	Depo prep, 2 Board appear. LBO, P&I's + Cost & Sanc.	$ 469.50	1252795823	1/28/16	The Hartford
					$ 88.34	1254514147	3/3/16	
					$ 1,300.00	1272326780	4/14/17	
			TOTAL AMT PAID =>		**$ 1,857.84**			
70293	9/30/13 - 9/1/16	2/7/17	$ 1,588.50	Depo prep, Depo review, 3 Board appears. LBO, Pre-op, Surgery (4hrs 10mins), Lien fil	$ 156.50	508091	6/13/14	Tristar & ACE/ESIS
					$ 156.50	FE59743405	11/2/16	
					$ 969.00	FE59867896	12/1/16	
					$ 90.00	FE60022485	1/10/17	
					$ 1,754.05	FE60121202	2/2/17	
			TOTAL AMT PAID =>		**$ 3,126.05**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64312	11/17/14 - 12/3/15	4/4/17	$ 906.50	Depo prep, Depo review, 2 C&R readings, P&I's + Cost & Sanc.	$ 406.50	3068139	2/10/15	Intercare
					$ 500.00	3190652	1/4/17	
					$ 1,400.00	3203701	3/29/17	
			TOTAL AMT PAID =>		**$ 2,306.50**			
62323	5/29/14 - 4/19/16	4/28/17	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 406.50	260264698	9/10/14	Employers
					$ 90.00	260575747	6/10/16	
					$ 400.00	270111281	4/26/17	
			TOTAL AMT PAID =>		**$ 896.50**			
66491	7/20/15 - 10/20/15	5/3/17	$ 406.50	Board appear. LAO, C&R reading, P&I's + Cost & Sanc.	$ 156.50	891A86592990	9/15/15	Travelers
					$ 90.00	891A86743506	11/4/15	
					$ 800.00	891A88287824	4/28/17	
			TOTAL AMT PAID =>		**$ 1,046.50**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68545	3/13/15 - 1/19/16	6/16/16	$ 2,836.50	2 Initials, Initial acup, F.C.E. test, 6 F/U chiro txs., 3 PR-2's, 2 F/U acups., Depo prep, C&R reading, Lien fil fee, P&I's + Cost & Sanc.	$ 4,000.00	110853877	6/13/16	Zurich
			TOTAL AMT PAID =>		**$ 4,000.00**			
64855	1/15/15 - 3/14/15	5/3/17	$ 406.50	Depo prep, Depo review, P&I's + Cost & Sanc.	$ 406.50	CP-934163	8/23/16	SCIF
					$ 2,000.00	CP-969533	5/1/17	
			TOTAL AMT PAID =>		**$ 2,406.50**			
52344	3/29/12 - 1/14/13	2/11/16	$ 1,640.00	Initial, 6 PR-2's, Lien act fee, P&I's + Cost & Sanc.	$ 1,540.00	000007331	10/23/15	Carl Warren
					$ 2,487.94	3130322	2/24/16	
			TOTAL AMT PAID =>		**$ 4,027.94**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
37510	5/13/10 - 8/13/10	3/3/16	$ 916.50	Initial, PR-2, Depo prep, Depo review, Lien act fee, P&I's + Cost & Sanc.	$ 704.16	891A87028448	2/11/16	Travelers
					$ 1,850.00	891A87075852	2/26/16	
			TOTAL AMT PAID =>		**$ 2,554.16**			
61365	4/4/14 - 7/20/15	1/4/16	$ 719.50	Depo prep, Depo review, 2 Board appears. AHM + P&I's	$ 922.67	00094841	12/31/15	Amtrust (Sequoia Insurance)
			TOTAL AMT PAID =>		**$ 922.67**			
65836	5/5/15 - 5/13/15	5/1/17	$ 406.50	Depo prep, Depo review, P&I's + Cost & Sanc.	$ 554.57	01646894	4/11/17	Amtrust (ANA UBI claims)
					$ 1,500.00	01670006	4/26/17	
			TOTAL AMT PAID =>		**$ 2,054.57**			
63359	8/22/14 - 10/14/15	5/2/17	$ 656.50	Depo prep, Depo review, C&R reading, P&I's + Cost & Sanc.	$ 1,485.77	02780701	4/27/17	Amtrust (Technology insurance)
			TOTAL AMT PAID =>		**$ 1,485.77**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
69095	3/23/16 - 5/11/16	12/21/16	$ 1,096.50	Post-op, 2 PR-2's, Depo prep, C&R reading, Lien fil fee, P&I's + Cost & Sanc.	$ 2,296.64	0133265397	12/14/16	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 2,296.64**			
59412	8/5/13 - 8/22/16	12/20/16	$ 969.50	2 Board appears. LBO, Depo prep, Depo review, P&I's + Cost & Sanc.	$ 269.28	1010691757	9/30/16	Liberty Mutual
					$ 969.50	1010697544	10/14/16	
					$ 580.00	1010721873	12/15/16	
			TOTAL AMT PAID =>		**$ 1,818.78**			
66104	5/28/15	1/19/17	$ 156.50	Depo prep, P&I's + Cost & Sanc.	$ 156.50	1267235616	12/15/16	The Hartford
					$ 850.00	1268417335	1/13/17	
			TOTAL AMT PAID =>		**$ 1,006.50**			
68005	12/3/15 - 1/13/16	12/20/16	$ 313.00	2 Board appears. POM, P&I's + Cost & Sanc.	$ 313.00	0129539762	7/18/16	Gallagher Bassett
					$ 725.00	0133192119	12/12/16	
			TOTAL AMT PAID =>		**$ 1,038.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64512	1/9/15 - 2/3/16	5/8/17	$ 719.50	Depo prep, Depo review, Board appear. LBO, C&R reading, P&I's + Cost & Sanc.	$ 156.50	CS-586453	2/11/16	SCIF
					$ 563.00	CS-621779	12/15/16	
					$ 1,800.00	CS-635334	5/5/17	
			TOTAL AMT PAID =>		**$ 2,519.50**			
37942	7/15/10 - 7/21/11	6/9/16	$ 1,556.50	2 Initials, 2 PR-2's, P&S, Depo prep, Depo review, Lien act fee, P&I's + Cost & Sanc.	$ 406.50	97269286	9/25/12	Liberty Mutual
					$ 850.00	0029819433	6/3/16	
					$ 1,050.00	0029818088	6/3/16	
			TOTAL AMT PAID =>		**$ 2,306.50**			
57591	1/4/13 - 8/4/14	6/13/16	$ 10,762.50	50 PR-2's, 3 Depo preps, 2 Depo reviews, 2 PRP's, F.C.E. test, 2 Board appears. LBO, Lien file fee + P&I's	$ 15,000.00	00108771	6/8/16	Amtrust (Sequoia insurance)
			TOTAL AMT PAID =>		**$ 15,000.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
49727	11/8/11 - 2/16/15	6/10/16	$ 4,080.00	Initial, EMG/NCV, 20 PR-2's, Lien act fee + P&I's	$ 5,953.52	DA76242757	6/7/16	ACE/ESIS
			TOTAL AMT PAID =>		**$ 5,953.52**			
61084	2/27/14 - 1/21/15	12/19/16	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 270.00	6747	10/30/15	Intercare
					$ 270.00	7310	1/21/16	
					$ 242.85	9068	10/4/16	
					$ 800.00	9621	12/9/16	
			TOTAL AMT PAID =>		**$ 1,582.85**			
69453	5/17/16 - 2/21/17	5/8/17	$ 1,032.50	Board appear. LBO (full day), 2 Board appears. LBO, Depo prep, Depo review, P&I's + Cost & Sanc.	$ 313.00	0066565510	7/26/16	Sedgwick
					$ 90.00	0068284473	9/1/16	
					$ 697.17	0073339537	3/24/17	
					$ 650.00	0073818324	5/5/17	
			TOTAL AMT PAID =>		**$ 1,750.17**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
63223	6/23/10 - 6/15/16	1/25/17	$ 2,384.50	11 Board appears. LBO, Depo prep, Depo review, Lien act fee, P&I's + Cost & Sanc.	$ 2,384.50	270064440	11/30/16	Employers
					$ 2,050.00	270081638	1/23/17	
			TOTAL AMT PAID =>		**$ 4,434.50**			
38709	10/14/10 - 7/16/15	10/25/16	$ 1,602.00	3 Diagn. Studies (MRI), 6 Board appears. LBO, Lien act fee, P&I's + Cost & Sanc.	$ 1,237.36	896D86602731	9/15/15	Travelers
					$ 1,800.00	896D88482436	10/21/16	
			TOTAL AMT PAID =>		**$ 3,037.36**			
58896	5/22/13 - 3/10/15	11/15/16	$ 1,032.50	Depo prep, Depo review, 2 Board appears. LBO, Board appear. LBO (full day), P&I's + Cost & Sanc.	$ 156.50	0002447318	7/12/13	Sedgwick
					$ 250.00	0002460061	8/2/13	
					$ 626.00	3166462	10/11/16	
					$ 825.00	3182805	11/10/16	
			TOTAL AMT PAID =>		**$ 1,857.50**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
68579	2/22/16 - 4/21/16	11/15/16	$ 719.50	2 Depo preps, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 156.50	30380080	4/23/16	Chartis/AIG
					$ 90.00	30615642	6/10/16	
					$ 900.00	31313801	11/9/16	
			TOTAL AMT PAID =>		**$ 1,146.50**			
52165	3/13/12 - 12/7/15	9/22/16	$ 939.00	4 Board appear. LBO, Depo prep, P&I's + Cost & Sanc.	$ 156.50	7626467	7/11/12	Gallagher Bassett/ CHUBB
					$ 578.34	0123824076	12/3/15	
					$ 1,520.00	0130962756	9/13/16	
			TOTAL AMT PAID =>		**$ 2,254.84**			
63942	8/5/13 - 5/11/15	11/21/16	$ 1,776.00	5 PR-2's, 2 Depo preps, Depo review & Board appear. (LBO), Lien fil fee, P&I's + Cost & Sanc.	$ 875.00	009216059	10/28/16	AmGuard
					$ 2,300.00	009219996	11/15/16	
			TOTAL AMT PAID =>		**$ 3,175.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
51179	1/20/12 - 6/30/15	4/11/16	$ 1,495.50	Depo prep, Depo review, 6 Board appear. LBO, Diagn. Study (MRI), P&I's + Cost & Sanc.	$ 556.50	0032009918	3/13/12	Sedgwick
					$ 156.50	0032010514	3/27/12	
					$ 469.50	0061702238	2/8/16	
					$ 313.00	0062851917	3/22/16	
					$ 1,260.69	0062852629	4/7/16	
			TOTAL AMT PAID =>		**$ 2,756.19**			
64052	10/29/14 - 4/7/16	8/22/16	$ 719.50	Depo prep, Depo review, 2 Board appear. LBO & P&I's	$ 156.50	0000001716	1/6/15	York
					$ 250.00	0000001994	2/12/15	
					$ 156.50	0000005236	5/6/16	
					$ 212.72	0000006229	8/17/16	
			TOTAL AMT PAID =>		**$ 775.72**			
52411	3/20/12 - 8/17/12	8/19/16	$ 556.50	Depo prep, Depo review, Diagn. Study (MRI), Lien act. fee, P&I's + Cost & Sanc.	$ 1,300.00	5640929622	8/15/16	Broadspire
			TOTAL AMT PAID =>		**$ 1,300.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
58197	2/15/13 - 9/24/15	8/17/16	$ 719.50	Depo prep, Depo review, 2 Board appear. LBO, P&I's + Cost & Sanc	$ 156.50	0000202644	7/11/13	Insurance of the West (Explorer Insurance)
					$ 250.00	0000204194	9/4/13	
					$ 429.58	220730	5/6/16	
					$ 1,000.00	221820	8/10/16	
			TOTAL AMT PAID =>		**$ 1,836.08**			
64894	2/3/15 - 6/22/15	8/17/16	$ 406.50	C&R reading, Board appear. ANA, P&I's + Cost & sanc.	$ 90.00	30848278	7/27/16	AIG
					$ 825.00	30918648	8/10/16	
			TOTAL AMT PAID =>		**$ 915.00**			
60090	10/9/13 - 12/14/15	8/16/16	$ 2,449.00	7 PR-2's, Depo prep, Depo review, 4 Board appear., Lien fil. Fee, P&I's + Cost & Sanc.	$ 180.00	0347365	4/22/14	AmGuard
					$ 3,800.00	009280360	8/10/16	
			TOTAL AMT PAID =>		**$ 3,980.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
55923	10/15/12 - 8/20/15	6/14/16	$ 1,063.50	Diagn. study (MRI), 3 Board appear. LBO, Depo prep, Depo review, Lien fil fee, P&I's + Cost & Sanc.	$ 202.50	0026023073	2/1/13	Liberty Mutual
					$ 156.50	00757963	8/26/15	
					$ 1,085.47	01178237	2/16/16	
					$ 500.00	01456970	6/10/16	
			TOTAL AMT PAID =>		**$ 1,944.47**			
64262	9/18/14 - 11/15/14	8/12/16	$ 890.00	Initial, F.C.E. test, 2 PR-2's, Diagn. Study (EMG/NCV), Lien fil fee & P&I's	$ 1,388.58	221755	8/5/16	Insurance of the West (Explorer Insurance)
			TOTAL AMT PAID =>		**$ 1,388.58**			
68290	1/25/2016	8/9/16	$ 156.50	Board appear. POM & P&I's	$ 156.50	1260702936	7/16/16	The Hartford
					$ 31.91	1261501691	8/3/16	
			TOTAL AMT PAID =>		**$ 188.41**			
61354	4/1/14 - 5/17/16	8/12/16	$ 406.50	Depo review, Board appear. LBO & P&I's	$ 250.00	8814823363	5/29/14	Farmers
					$ 184.86	8816000165	8/9/16	
			TOTAL AMT PAID =>		**$ 434.86**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
63013	6/27/14 - 2/10/15	10/17/16	$ 2,238.75	2 Initial's, P&S, 2 F.C.E. test (2 hrs 15 min) , 5 PR-2's, F/U acup., R.O.M., Lien fil fee & P&I's	$ 450.00	3068139	2/10/15	Intercare
					$ 90.00	3080352	4/1/15	
					$ 180.00	3095009	6/16/15	
					$ 270.00	3105553	8/4/15	
					$ 180.00	3107545	8/12/15	
					$ 90.00	3107751	8/13/15	
					$ 1,128.75	3175098	10/7/16	
			TOTAL AMT PAID =>		**$ 2,388.75**			
66469	7/9/15 - 3/17/16	8/9/16	$ 813.00	Board appear. LBO, Depo prep, Depo review, C&R reading, P&I's, Cost & Sanc.	$ 313.00	297415	9/2/15	American Claims (Everest National)
					$ 165.00	331660	5/12/16	
					$ 650.00	342531	8/4/16	
			TOTAL AMT PAID =>		**$ 1,128.00**			
66249	6/3/2015	1/5/17	$ 156.50	Depo prep, P&I's + Cost & Sanc.	$ 375.00	520799	12/29/16	Zenith
			TOTAL AMT PAID =>		**$ 375.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
63960	10/10/14 - 6/16/15	6/20/16	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 156.50	42772	12/30/14	American Claims
					$ 250.00	43066	1/9/15	
					$ 156.50	56750	5/2/16	
					$ 700.00	57875	6/16/16	
			TOTAL AMT PAID =>		**$ 1,263.00**			
60693	1/16/14 - 2/4/16	5/9/16	$ 656.50	Depo prep, Depo review, C&R reading, P&I's + Cost & Sanc.	$ 180.00	260137782	3/27/14	Employers
					$ 185.00	260559877	4/27/16	
					$ 1,000.00	260568301	5/19/16	
			TOTAL AMT PAID =>		**$ 1,365.00**			
55392	9/14/12	10/24/16	$ 156.50	Depo prep , P&I's + Cost & Sanc.	$ 730.00	CU-315703	10/20/16	Scif
			TOTAL AMT PAID =>		**$ 730.00**			
64513	12/16/2014	10/24/16	$ 250.00	C&R reading, P&I's + Cost & sanc.	$ 585.86	0030114862	10/18/16	Liberty Mutual
			TOTAL AMT PAID =>		**$ 585.86**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64335	12/2/14 - 9/23/15	8/1/16	$ 719.50	Depo prep, Depo review, 2 Board appear. LBO, P&I's + Cost & Sanc	$ 563.00	0060846183	9/23/16	Sedgwick
					$ 1,000.00	0070398185	7/27/16	
			TOTAL AMT PAID =>		**$ 1,563.00**			
64916	2/19/15 - 6/2/16	3/30/17	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 406.50	123233382K	7/6/16	State Farm
					$ 1,314.08	123646879K	3/27/17	
			TOTAL AMT PAID =>		**$ 1,720.58**			
69915	7/6/16	3/28/17	$ 156.50	Board appear. POM, P&I's + Cost & Sanc.	$ 191.96	31787470	3/16/17	AIG
					$ 468.04	31806286	3/22/17	
			TOTAL AMT PAID =>		**$ 660.00**			
67714	10/15/2015	3/28/17	$ 156.50	Board appear. LBO, P&I's + Cost & Sanc.	$ 883.00	344678	3/24/17	Sedgwick
			TOTAL AMT PAID =>		**$ 883.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
47403	8/8/11 - 10/28/14	10/17/16	$ 463.00	Diagn. study (MRI), 2 Board appear. SA, Lien act fee, P&I's + Cost & Sanc.	$ 156.50	1100271587	4/17/14	Zurich
					$ 950.00	1100079076	10/12/16	
			TOTAL AMT PAID =>		**$ 1,106.50**			
64922	2/24/15 - 4/23/15	1/17/17	$ 563.00	2 Depo preps, Depo review, P&I's + Cost & Sanc.	$ 2,500.00	7942838	1/10/17	Corvel
			TOTAL AMT PAID =>		**$ 2,500.00**			
68820	3/15/16 - 11/3/16	1/4/17	$ 313.00	2 Board appear. POM, P&I's + Cost & Sanc.	$ 450.00	5643019125	12/30/16	Broadspire
			TOTAL AMT PAID =>		**$ 450.00**			
60594	12/17/13 - 1/15/15	6/17/16	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 406.50	0047781194	3/26/14	Sedgwick
					$ 156.50	0064289173	12/7/15	
					$ 200.00	0068710700	6/14/16	
			TOTAL AMT PAID =>		**$ 763.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
61091	3/7/14	6/17/16	$ 156.50	Depo prep, P&I's + Cost & Sanc.	$ 90.00	28946782	7/30/15	AIG
					$ 90.00	29054159	8/15/15	
					$ 284.26	30629567	6/14/16	
			TOTAL AMT PAID =>		**$ 464.26**			
63084	10/17/16	10/17/16	$ 1,129.50	Initial, PR-2, 2 Board appears LBO, Depo prep, Depo review, Lien fil fee, P&I's + Cost & Sanc.	$ 156.50	0060849178	10/9/15	Sedgwick
					$ 2,235.98	0073977495	10/13/16	
			TOTAL AMT PAID =>		**$ 2,392.48**			
69501	4/10/14 - 7/31/15	10/24/16	$ 1,090.00	Initial, 3 PR-2's, Initial acup., Initial Chiro. Lien fil fee & P&I's	$ 1,534.62	8816103600	10/21/16	Farmers
			TOTAL AMT PAID =>		**$ 1,534.62**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
46929	7/21/11 - 4/19/12	5/8/17	$ 2,649.50	Initial, 2 PR-2's Initial acup., F/U acup., 2 Diagn. Study (MRI & POLYSONMNOGRAPHY), F.C.E. test, P&S, Board appear., LBO, 2 Depo preps, 2 Depo reviews, Lien act. Fee, P&I's + Cost & Sanc.	$ 5,523.02	FE60530105	5/4/17	ESIS
			TOTAL AMT PAID =>		**$ 5,523.02**			
41531	1/11/11 - 1/20/16	10/5/16	$ 2,095.00	9 Board appears. LBO, Depo prep, Depo review, Lien act fee, P&I's + Cost & Sanc.	$ 406.50	103088820	6/11/14	CNA Claims/SCIF
					$ 180.00	CU-271317	2/25/16	
					$ 1,190.00	105041037	9/22/16	
					$ 2,310.00	CU-312941	10/3/16	
			TOTAL AMT PAID =>		**$ 4,086.50**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
57507	1/24/13 - 1/14/15	3/21/16	$ 969.50	Depo prep, Depo review, C&R reading, 2 Board appears. LBO, P&I's + Cost & Sanc.	$ 406.50	0103982156	9/4/13	Gallagher Bassett
					$ 563.00	0119801750	6/29/15	
					$ 1,000.00	0126380611	3/14/16	
			TOTAL AMT PAID =>		**$ 1,969.50**			
37377	4/22/10 - 3/14/11	3/28/17	$ 916.00	Initial, EMG/NCV, PR-2, Depo prep, Lien act fee, P&I's + Cost & Sanc.	$ 2,200.00	71143053	3/22/17	FirstComp
			TOTAL AMT PAID =>		**$ 2,200.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
65508	5/9/11 - 12/4/15	5/3/16	$ 2,856.00	2 Initials, CT scan, 3 PR-2's, P&S, 2 Board appears. LBO, 2 Depo preps, 2 Depo reviews, C&R reading, Lien act fee, P&I's + Cost & Sanc.	$ 156.50	CU-924872	8/10/12	SCIF & ZURICH
					$ 250.00	BU-848836	8/16/12	
					$ 156.50	CU-115530	5/14/14	
					$ 3,200.00	1100802977	4/29/16	
			TOTAL AMT PAID =>		**$ 3,763.00**			
60899	1/28/14 - 6/6/16	10/19/16	$ 1,996.00	3 Board appears. LBO, Depo prep, Depo review, 2 PR-2's, F.C.E., 2 P&S, Lien fil fee, P&I's + Cost & Sanc.	$ 156.50	1010092529	4/15/14	Liberty Mutual
					$ 3,400.00	1010697544	10/14/16	
			TOTAL AMT PAID =>		**$ 3,556.50**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
49419	10/25/11 - 4/25/16	7/12/16	$ 1,641.25	2 Depo preps, 2 Depo reviews, 3 Board appears. LBO, Initial (2hrs 15mins), Lien act fee, P&I's + Cost & Sanc.	$ 406.50	896D79813102	2/22/12	Travelers
					$ 563.00	896D82649256	7/29/13	
					$ 1,200.00	896D88004615	7/8/16	
			TOTAL AMT PAID =>		**$ 2,169.50**			
60782	1/27/14 - 10/22/15	7/6/16	$ 1,796.50	Board appear. SA, 7 PR-2's, Initial, Lien fil fee, P&I's + Cost & Sanc.	$ 156.50	00619643	7/2/15	Liberty Mutual
					$ 180.00	0029086024	8/3/15	
					$ 2,300.00	01503143	6/30/16	
			TOTAL AMT PAID =>		**$ 2,636.50**			
57807	1/28/13 - 8/4/15	5/17/16	$ 1,502.00	Depo prep, Depo review, Board appears. LBO, Board appear. LBO (full day), P&I's + Cost & Sanc.	$ 2,983.12	10051319	5/18/16	Liberty Mutual
			TOTAL AMT PAID =>		**$ 2,983.12**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
66806	8/3/15 - 9/18/15	4/12/17	$ 656.50	Depo prep, Depo review, C&R reading, P&I's + Cost & Sanc.	$ 180.00	123800994K	9/17/15	State Farm
					$ 680.59	123556982K	2/1/17	
					$ 900.00	123668514K	4/7/17	
			TOTAL AMT PAID =>		**$ 1,760.59**			
65017	11/4/14 - 1/13/16	4/10/17	$ 3,720.00	3 Initials, 15 PR-2's, Phys tx, Chiro tx, Lien fil fee + P&I's	$ 4,600.00	0135959859	4/4/17	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 4,600.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
57775	1/8/13 - 1/5/17	4/17/17	$ 7,902.50	3 Initials, 28 PR-2's, PT initial, EMG/NCV, Depo prep, Depo review, F.C.E., 2 P&S, 3 Board appears. LBO, Lien fil fee, P&I's + Cost & Sanc.	$ 2,586.50	8814428593	9/18/13	Farmers
					$ 230.00	8814445089	9/30/13	
					$ 360.00	8814541383	11/27/13	
					$ 180.00	8814547222	12/3/13	
					$ 270.00	8814623522	1/23/14	
					$ 180.00	8814635197	1/31/14	
					$ 270.00	8814678785	2/28/14	
					$ 90.00	8814711643	3/20/14	
					$ 90.00	8814732136	4/2/14	
					$ 90.00	8814741538	4/8/14	
					$ 90.00	8814752665	4/15/14	
					$ 90.00	8814778687	5/2/14	
					$ 90.00	8814801410	5/15/14	
					$ 90.00	8814823403	5/29/14	
					$ 90.00	8814925344	8/6/14	
					$ 90.00	8815507682	8/27/15	
					$ 90.00	8815809565	3/28/16	
					$ 4,500.00	8816338012	4/14/17	
			TOTAL AMT PAID =>		$ 9,476.50			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64551	12/23/14 - 10/27/15	7/22/16	$ 563.00	Depo prep, Board appear. LBO, C&R reading, P&I's + Cost & Sanc.	$ 156.50	102948	3/5/15	Hazelrigg Claims
					$ 406.50	110493	3/10/16	
					$ 1,200.00	113543	7/21/16	
			TOTAL AMT PAID =>		**$ 1,763.00**			
53368	5/24/12 - 6/11/14	7/28/16	$ 2,653.75	Initial, Diagn study (MRI), 10 PR-2's, P&S, Lien act fee + P&I's	$ 4,000.00	891A87514743	7/25/16	Travelers
			TOTAL AMT PAID =>		**$ 4,000.00**			
39955	11/15/10 - 2/23/15	2/12/16	$ 843.00	2 Board appears. LBO, C&R reading, P&I's + Cost & Sanc.	$ 156.50	CN-460519	1/3/11	SCIF
					$ 156.50	CP-800343	8/7/14	
					$ 430.00	CP-902225	2/3/16	
					$ 400.55	CP-903435	2/10/16	
			TOTAL AMT PAID =>		**$ 1,143.55**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
63747	10/6/14 - 1/18/16	8/23/16	$ 656.50	Depo prep, Depo review, C&R reading, P&I's + Cost & Sanc.	$ 156.50	0114180052	11/19/14	Gallagher Bassett
					$ 1,000.00	0130289194	8/16/16	
			TOTAL AMT PAID =>		**$ 1,156.50**			
53142	5/21/12 - 4/3/15	10/10/16	$ 656.50	Depo prep, Depo review, C&R reading + P&I's	$ 406.50	820007298	7/11/12	City of Santa Ana
					$ 328.93	820032364	10/5/16	
			TOTAL AMT PAID =>		**$ 735.43**			
59517	8/13/13 - 11/11/16	3/15/17	$ 876.00	Depo prep, Depo review, Board appear. LBO, C&R reading, P&I's + Cost & Sanc.	$ 563.00	110791677	4/20/16	Zurich
					$ 1,000.00	1101195901	4/7/17	
			TOTAL AMT PAID =>		**$ 1,563.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
58787	4/15/13 - 7/16/13	2/9/16	$ 1,930.00	F.C.E., Initial, Initial acup., 7 Phys. Tx., 3 F/U acup., Lien fil fee + P&I's	$ 2,382.25	DA75596827	2/5/16	ACE/ESIS
			TOTAL AMT PAID =>		**$ 2,382.25**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
40458	11/11/10 - 5/22/14	2/11/16	$ 1,852.00	2 Depo preps, 2 Depo reviews, 4 Board appears. LBO, Board appea. LBO (full day), Lien act fee + P&I's	$ 406.50	17215	3/4/11	American Claims (Everest Nat'l)
					$ 156.50	22191	7/19/11	
					$ 1,700.00	58629	2/8/15	
			TOTAL AMT PAID =>		**$ 2,263.00**			
64907	2/12/15 - 10/29/15	9/16/16	$ 406.50	Depo prep, C&R reading, P&I's + Cost & Sanc.	$ 406.50	0433475	2/11/15	Berkshire Hathaway (Oak River insurance)
					$ 700.00	0459367	9/12/16	
			TOTAL AMT PAID =>		**$ 1,106.50**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
32391	11/21/08 - 2/24/14	3/2/16	$ 22,073.75	2 Initials, 82 PR-2's, 1st surgery (2.5hrs), 2nd surgery (9.5hrs), 3rd surgery (14hrs),4th surgery (10hrs), 4 Pre-ops, 3 Post-ops, 2 EMG/NCV's, Injection (9hrs), 5 Board appears. LBO, Lien act fee, P&I's + Cost & Sanc.	$ 590.00	108272	4/17/09	Illinoise Midwest
					$ 410.00	108729	4/22/09	
					$ 180.00	112588	6/11/09	
					$ 1,416.50	129489	11/9/09	
					$ 1,620.00	161863	12/2/10	
					$ 18,842.40	0000744741	8/24/15	
					$ 9,295.04	216034	2/23/16	
					$ 5,704.96	216067	2/29/16	
			TOTAL AMT PAID =>		**$ 38,058.90**			
61557	4/22/14 - 6/9/16	9/19/16	$ 719.50	2 Depo preps, Depo review, Board appear. LBO & Cost & Sanc.	$ 1,950.51	DA76758553	9/15/16	ACE/ESIS
			TOTAL AMT PAID =>		**$ 1,950.51**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
57502	1/16/13 - 2/24/15	9/30/16	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 1,000.00	0131235712	9/23/16	Gallagher Bassett
			TOTAL AMT PAID =>		**$ 1,000.00**			
56230	11/14/12 - 11/11/14	3/18/16	$ 969.50	Depo prep, Depo review, 2 Board appears LBO, C&R reading, P&I's + Cost & Sanc.	$ 969.50	00234750	1/22/16	Amtrust
					$ 1,758.85	00254198	3/14/16	
			TOTAL AMT PAID =>		**$ 2,728.35**			
64414	12/15/14 - 11/7/16	5/8/17	$ 876.00	Depo prep, Depo review, 3 Board appears. LBO, P&I's + Cost & Sanc.	$ 156.50	1100303027	3/5/15	Zurich
					$ 156.50	1100337382	4/2/15	
					$ 90.00	1100913456	8/4/16	
					$ 1,659.06	1101225407	5/4/17	
			TOTAL AMT PAID =>		**$ 2,062.06**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
40629	8/5/10 - 8/16/10	5/15/17	$ 336.50	Board appear. LBO, PR-2, Lien act. Fee, P&I's + Cost & Sanc.	$ 156.50	CS-633986	4/21/17	Scif
					$ 1,500.00	CS-635837	5/11/17	
			TOTAL AMT PAID =>		**$ 1,656.50**			
66465	7/7/15	5/16/17	$ 156.50	Depo prep, P&I's + Cost & Sanc.	$ 156.56	0068358560	2/1/17	Sedgwick
					$ 1,000.00	0070278243	5/11/17	
			TOTAL AMT PAID =>		**$ 1,156.56**			
64042	11/5/14 - 9/21/15	5/16/17	$ 969.50	Depo prep, Depo review, 2 Board appears. LBO, C&R reading, P&I's + Cost & Sanc.	$ 406.50	1100264880	2/3/15	Zurich
					$ 2,777.88	1101236459	5/12/17	
			TOTAL AMT PAID =>		**$ 3,184.38**			
65760	4/14/15 - 8/17/16	5/22/17	$ 563.00	Depo prep, Depo review, Board appear. AHM, P&I's + Cost & Sanc.	$ 563.00	01578057	3/2/17	Amtrust
					$ 657.00	01709105	5/19/17	
			TOTAL AMT PAID =>		**$ 1,220.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
58503	4/4/13 - 3/1/16	5/22/17	$ 876.00	Depo prep, Depo review, 4 Board appears. LBO, P&I's + Cost & Sanc.	$ 782.50	884467	3/22/16	Zenith
					$ 440.03	390902	2/14/17	
					$ 2,000.00	490159	5/18/17	
			TOTAL AMT PAID =>		**$ 3,222.53**			
64916	2/19/15 - 6/2/16	3/30/17	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 406.50	123233382K	7/6/16	State Farm
					$ 1,314.08	123646879K	3/27/17	
			TOTAL AMT PAID =>		**$ 1,720.58**			
56560	12/6/12 - 9/6/16	5/25/17	$ 1,189.00	Depo prep, Depo review, 3 Board appears, LBO, Board appear. LBO (full day), P&I's + Cost & Sanc.	$ 563.00	DA74376604	6/22/15	ACE/ESIS
					$ 626.00	DA77348597	1/10/17	
					$ 3,000.00	DA78020501	5/22/17	
			TOTAL AMT PAID =>		**$ 4,189.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
70643	10/24/16 - 12/5/16	5/25/17	$ 313.00	2 Board appears. LBO, P&I's + Cost & Sanc.	$ 156.50	CP-950244	12/13/16	Scif
					$ 156.50	CP-970190	5/5/17	
					$ 1,156.50	CP-972232	5/23/17	
			TOTAL AMT PAID =>		**$ 1,469.50**			
66046	5/8/15 - 11/14/16	3/2/17	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 156.50	31454694	12/14/16	AIG
					$ 406.50	31475674	12/20/16	
					$ 90.00	31568087	1/18/17	
					$ 1,406.50	31703661	2/22/17	
			TOTAL AMT PAID =>		**$ 2,059.50**			
64360	9/17/14 - 2/11/15	7/8/16	$ 469.50	2 Board appears. LBO, Depo prep, P&I's + Cost & Sanc.	$ 500.00	0071257795	6/23/16	Sedgwick & Zurich
					$ 500.00	1100878617	7/5/16	
			TOTAL AMT PAID =>		**$ 1,000.00**			
68722	3/1/16	4/10/17	$ 156.50	Board appear. LBO, P&I's + Cost & Sanc.	$ 156.50	0000780535	2/13/17	MTA
					$ 1,040.54	0000788869	4/6/17	
			TOTAL AMT PAID =>		**$ 1,197.04**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
66226	5/26/15 - 6/17/15	6/2/17	$ 406.50	Depo prep, Depo review, P&I's + Cost & Sanc.	$ 406.50	8816206899	1/9/17	Farmers
					$ 250.00	8816405986	5/30/17	
			TOTAL AMT PAID =>		**$ 656.50**			
64939	2/27/15 - 3/11/15	5/11/17	$ 406.50	Depo prep, Depo review, P&I's + Cost & Sanc.	$ 180.00	1240079176	4/29/15	The Hartford
					$ 750.00	1273786980	5/18/17	
			TOTAL AMT PAID =>		**$ 930.00**			
69328	4/26/16 - 8/1/16	3/7/17	$ 469.50	3 Board appears. POM, P&I's + Cost & Sanc.	$ 469.50	DA77477931	2/3/17	ACE/ESIS
					$ 800.00	DA77614763	3/2/17	
			TOTAL AMT PAID =>		**$ 1,269.50**			
65835	5/4/15 - 3/31/16	2/27/17	$ 1,063.00	2 Depo preps, 2 Depo reviews, C&R reading, P&I's + Cost & Sanc.	$ 563.00	260478861	10/1/15	Employers
					$ 250.00	260490621	10/30/15	
					$ 90.00	260566633	5/16/16	
					$ 70.00	260590673	7/21/16	
					$ 90.00	260591144	7/22/16	
					$ 1,500.00	270093286	2/24/17	
			TOTAL AMT PAID =>		**$ 2,563.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
71296	5/24/16	3/6/17	$ 156.50	Board appear. POM, P&I's + Cost & Sanc.	$ 540.00	1101149373	2/28/17	Zurich
			TOTAL AMT PAID =>		**$ 540.00**			
62058	5/21/14 - 4/29/16	3/3/17	$ 1,282.50	Depo prep, Depo review, 2 Board appears. LBO, Board appear. LBO (FULL DAY), C&R reading, P&I's + Cost & Sanc.	$ 406.50	0000032130	9/29/14	York
					$ 876.00	0000024792	11/15/16	
					$ 1,000.00	0000029652	2/28/17	
			TOTAL AMT PAID =>		**$ 2,282.50**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
40939	12/15/10 - 5/22/15	9/28/16	$ 15,153.50	2 Initials, Initial acup., EMG/NCV, 43 PR-2's, Depo prep, Depo review, 1st Surgery (7hrs15mins), 2nd Surgery (5.5hrs), 3rd Surgery, 4th Surgery (6hrs45mins), Epidural (3hrs), Prep-op, 2 Board appears. LBO, Lien act fee, P&I's + Cost & Sanc.	$ 3,036.50	34746	8/16/11	PEGASUS (for Tower select) & Amtrust (for Tower claims)
					$ 720.00	38525	12/21/11	
					$ 1,215.00	2175026949	6/1/12	
					$ 945.00	2015058618	8/30/12	
					$ 600.00	00297162	8/25/16	
					$ 11,180.00	00313211	9/23/16	
			TOTAL AMT PAID =>		$ 17,696.50			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
61644	3/27/14 -8/14/14	3/7/17	$ 2,902.50	2 Initials, Initial (2hrs 20mins), F.C.E., 6 PR-2's, 6 F/U chiro tx., Lien fil fee + P&I's	$ 4,000.00	319897	2/27/17	Intercare
			TOTAL AMT PAID =>		**$ 4,000.00**			
64902	2/6/15 - 8/21/15	3/7/17	$ 813.00	2 Depo preps, 2 Depo reviews + P&I's	$ 1,100.32	1101154621	3/3/17	Zurich
			TOTAL AMT PAID =>		**$ 1,100.32**			
22084	6/1/06 - 12/7/06	6/20/16	$ 1,387.00	3 PR-2's, EMG, Depo prep, Depo review, Deposition, Lien act fee + P&I's	$ 2,800.00	101021532	6/17/16	Cannon Cochran Mgmt. (CCMSI)
			TOTAL AMT PAID =>		**$ 2,800.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
31713	9/22/08 - 10/6/12	8/12/16	$ 1,463.50	Depo prep, Depo review, 3 Board appears. LBO, MRI (2.5hrs), MRI, Diagn study (UGI), Lien act fee, P&I's + Cost & Sanc.	$ 3,333.03	30908823	8/9/16	Chartis/AIG
			TOTAL AMT PAID =>		**$ 3,333.03**			
59702	9/11/13 - 3/29/16	4/25/16	$ 1,595.50	2 Depo prep, 2 Depo reveiws, 5 Board appears. LBO + P&I's	$ 313.00	900A26695907	11/12/13	Travelers
					$ 246.56	896D86535993	8/31/15	
					$ 156.50	896D86806424	10/27/15	
					$ 946.41	896D87633590	4/19/16	
					$ 156.50	896D87798928	5/24/16	
			TOTAL AMT PAID =>		**$ 1,818.97**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
63346	8/12/14 - 9/30/15	5/4/16	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 156.50	0113708859	10/31/14	Gallagher Bassett
					$ 406.50	0125261245	1/29/16	
					$ 106.73	0125695011	2/16/16	
					$ 750.00	0127736637	5/5/16	
			TOTAL AMT PAID =>		**$ 1,419.73**			
53062	5/1/12 - 7/23/14	5/5/16	$ 5,902.50	3 Initials, 25 PR-2's, PR-2 (3 hrs 10 mins), PRP, P&S, Lien act fee + P&I's	$ 7,550.00	0063944515	5/2/15	Sedgwick
			TOTAL AMT PAID =>		**$ 7,550.00**			
67673	10/2/15 - 12/14/15	7/11/16	$ 2,020.00	4 Initials, Initial acup., 2 PR-2's, 2 acups., Lien fil fee + P&I's	$ 2,289.00	1100881425	7/7/16	Zurich
			TOTAL AMT PAID =>		**$ 2,289.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
46786	7/22/11 - 1/26/15	5/11/16	$ 5,490.00	MRI, 3 Initials, 25 PR-2's, Lien fil fee + P&I's	$ 3,360.00	970424831	1/24/14	Safeway
					$ 180.00	9760430205	2/13/14	
					$ 180.00	976044081	3/24/14	
					$ 2,600.00	9760602910	5/19/16	
			TOTAL AMT PAID =>		**$ 6,320.00**			
42382	2/9/11 - 6/26/12	9/7/16	$ 2,145.50	1st Initial (3 hrs), 2nd Initial (3 hrs), 2 Initial acups., 19 PR-2's, 7 F/U acups., MRI, CT scan, Lien act fee, P&I's + Cost & Sanc.	$ 1,360.00	CU-827581	8/11/11	SCIf
					$ 180.00	CU-835304	9/2/11	
					$ 180.00	CU-837304	9/9/11	
					$ 180.00	CU-840527	9/20/11	
					$ 180.00	CU-857539	11/16/11	
					$ 180.00	CU-865668	12/16/11	
					$ 360.00	CU-872289	1/19/12	
					$ 180.00	CU-877588	2/8/12	
					$ 180.00	CU-884844	3/7/12	
					$ 270.00	CU-900571	5/7/12	
					$ 180.00	CU-914555	7/2/12	
					$ 1,020.23	CU-930872	8/31/12	
					$ 3,700.00	CU-308329	9/2/16	
			TOTAL AMT PAID =>		**$ 8,150.23**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
61015	2/20/14	8/10/16	$ 4,130.00	3 Initials, PT Initial, 12 PR-2's, F.C.E., 2 F/U acups., 2 EMG/NCV's, P&S, Lien fil fee + P&I's	$ 5,000.00	CT-451631	8/19/16	SCif
			TOTAL AMT PAID =>		**$ 5,000.00**			
50567	12/14/11 - 5/14/14	10/13/16	$ 2,893.72	Initial (3hrs), 13 PR-2's, MRI, Lien fil fee + P&I's	$ 2,000.00	1100753911	3/21/16	Zurich (ZAIC formely Assurance Co. Am)
			TOTAL AMT PAID =>		**$ 2,000.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
54423	7/25/12 - 11/25/15	3/28/16	$ 5,562.50	EMG/NCV, 2 Initials, 19 PR-2's, MRI, Depo prep, Depo review, C&R reading, 4 Board appears. LBO, Lien act fee + P&I's	$ 563.00	299473	7/31/14	TRISTAR
					$ 7,000.00	345331	3/24/16	
			TOTAL AMT PAID =>		**$ 7,563.00**			
49993	11/28/11 - 4/7/16	3/28/17	$ 13,639.00	3 Initials, 55 PR-2's, Pre-op, Post-op, Surgery (10 hrs), 3 Depo preps, 3 Depo reviews, 3 Board appears. LBO, Lien fil fee + P&I's	$ 2,339.88	3196497	2/9/17	Intercare
					$ 16,500.00	3203015	3/22/17	
			TOTAL AMT PAID =>		**$ 18,839.88**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
59143	6/27/13 - 3/2/14	4/4/16	$ 1,175.00	Initial, PR-2, Pre-op, Admission, Surgery (4hrs 30min), Lien fil fee & P&I's	$ 1,650.00	5638925826	3/30/16	Broadspire
			TOTAL AMT PAID =>		**$ 1,650.00**			
32558	11/11/08 - 4/29/15	2/6/17	$ 1,313.00	Initial, 3 PR-2's, P&S, 2 Board appears. LBO, Lien act. Fee, P&I's + Cost & Sanc.	$ 313.00	70122715	6/12/15	First Comp
					$ 1,750.00	70139324	2/2/17	
			TOTAL AMT PAID =>		**$ 2,063.00**			
58159	1/25/13 - 5/8/13	2/22/17	$ 1,260.00	7 PR-2's, Lien fil fee, P&I's + Cost & Sanc.	$ 1,900.00	0134804432	2/16/17	Gallagher
			TOTAL AMT PAID =>		**$ 1,900.00**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64557	12/3/14	5/3/17	$ 156.50	Depo prep, P&I's + Cost & Sanc.	$ 90.00	0628421	6/16/16	Berkshire (Cypress Insurance) & Packard Claims
					$ 46.65	0648617	8/9/16	
					$ 250.00	10027353	3/23/17	
			TOTAL AMT PAID =>		**$ 386.65**			
70145	8/8/2016 - 11/16/16	5/22/17	$ 313.00	2 Board appears. POM, P&I's + Cost & Sanc.	$ 376.77	FE60416926	4/7/17	Ace/Esis
					$ 400.00	FE60591764	5/18/17	
			TOTAL AMT PAID =>		**$ 776.77**			
69677	6/14/16	5/16/17	$ 156.50	Board appear. LBO, P&I's + Cost & Sanc.	$ 194.23	0136132370	4/11/17	Gallagher
					$ 500.00	0136912732	5/11/17	
			TOTAL AMT PAID =>		**$ 694.23**			
62310	6/12/14 - 11/7/16	3/10/17	$ 563.00	Depo prep, Depo review, Board appear. LBO, P&I's + Cost & Sanc.	$ 406.50	520254	2/3/16	Tristar
					$ 156.50	523339	12/13/16	
					$ 1,132.59	524137	3/8/17	
			TOTAL AMT PAID =>		**$ 1,695.59**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
40032	11/1/10 - 11/20/14	4/19/16	$ 15,414.25	6 Initial's, Initial Psych, Psych test (3hrs 15min) , 52 PR-2's, P&S, Admission, 3 Pre-ops, 1st Surgery (5hrs), 2nd Surgery (8hrs), 3rd Surgery (6hrs 45min), Post-op, 2 Depo preps, 3 Depo reviews, Lien act. Fee & P&I's	$ 810.00	100156295	4/4/13	Sedgwick
					$ 1,850.00	100159939	7/9/13	
					$ 180.00	100160304	7/16/13	
					$ 180.00	100161022	8/1/13	
					$ 180.00	100163299	10/8/13	
					$ 180.00	100164102	11/1/13	
					$ 720.00	100164101	11/1/13	
					$ 6,300.00	100173872	8/13/14	
					$ 3,574.25	100174612	9/2/14	
					$ 1,800.00	100194370	4/15/16	
			TOTAL AMT PAID =>		**$ 15,774.25**			

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

Includes payments for Penalties, Interest, plus Cost Sanctions (Spanish)

Payments recieved within date range January 2016 through May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
37329	4/12/10 - 9/15/15	3/22/16	$ 4,428.50	Initial, 12 PR-2's, P&S, MRI, Depo prep, Depo review, 6 Board appears. (SA & LBO), Board appear. (Full day) LBO, lien act. Fee, P&I's + Cost & Sanc.	$ 626.24	96311192	2/15/12	Liberty Mutual
					$ 116.21	96342505	2/22/12	
					$ 6,500.00	0029635906	3/18/16	
			TOTAL AMT PAID =>		**$ 7,242.45**			

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

*** INVOICE ***

Date	NO#
01/13/17	63974

EAMS#(s):
ADJ9671432
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
RGWC140011308

BILL TO:
US ADMINISTRATOR CLAIMS
W. C. DEPARTMENT
ATTN: LASHAWN LEE
P.O. BOX 2005
OAK RIDGE, TN 37831

Case: vs GRAZIELLA DIMARCO
Date Of Injury: 4/4/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/14	LEGAL_PREP	DEPO PREP @ L/O GEORGE SALAH	156.50
/ /	INTERPRETER:	CARMEN LERMA # 100698	0.00
11/21/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
07/21/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/02/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/30/16	PENALTIES	FOR DATE OF SERVICE 10/16/14	23.48
09/30/16	INTEREST	FOR DATE OF SERVICE 10/16/14	30.72
09/30/16	PENALTIES	FOR DATE OF SERVICE 11/21/14	37.50
09/30/16	INTEREST	FOR DATE OF SERVICE 11/21/14	49.07
09/30/16	PENALTIES	FOR DATE OF SERVICE 7/21/15	23.48
09/30/16	INTEREST	FOR DATE OF SERVICE 7/21/16	22.39
09/30/16	PENALTIES	FOR DATE OF SERVICE 2/2/16	23.48
09/30/16	INTEREST	FOR DATE OF SERVICE 2/2/16	12.57
10/19/16	PMT BY CHECK	DOS 10/16/14-2/2/16* # 26796	-719.50
10/19/16	INTEREST	FOR DATE OF SERVICE 10/16/14	37.18
10/19/16	INTEREST	FOR DATE OF SERVICE 11/21/14	59.39
10/19/16	INTEREST	FOR DATE OF SERVICE 07/21/15	23.32
10/19/16	INTEREST	FOR DATE OF SERVICE 02/02/16	13.51
12/21/16	COSTS & SANC	COSTS & SANC	943.91
01/10/17	PMT BY CHECK	DOS 12/21/16* # 27527	-1300.00

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

*** INVOICE ***

Date	NO#
01/13/17	63974

EAMS#(s):
ADJ9671432
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
RGWC140011308

BILL TO:
US ADMINISTRATOR CLAIMS
W. C. DEPARTMENT
ATTN: LASHAWN LEE
P.O. BOX 2005
OAK RIDGE, TN 37831

Case: vs GRAZIELLA DIMARCO
Date Of Injury: 4/4/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

REPUBLIC GROUP

Payee: **Joyce Altman Interpreters Inc.**
Po Box 4165
Tustin, CA 927814165

Payment Run: 7171
Check Number: **26796**
Check Date: **10/19/2016**
Check Amount: **$719.50**

ALL PAYMENTS DETAILED BELOW ARE INCLUDED IN THIS CHECK.

Payment Type: **TRANSLATION SERVICES**
Control No.:
Claimant: f
Insured: **GRAZIELLA DIMARCO**
Memo:
Claim Adjuster: Lee, LaShawn

Invoice Date:
Invoice No.:
Claim #: **RGWC140011308**

Invoice Amt.: **$719.50**
From: **10/16/2014**

Amount Paid: **$ 719.50**
Through: **02/02/2016**
Incident Date: **04/04/2014**

Telephone: 8654817950 Ext.:

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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

VOID VOID VOID VOID VOID VOID

REPUBLIC GROUP
CLAIMS ACCOUNT
800 Oak Ridge Turnpike
Oak Ridge, TN 37830

Frost Bank - Texas
ACH RT 114000093

DATE	CHECK NO.
10/19/2016	26796

AMOUNT
**********$719.50

VOID AFTER 180 DAYS

PAY **Seven Hundred Nineteen Dollars And 50/100**

VOID VOID VOID VOID VOID VOID

TO THE ORDER OF **Joyce Altman Interpreters Inc.**
Po Box 4165
Tustin, CA 92781-4165

COPY

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈26796⑈ ⑆114000093⑆ 299996990⑈

Job No. 532992

REPUBLIC GROUP

Payee: Joyce Altman Interpreters Inc.
Po Box 4165
Tustin, CA 927814165

Payment Run: 7384
Check Number: 27527
Check Date: 01/10/2017
Check Amount: $ 1,300.00

ALL PAYMENTS DETAILED BELOW ARE INCLUDED IN THIS CHECK.

Payment Type: MISCELLANEOUS LEGAL EXPENSE
Control No.:
Claimant:
Insured: GRAZIELLA DIMARCO
Memo: stip Award
Claim Adjuster: Lee, LaShawn

Invoice Date:
Invoice No.:
Claim #: RGWC140011308

Invoice Amt.: $ 1,300.00
From:
Through:
Incident Date: 04/04/2014

Amount Paid: $ 1,300.00

Telephone: 8654817950 Ext.:

PAID
JAN 13 2017
BY: .....

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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

VOID VOID VOID VOID VOID VOID

REPUBLIC GROUP
CLAIMS ACCOUNT
800 Oak Ridge Turnpike
Oak Ridge, TN 37830

Frost Bank - Texas
ACH RT 114000093

DATE	CHECK NO.
01/10/2017	27527

AMOUNT
**********$1,300.00

VOID AFTER 180 DAYS

VOID VOID VOID VOID VOID VOID

PAY Thirteen Hundred Dollars And 00/100

TO THE ORDER OF
Joyce Altman Interpreters Inc.
Po Box 4165
Tustin, CA 92781-4165

COPY

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈27527⑈ ⑆114000093⑆ 2999996990⑈

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

*** INVOICE ***
Date NO#
04/03/17 64328

EAMS#(s):
ADJ9633321
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0252561-WCMPRO

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

Case: vs WESCO MOUNTING & FINISHING
Date Of Injury: 11/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/14	LEGAL_PREP	DEPO PREP @ L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/19/15	PMT BY CHECK	DOS 11/20/14* # 166565	-156.50
01/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/10/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/24/17	PENALTIES	FOR DATE OF SERVICE 1/13/15	37.50
03/24/17	INTEREST	FOR DATE OF SERVICE 1/13/15	60.34
03/24/17	PENALTIES	FOR DATE OF SERVICE 9/15/15	23.48
03/24/17	INTEREST	FOR DATE OF SERVICE 9/15/15	28.40
03/27/17	PMT BY CHECK	DOS 11/20/14-9/10/15* # 249672	-556.22

BALANCE 0.00

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

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Wesco Mounting & Finishing, Inc.
Claimant

Check No:	166565
Check Amt:	$156.50
Check Date:	02/19/2015
Claimant:	
Soc. Sec. No:	XXX-XX-
Claim No:	0252561-WCMPRO
Date of Loss:	11/01/2013
Adjuster:	Mohan, Jasa
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	11/20/2014 To: 11/20/2014
Invoice No:	64328

Payable Comment

PAID FEB 23 2015

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Wesco Mounting & Finishing, Inc.
Claimant

Check No:	166565
Check Amt:	$156.50
Check Date:	02/19/2015
Claimant:	
Soc. Sec. No:	XXX-XX
Claim No:	0252561-WCMPRO
Date of Loss:	11/01/2013
Adjuster:	Mohan, Jasa
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	11/20/2014 To: 11/20/2014
Invoice No:	64328

Payable Comment

[redacted]

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Wesco Mounting & Finishing, Inc.
Claimant

Check No:	249672
Check Amt:	$556.22
Check Date:	03/27/2017
Claimant:	
Soc. Sec. No:	
Claim No:	0252561-WCMPRO
Date of Loss:	11/01/2013
Adjuster:	Mohan, Jasa
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	11/20/2014 To: 09/10/2015
Invoice No:	5811 FEES

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Wesco Mounting & Finishing, Inc.
Claimant

Check No:	249672
Check Amt:	$556.22
Check Date:	03/27/2017
Claimant:	
Soc. Sec. No:	
Claim No:	0252561-WCMPRO
Date of Loss:	11/01/2013
Adjuster:	Mohan, Jasa
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	11/20/2014 To: 09/10/2015
Invoice No:	5811 FEES

Payable Comment

64328

F.F. OK

NDJ

MP

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

*** INVOICE ***
Date NO#
05/15/17 70205

EAMS#(s):
ADJ10374561
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
6202234

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

Case: vs WKS RESTAURANT
Date Of Injury: CT 9/18/15 - 4/8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/16	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/28/16	PMT BY CHECK	DOS 8/10/16* # 0000016647	-156.50
09/22/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/20/17	PENALTIES	FOR DATE OF SERVICE 9/22/16	37.50
04/06/17	INTEREST	FOR DATE OF SERVICE 9/22/16	18.12
05/15/17	INTEREST	FOR DATE OF SERVICE 9/22/16	13.56
04/06/17	PMT BY CHECK	DOS 9/22/16* # 0000023378	-90.00
05/18/17	PMT BY CHECK	DOS 5/15/17-5/15/17* # 0000025026	-1000.00
06/07/17	COSTS & SANC	COST & SANCTIONS	770.82

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Claim: 6202234 /, Accident date: 04/08/2016, Jurisdiction State: California.
Insured: WKS Restaurant Corporation (ARCH), Policy: ZAWCI8515300.

The payment is for Miscellaneous Expense from 08/10/2016 to 08/10/2016.
Check: 0000016647, issued: 09/28/2016, for: $156.50, for: Expense, Invoice: 70205

70205

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Elena Zepeda, telephone: (714) 202-2023 in CA \ Orange Orange CA, email: elena.zepeda@yorkrsg.com, if you have questions regarding this payment.

U.S. Mail

0006678841

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group Inc Client Escrow Account
On Behalf of Arch Insurance Group -
Restaurant Franchise Captive Program
PO Box 182364
Columbus OH 43218

Baton Rouge, LA
84-13/654

Check Number 0000016647
Issue Date: 09/28/2016
VOID After 60 Days

For Expense from 08/10/2016 to 08/10/2016. 70205
Claim: 6202234 / . Miscellaneous Expense

One Hundred Fifty-Six and 50/100 Dollars

$ *******156.50

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuchi
Authorized Signature

⑈0000016647⑈ ⑆065400137⑆ 602182789⑈

0006991778 1

Claim: 6202234 / , Accident date: 04/08/2016, Jurisdiction State: California.
Insured: WKS Restaurant Corporation (ARCH), Policy: ZAWCI8515300.

The payment is for Miscellaneous Expense from 09/22/2016 to 09/22/2016.
Check: 0000023378, issued: 04/06/2017, for: $90.00, for: Expense, Invoice: Order Granting Costs

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Elena Zepeda, telephone: (714) 202-2023 in CA \ Orange Orange CA, email: elena.zepeda@yorkrsg.com, if you have questions regarding this payment.

APR 10 2017

U.S. Mail

0006991778

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc. Client Escrow Account
On Behalf of Arch Insurance Group -
Restaurant Franchise Captive Program
PO Box 182364
Columbus OH 43218

JPMorgan Chase Bank, N.A
Baton Rouge, LA
84-13/654

Check Number 0000023378
Issue Date: 04/06/2017
VOID After 60 Days

For Expense from 09/22/2016 to 09/22/2016. Order Granting Costs Per order issued on
Claim: 6202234 / . Miscellaneous Expense

Ninety and 00/100 Dollars $ ********90.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Talbert
Authorized Signature

⑈0000023378⑈ ⑆065400137⑆ 602182789⑈

0007057784 1

Claim: 6202234 / Accident date: 04/08/2016, Jurisdiction State: California.
Insured: WKS Restaurant Corporation (ARCH), Policy: ZAWCI8515300.

The payment is for Miscellaneous Expense from 05/15/2017 to 05/15/2017.
Check: 0000025026, issued: 05/18/2017, for: $1,000.00, for: Expense, Invoice: Full & Final

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Elena Zepeda, telephone: (714) 202-2023 in CA \ Orange Orange CA, email: elena.zepeda@yorkrsg.com, if you have questions regarding this payment.

MAY 23 2017

Ø

#70205

U.S. Mail

0007057784

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

*** INVOICE ***

Date	NO#
12/29/16	62785

EAMS#(s):
ADJ8136763
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EUU4437

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

Case: ALL STAR LETTERING CO., INC.
Date Of Injury: 8/23/10-7/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/29/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/04/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/19/13	PMT BY CHECK	DOS 5/10/12-11/29/13 # 119857946 3	-313.00
04/22/13	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/22/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL. II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/18/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/09/15	LEGAL WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/12/15	PENALTIES	FOR DATE OF SERVICE 5/10/12	23.48
03/19/13	INTEREST	FOR DATE OF SERVICE 5/10/12	14.15
03/12/15	PENALTIES	FOR DATE OF SERVICE 1/04/13	37.50
03/11/15	INTEREST	FOR DATE OF SERVICE 1/04/13	63.17
03/12/15	PENALTIES	FOR DATE OF SERVICE 4/22/13	23.48
03/11/15	INTEREST	FOR DATE OF SERVICE 4/22/13	33.78
03/12/15	PENALTIES	FOR DATE OF SERVICE 4/22/14	37.50
03/11/15	INTEREST	FOR DATE OF SERVICE 4/22/14	25.91
03/12/15	PENALTIES	FOR DATE OF SERVICE 8/18/14	23.48
06/06/16	INTEREST	FOR DATE OF SERVICE 8/18/14	31.71
03/11/15	PMT BY CHECK	DOS 1/4/13-8/18/14* HARTFORD # 123763199 8	-656.50
07/20/15	PENALTIES	FOR DATE OF SERVICE 02/09/15	23.48

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

*** INVOICE ***

Date	NO#
12/29/16	62785

EAMS#(s):
ADJ8136763
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
EUU4437

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

Case: vs ALL STAR LETTERING CO., INC.
Date Of Injury: 8/23/10-7/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/16	INTEREST	FOR DATE OF SERVICE 02/09/15	32.64
11/19/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
09/15/16	PMT BY CHECK	DOS 5/10/12-2/9/15* # 126334936 6 HARTFO	-156.50
12/12/16	COSTS & SANC	COSTS & SANC	973.22
12/23/16	PMT BY CHECK	DOS 12/12/16* # 891A 87945256 TRAVELERS	-1600.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

THE HARTFORD

000426
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00431

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 1198579463

Explanation of Benefits

Page 1 of 2

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
53161 08-23-10	72WEC LP5621 YMHC 46889	ALL STAR LETTERING CO INC	$313.00

Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	05-10-2012 11-29-2012	$313.00

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

Additional Comments:

PAID MAR 25 2013

Please keep the above information for your records.

101767306

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: 119857946 3
Issue Date: 03-19-2013
Benefit Period: 05-10-2012 to 11-29-2012

$**********313.00

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

Pay

THREE HUNDRED THIRTEEN DOLLARS AND 00/100

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

Authorized Signature

101767306

⑈119857946 3⑈ ⑆044115443⑆ 632559738⑈

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

THE HARTFORD

000748
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00756 *

*000012 1237631998

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
53161 52785 08-23-10	72WEC LP5621 YMHC 46889	ALL STAR LETTERING CO INC	$656.50

Nature of Benefits:	Nature of Payment:	Service Dates	
Interpreter Fees at Hearing	Source Payment	01-04-2013 08-18-2014	$656.50

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

Additional Comments:

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid

Nature of Benefits:	Nature of Payment:	Service Dates	

Claim Handler:

Additional Comments:

Issue Date	03-11-2015	Check Number	1237631998	Total Amount of Check	$656.50

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2307971

MB 01 001232 52195 B 6 D

001232 1/1

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

62785 ✓

53161

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
08/23/2010	72WEC LP5621 YMHC 46889	ALL STAR LETTERING CO INC		$156.50
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 05/10/2012 02/09/2015	$156.50

Claim Handler: ANNE FAULKNER
8664019222 x2307971
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
full and final payment

Issue Date	09/15/2016	Check Number	126334936 6	Total Check Amount	$156.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

107088694

010473

THE TRAVELERS - WALNUT CREEK CL CLA
TRAVELERS WC CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-3089

SE02188

891A 87945256

TRAVELERS

DATE: 12/23/16
LOSS DATE: 07/13/11
FILE NUMBER: 158 CB EUU4437 T
REFERENCE #: 1014389643SW
EMPLOYEE

ACCOUNT NAME:
ALL STAR LETTERING CO., INC.

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

TRAVELERS PROP CAS CO OF AMERIC

62785

EXPLANATION OF PAYMENT

53161
F.F.

OTHER

DATE OF SERVICE: 12/12/16

TOTAL PAID: $1600.00

CA

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: MEGAN D FRUEHLING AT (925)944-3278

58022080
DETACH CHECK

UNSUMM-111311
OVRFLWS2-121295
DETACH CHECK

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

*** INVOICE ***
Date NO#
05/08/17 64326

EAMS#(s):ADJ9688934
ADJ9509931
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ26670C

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

Case: vs PIZZA HUT
Date Of Injury: 5/19/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/19/14	LEGAL_PREP	DEPO PREP @ L/O LYDIA NEWCOMB	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
01/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/22/15	+DEPO PREP	@ L/O OF KOLL CENTER - PASADENA	156.50
/ /	INTERPRETER:	TERESA WILSON # 100535	0.00
04/22/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/19/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/21/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/08/17	PMT BY CHECK	DOS 12/9/16-12/10/16* # 126946820 0	-969.50
02/21/17	PENALTIES	FOR DATE OF SERVICE 11/19/14	23.48
02/08/17	INTEREST	FOR DATE OF SERVICE 11/19/14	38.26
02/21/17	PENALTIES	FOR DATE OF SERVICE 1/13/15	37.50
02/08/17	INTEREST	FOR DATE OF SERVICE 1/13/15	56.87
02/21/17	PENALTIES	FOR DATE OF SERVICE 1/22/15	23.48
02/08/17	INTEREST	FOR DATE OF SERVICE 1/22/15	35.50
02/21/17	PENALTIES	FOR DATE OF SERVICE 4/22/15	23.48
02/08/17	INTEREST	FOR DATE OF SERVICE 4/22/15	32.44
02/21/17	PENALTIES	FOR DATE OF SERVICE 5/19/15	37.50
02/08/17	INTEREST	FOR DATE OF SERVICE 5/19/15	49.70
03/20/17	PENALTIES	FOR DATE OF SERVICE 12/21/16	23.48
03/20/17	INTEREST	FOR DATE OF SERVICE 12/21/16	4.98
03/21/17	PMT BY CHECK	DOS 12/21/16* # 127126607 5	-156.50
04/14/17	PMT BY CHECK	DOS 5/19/14-3/21/17* # 127232677 2	-386.67

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

*** INVOICE ***
Date NO#
05/08/17 64326

EAMS#(s):ADJ9688934
ADJ9509931
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ26670C

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

Case: vs PIZZA HUT
Date Of Injury: 5/19/14

DOS	SERVICE	DESCRIPTION	AMOUNT
			1031.83
04/28/17	COSTS & SANC	COSTS & SANC	-1031.83
05/02/17	PMT BY CHECK	DOS 5/19/14-5/1/17* # 127309348 8	

BALANCE 0.00

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

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304197

MB 01 002635 73666 B 8 A

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

PAID
FEB 15 2017
BY: .....

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
05/19/2014	37WN S29900 YMQC 26670	PACPIZZA LLC		$969.50
Nature of Benefits: Miscellaneous Legal Expenses		Nature of Payment: Payment Reason - Misc Legal Expense	Service Dates 12/09/2016 12/10/2016	$969.50 F.F.

Claim Handler: KERRY COLLIER
8664019222 x2304197
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	02/08/2017	Check Number	126946820 0	Total Check Amount	$969.50

Please keep the above information for your records.

113211000

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304197

MB 01 002237 07552 B 8 A

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

MAR 28 2017

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
05/19/2014	37WN S29900 YMQC 26670	PACPIZZA LLC		$156.50
Nature of Benefits: Miscellaneous Legal Expenses		Nature of Payment: Payment Reason - Misc Legal Expense	Service Dates 12/21/2016 12/21/2016	$156.50

Claim Handler: KERRY COLLIER
8664019222 x2304197
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	03/21/2017	Check Number	127126607 5	Total Check Amount	$156.50

Please keep the above information for your records.

113637554

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308177

MB 01 002259 28093 B 8 E

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

PAID
APR 21 2017
BY: .....

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
05/19/2014	37WN S29900 YMQC 26670	PACPIZZA LLC		$386.67
Nature of Benefits: Penalty HIG/SRS Caused		Nature of Payment: Payment Reason - Penalty HIG Caused	Service Dates 05/19/2014 03/21/2017	$386.67

Claim Handler: KASIE KELLAR
8664019222 x2308177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	04/14/2017	Check Number	127232677 2	Total Check Amount	$386.67

Please keep the above information for your records.

113543776

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308177

001595 1/1

MB 01 001595 42299 B 5 A

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

PAID
MAY 08 2017
BY: .....

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
all- lien 05/19/2014	37WN S29900 YMQC 26670	PACPIZZA LLC		$1,031.83
Nature of Benefits: Penalty HIG/SRS Caused		Nature of Payment: Payment Reason - Penalty HIG Caused	Service Dates 05/19/2014 05/01/2017	$1,031.83

Claim Handler: KASIE KELLAR
8664019222 x2308177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	05/02/2017	Check Number	127309348 8	Total Check Amount	$1,031.83

Please keep the above information for your records.

113798251

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
09/06/16	67719

EAMS#(s):
ADJ9557500
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ARBO-0629

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

Case: vs W B STARR
Date Of Injury: CT 7/1/13 - 7/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/15	QME EVAL	DR STEPHEN SUZUKI @ MISSION VIEJO ORTHO*	230.00
/ /	INTERPRETER:	DORA BRUCKMAN # 500046	0.00
02/23/16	LEGAL WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/16/16	PENALTIES	FOR DATE OF SERVICE 10/12/15	34.50
08/16/16	INTEREST	FOR DATE OF SERVICE 10/12/15	13.04
08/16/16	PENALTIES	FOR DATE OF SERVICE 2/23/16	23.48
08/16/16	INTEREST	FOR DATE OF SERVICE 2/23/16	8.88
08/16/16	COSTS & SANC	COSTS & SANC	999.60
09/02/16	PMT BY CHECK	DOS 8/16/16* # 53568	-1466.00

BALANCE 0.00

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

Mailing Information:

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

Claim Number: ARBO-0629
Claimant:
Date of Loss: 07/09/2014
Check Number: 53568
Check Date: 09/02/2016
Check Amount: $1,466.00
Type of Payment:
MP 229 - SETTLED-PAYMENT IN DISPUTE

Location: 1 20602 Canada Rd. 20602 Canada Rd. of WB Starr, Inc.
For Period: 08/16/2016 to 08/16/2016
IRS #: 33-0956713
Handling Office: 642-Anaheim WC Profit Center, Roseville, CA
Detail: FULL AND FINAL

F.F.
CA

PAID SEP 16 2016

MP

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

YORK RISK SERVICES GROUP, INC CLIENT ESCROW ACCOUNT ON BEHALF OF ARBORMAX, ELECTRICIANS PACKAGE, AND GAS HETEROGENEOUS/ SPARTA INSURANCE COMPANY (D/7108) Liability & Workers' Compensation Accounts

Fifth Third Bank
Central, OH
25-216/440

REF. NUMBER	
ARBO-0629	
DATE	CHECK NO
9/2/2016	53568
AMOUNT	
***$1,466.00	

PAY ONE THOUSAND FOUR HUNDRED SIXTY-SIX AND 0/100

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

Richard H. Talbot

2nd Signature Required for Amounts over $25,0000

⑈0053568⑈ ⑆044002161⑆ 728279337 6⑈

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

*** INVOICE ***

Date	NO#
09/06/16	48902

EAMS#(s):ADJ9468937 ADJ9154032
ADJ8050106+
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
820082

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: ALARICE ALLEN
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs CARSON TRAILERS
Date Of Injury: CT 6/1/96 - 11/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/04/11	INITIAL EXAM	-DR HIGASHI DC @ ADV. CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/29/11	PR2/REEVAL	DR HIGASHI* JESUS ALEJANDRO CASTILLO # 500358	180.00
01/17/12	PR2/REEVAL	-DR HIGASHI* JESUS ALEJANDRO CASTILLO # 500358	180.00
02/28/12	PR2/REEVAL	-DR HIGASHI* JESUS ALEJANDRO CASTILLO # 500358	180.00
04/17/12	PR2/REEVAL	-DR OPOKU* JESUS ALEJANDRO CASTILLO # 500358	180.00
05/09/12	PR2/REEVAL	-DR HIGASHI* JESUS ALEJANDRO CASTILLO # 500358	180.00
06/13/12	PR2/REEVAL	-DR HIGASHI* JESUS ALEJANDRO CASTILLO # 500358	180.00
10/23/12	PR2/REEVAL	-DR HIGASHI* ALBERTO VILLAGOMEZ # 500341	180.00
12/04/12	PR2/REEVAL	-DR HIGASHI* CLARA BONILLA # 500320	180.00
01/15/13	PR2/REEVAL	DR HIGASHI* JESUS CASTILLO # 500358	180.00
02/12/13	PR2/REEVAL	-DR HIGASHI* JESUS CASTILLO # 500358	180.00
03/19/13	PR2/REEVAL	-DR HIGASHI* JESUS CASTILLO # 500358	180.00
03/26/13	PR2/REEVAL	DR SHAMLOU @ ADVANCE CARE*	0.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	180.00
04/29/13	PR2/REEVAL	-DR JACKSON-SCOTT @ ADVANCE CARE*	0.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	230.00
06/11/13	P AND S	-DR HIGASHI @ ADVANCE CARE*	0.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	

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

*** INVOICE ***

Date	NO#
09/06/16	48902

EAMS#(s):ADJ9468937 ADJ9154032
ADJ8050106+
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
820082

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: ALARICE ALLEN
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs CARSON TRAILERS
Date Of Injury: CT 6/1/96 - 11/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
11/13/15	PENALTIES	FOR DATE OF SERVICE 10/4/11	34.50
02/16/16	INTEREST	FOR DATE OF SERVICE 10/4/11	114.86
08/26/16	PENALTIES	FOR DATE OF SERVICE 11/29/11	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 11/29/11	89.89
08/26/16	PENALTIES	FOR DATE OF SERVICE 1/17/12	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 1/17/12	89.89
08/26/16	PENALTIES	FOR DATE OF SERVICE 2/28/12	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 2/28/12	89.89
08/26/16	PENALTIES	FOR DATE OF SERVICE 4/17/12	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 4/17/12	89.49
08/26/16	PENALTIES	FOR DATE OF SERVICE 5/9/12	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 5/9/12	88.64
08/26/16	PENALTIES	FOR DATE OF SERVICE 6/13/12	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 6/13/12	88.19
08/26/16	PENALTIES	FOR DATE OF SERVICE 10/23/12	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 10/23/12	77.81
08/26/16	PENALTIES	FOR DATE OF SERVICE 12/4/12	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 12/4/12	75.48
08/26/16	PENALTIES	FOR DATE OF SERVICE 1/15/13	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 1/15/13	74.18
08/26/16	PENALTIES	FOR DATE OF SERVICE 2/12/13	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 2/12/13	72.31
08/26/16	PENALTIES	FOR DATE OF SERVICE 3/19/13	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 3/19/13	70.21
08/26/16	PENALTIES	FOR DATE OF SERVICE 3/26/13	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 3/26/13	69.81
08/26/16	PENALTIES	FOR DATE OF SERVICE 4/29/13	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 4/29/13	68.05
08/26/16	PENALTIES	FOR DATE OF SERVICE 6/11/13	34.50
02/16/16	INTEREST	FOR DATE OF SERVICE 6/11/13	85.29
08/26/16			

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

*** INVOICE ***

Date	NO#
09/06/16	48902

EAMS#(s):ADJ9468937 ADJ9154032
ADJ8050106+
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
820082

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: ALARICE ALLEN
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs CARSON TRAILERS
Date Of Injury: CT 6/1/96 - 11/15/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/02/16	PMT BY CHECK	DOS 10/4/11* # 00292677	-4563.99

BALANCE 0.00

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

AMTRUST NORTH AMERICA, INC.
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan/Chase Bank
Syracuse, NY

CHECK NO.
00292677
801689-1
C200805117-01

DATE	AMOUNT
9/2/2016	$4,563.99

PAY Four Thousand Five Hundred Sixty-Three and 99/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00292677⑈ ⑆021000021⑆ 937442523⑈

Explanation Of Bill Review

Check Number	00292677
Claim Number:	801689-1
Regulatory ID:	
Bill Number:	9554852
Invoice Number:	FP1-MJCA-373319
Policy / Insured:	C200805117-01/CARSON TRAILER, INC.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	12/9/2008 FP1-MJCA-373319
Location:	14831 SOUTH MAPLE GARDENA CA 90249 -
Examiner Code:	aallen1
Network/PPO Network:	

AMTRUST NORTH AMERICA, INC.
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

PAID SEP 06

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
10/4/2011	MDS10	SETTLEMENT FOR DISPUTE	1.00	4563.99	0.00	0.00	4563.99	
				4563.99	0.00	0.00	4563.99	

MR

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

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

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

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

*** INVOICE ***

Date	NO#
09/14/16	65053

EAMS#(s):
ADJ9741965
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06053162

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

Case: vs ADVANCE DRYWALL SOLUTIONS
Date Of Injury: 6/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/15	LEGAL_PREP	DEPO PREP @ HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
12/01/14	INITIAL EXAM	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/06/15	PMT BY CHECK	DOS 3/5/15* # CT-409696	-156.50
04/07/15	PR2/REEVAL	DR SHARMA @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/10/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/14/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/09/14	CHIRO TX	INITIAL CHIRO TREATMENT W/DR SHARMA @ AMERI*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/20/15	FOLLOW-UP	W/ ACUPUNCT A. LEE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/11/14	INITIAL EXAM	ACUPUNCTURE W/ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/23/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI CHIRO W/SHARMA*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/05/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/09/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/07/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI W/DR SHARMA*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
02/04/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR	150.00

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

*** INVOICE ***
Date NO#
09/14/16 65053

EAMS#(s):
ADJ9741965
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06053162

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

Case: vs ADVANCE DRYWALL SOLUTIONS
Date Of Injury: 6/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
		KHAN @ AMERI* INITAL	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/16/15	FOLLOW-UP	W/ ACUPUNCT ALEX LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/20/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/25/15	F/U CHIRO TX	CHIRO TREATMENT W/DR KHAN @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/04/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
06/05/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/10/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/15/15	FOLLOW-UP	W/ ACUPUNCT LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
08/05/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR RODRIGUEZ @ AMERI*	150.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143 (FINAL)	0.00
08/28/15	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/04/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
07/29/16	LIEN FIL FEE	LIEN FILING FEE	150.00
08/25/16	PENALTIES	FOR DATE OF SERVICE 12/1/14	34.50
08/25/16	INTEREST	FOR DATE OF SERVICE 12/1/14	35.65

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

*** INVOICE ***

Date	NO#
09/14/16	65053

EAMS#(s):
ADJ9741965
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
06053162

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

Case: vs ADVANCE DRYWALL SOLUTIONS
Date Of Injury: 6/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/16	PENALTIES	FOR DATE OF SERVICE 4/7/15	27.00
08/25/16	INTEREST	FOR DATE OF SERVICE 4/7/15	26.48
08/25/16	PENALTIES	FOR DATE OF SERVICE 4/10/15	27.00
08/25/16	INTEREST	FOR DATE OF SERVICE 4/10/15	26.20
08/25/16	PENALTIES	FOR DATE OF SERVICE 5/14/15	37.50
08/25/16	INTEREST	FOR DATE OF SERVICE 5/14/15	36.31
08/25/16	PENALTIES	FOR DATE OF SERVICE 12/9/14	13.50
08/25/16	INTEREST	FOR DATE OF SERVICE 12/9/14	13.04
08/25/16	PENALTIES	FOR DATE OF SERVICE 4/20/15	27.00
08/25/16	INTEREST	FOR DATE OF SERVICE 4/20/15	25.69
08/25/16	PENALTIES	FOR DATE OF SERVICE 12/11/14	34.50
08/25/16	INTEREST	FOR DATE OF SERVICE 12/11/14	32.54
08/25/16	PENALTIES	FOR DATE OF SERVICE 4/23/15	13.50
08/25/16	INTEREST	FOR DATE OF SERVICE 4/23/15	12.70
08/25/16	PENALTIES	FOR DATE OF SERVICE 5/5/15	13.50
08/25/16	INTEREST	FOR DATE OF SERVICE 5/5/15	12.28
08/25/16	PENALTIES	FOR DATE OF SERVICE 1/9/15	27.00
08/25/16	INTEREST	FOR DATE OF SERVICE 1/9/15	24.22
08/25/16	PENALTIES	FOR DATE OF SERVICE 5/7/15	13.50
08/25/16	INTEREST	FOR DATE OF SERVICE 5/7/15	12.08
08/25/16	PENALTIES	FOR DATE OF SERVICE 2/4/15	22.50
08/25/16	INTEREST	FOR DATE OF SERVICE 2/4/15	19.61
08/25/16	PENALTIES	FOR DATE OF SERVICE 2/16/15	27.00
08/25/16	INTEREST	FOR DATE OF SERVICE 2/16/15	22.91
08/25/16	PENALTIES	FOR DATE OF SERVICE 2/20/15	27.00
08/25/16	INTEREST	FOR DATE OF SERVICE 2/20/15	22.63
08/25/16	PENALTIES	FOR DATE OF SERVICE 2/25/15	13.50
08/25/16	INTEREST	FOR DATE OF SERVICE 2/25/15	11.26
08/25/16	PENALTIES	FOR DATE OF SERVICE 6/4/15	13.50
08/25/16	INTEREST	FOR DATE OF SERVICE 6/4/15	10.89
08/25/16	PENALTIES	FOR DATE OF SERVICE 6/5/15	27.00

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

*** INVOICE ***
Date NO#
09/14/16 65053

EAMS#(s):
ADJ9741965
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06053162

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

Case: vs ADVANCE DRYWALL SOLUTIONS
Date Of Injury: 6/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/16	INTEREST	FOR DATE OF SERVICE 6/5/15	21.72
08/25/16	PENALTIES	FOR DATE OF SERVICE 7/10/15	27.00
08/25/16	INTEREST	FOR DATE OF SERVICE 7/10/15	20.98
08/25/16	PENALTIES	FOR DATE OF SERVICE 7/15/15	27.00
08/25/16	INTEREST	FOR DATE OF SERVICE 7/15/15	20.93
08/25/16	PENALTIES	FOR DATE OF SERVICE 8/5/15	22.50
08/25/16	INTEREST	FOR DATE OF SERVICE 8/5/15	16.97
08/25/16	PENALTIES	FOR DATE OF SERVICE 8/28/15	34.50
08/25/16	INTEREST	FOR DATE OF SERVICE 8/28/15	25.36
08/25/16	PENALTIES	FOR DATE OF SERVICE 5/4/16	37.50
08/25/16	INTEREST	FOR DATE OF SERVICE 5/4/16	8.62
08/19/16	PMT BY CHECK	DOS 5/4/16* # CU-306077	-250.00
09/12/16	PMT BY CHECK	DOS 7/29/16* # CU-309418	-4556.57

BALANCE 0.00

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

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CT-409696**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/06/15
Doc #: 029679872

65053

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06053162		**Date of Injury:** 06/28/14		
Employer name: ADVANCED DRYWALL SOLUTIONS					Employer ID: 0000009094227140				
ICD-9 Code:999 COMPLICATIONS OF MEDICAL									
1	SF1-SPCA-41306	03/05/15	999Q9	Interpreter Deposit-	1	156.50	.00		156.50

Total Allowances: $156.50

PAID MAY 11 2015

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

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

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

0131823102967987201 2

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CU-306077**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 08/19/16
Doc #: 031415589

65053

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 06053162			
1		05/04/16	05/04/16	Reimbursement to Attys/Ins Co/Agencies	1		250.00
				Total Allowances:			**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
06053162	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:

06053162 C&R Reading @v Dennis; Fusi;

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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Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-309418**

Issue Date: 09/12/16
Doc #: 031485144

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** SA632989		**Date of Injury:**	06/03/02	
SSN: XXX-XX	Employer name: FOUNTAIN VIEW INC			Employer ID: 0000001672742020				S1512	
1	SF1-SPCA-240335	08/19/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
	Patient Name:				**Claim #:** 06053162		**Date of Injury:**	06/28/14	
SSN: XXX-XX	Employer name: ADVANCED DRYWALL SOLUTIONS			Employer ID: 0000009094227140				65053	
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
2	SF1-SFCA-17173257	07/29/16	MDO10	Payment By Order	1	4,556.57	.00	375 961 G5 G67	4,556.57

Total Allowances: **$4,713.07**

F.F, OK CA.

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

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

MR

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

THIS IS WATERMARKED PAPER -- HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SA

Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-309418
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
September 12, 2016	**$*****4,713.07**

PAY ****Four Thousand Seven Hundred Thirteen and 07/100 Dollars****ONLY

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

⑈5210309418⑈ ⑆122241501⑆ ⑈908100104 3⑈

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

*** INVOICE ***

Date	NO#
08/19/16	38523

EAMS#(s):ADJ10125950 ADJ10126036
ADJ7537180
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E3912711; 82683350

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

Case: vs CONGLOBAL INDUSTRIES, INC.
Date Of Injury: 7/29/09; 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/10	INITIAL EXAM	-DR DOMARACKI/SCHEEL @ WILLOW	230.00
10/22/10	PR2/REEVAL	ELENA LOPEZ # 500289 -DR DOMARACKI/SCHEEL*	180.00
11/11/10	PR2/REEVAL	ELENA LOPEZ # 500289 -DR DOMARACKI/SCHEEL*	180.00
11/18/10	DEPO PREP	ELENA LOPEZ # 500289 @ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/08/10	PR2/REEVAL	-DR DOMARACKI/SCHEEL* GLADYS	180.00
12/22/10	DEPO REVIEW	REYNA # 100755 BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	@ L/O DENNIS FUSI ALFREDO LANDEROS # 100753	0.00
01/19/11	PR2/REEVAL	-DR DOMARACKI/SCHEEL* ELENA	180.00
05/03/11	PR2/REEVAL	LOPEZ # 500289 -DR DOMARACKI/SCHEEL* GLADYS	180.00
06/01/11	PR2/REEVAL	REYNA # 100755 -DR DOMARACKI/SCHEEL* GLADYS	180.00
07/11/11	PR2/REEVAL	REYNA # 100755 -DR DOMARACKI/SCHEEL* ELENA	180.00
08/22/11	PR2/REEVAL	LOPEZ # 500289 -DR DOMARACKI/SCHEEL* ELENA	180.00
09/28/11	PR2/REEVAL	LOPEZ # 500289 -DR DOMARACKI/SCHEEL* GLADYS	180.00
11/03/11	DEPO PREP	REYNA # 100755 @ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	VOL II PATRICIA HAYES # 100761	0.00
11/04/11	PR2/REEVAL	-DR DOMARACKI/SCHEEL* ELENA	180.00
12/06/11	DEPO REVIEW	LOPEZ # 500289 BEFORE SIGNING-DEPO TRANSCRIP	250.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/19/16 38523

EAMS#(s):ADJ10125950 ADJ10126036
ADJ7537180
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E3912711; 82683350

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

Case: vs CONGLOBAL INDUSTRIES, INC.
Date Of Injury: 7/29/09; 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
		VOL II	
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/16/11	PR2/REEVAL	-DR DOMARACKI/SCHEEL*ELIZABET VARGA # 500106	180.00
01/27/12	PR2/REEVAL	-DR DOMARACKI/SCHEEL* ELENA LOPEZ # 500289	180.00
03/09/12	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL* ELENA LOPEZ # 500289	180.00
04/20/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 500289	180.00
06/06/12	PR2/REEVAL	-DR HAHN @ WILLOW MEDICAL* ELENA LOPEZ # 500289	180.00
/ /	INTERPRETER:		0.00
07/09/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
08/17/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
12/21/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
02/01/13	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
03/14/13	PR2/REEVAL	DR SCHEEL* GLADYS REYNA # 100755	180.00
04/19/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MED* ELENA LOPEZ # 100821	180.00
/ /	INTERPRETER:		0.00
07/10/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/15/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
09/23/15	PENALTIES	FOR DATE OF SERVICE 09/17/10	34.50
08/19/16	INTEREST	FOR DATE OF SERVICE 09/17/10	149.21
11/05/15	PENALTIES	FOR DATE OF SERVICE 11/18/10	23.48

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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Date NO#
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W. C. DEPARTMENT
ATTN: ELENA LOCSIN
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CHICAGO, IL 60680

Case: vs CONGLOBAL INDUSTRIES, INC.
Date Of Injury: 7/29/09; 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/16	INTEREST	FOR DATE OF SERVICE 11/18/10	101.53
11/05/15	PENALTIES	FOR DATE OF SERVICE 12/22/10	37.50
08/19/16	INTEREST	FOR DATE OF SERVICE 12/22/10	162.18
11/05/15	PENALTIES	FOR DATE OF SERVICE 11/03/11	23.48
08/19/16	INTEREST	FOR DATE OF SERVICE 11/03/11	86.59
11/05/15	PENALTIES	FOR DATE OF SERVICE 12/06/11	37.50
08/19/16	INTEREST	FOR DATE OF SERVICE 12/06/11	135.72
11/05/15	PENALTIES	FOR DATE OF SERVICE 07/10/13	23.48
08/19/16	INTEREST	FOR DATE OF SERVICE 07/10/13	56.26
09/30/15	PMT BY CHECK	DOS 9/23/15* # 104252953	-229.50
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/30/16	PENALTIES	FOR DATE OF SERVICE 10/22/10	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 10/22/10	116.77
03/30/16	PENALTIES	FOR DATE OF SERVICE 11/11/10	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 11/11/10	116.77
03/30/16	PENALTIES	FOR DATE OF SERVICE 12/8/10	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 12/8/10	116.77
03/30/16	PENALTIES	FOR DATE OF SERVICE 1/19/11	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 1/19/11	115.92
03/30/16	PENALTIES	FOR DATE OF SERVICE 5/3/11	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 5/3/11	110.02
03/30/16	PENALTIES	FOR DATE OF SERVICE 6/1/11	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 6/1/11	108.38
03/30/16	PENALTIES	FOR DATE OF SERVICE 7/11/11	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 7/11/11	106.11
03/30/16	PENALTIES	FOR DATE OF SERVICE 8/22/11	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 8/22/11	103.73
03/30/16	PENALTIES	FOR DATE OF SERVICE 9/28/11	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 9/28/11	101.63
03/30/16	PENALTIES	FOR DATE OF SERVICE 11/4/11	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 11/4/11	99.53

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/19/16	38523

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P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs CONGLOBAL INDUSTRIES, INC.
Date Of Injury: 7/29/09; 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/16	PENALTIES	FOR DATE OF SERVICE 12/16/11	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 12/16/11	97.15
03/30/16	PENALTIES	FOR DATE OF SERVICE 1/27/12	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 1/27/12	94.77
03/30/16	PENALTIES	FOR DATE OF SERVICE 3/9/12	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 3/9/12	92.38
03/30/16	PENALTIES	FOR DATE OF SERVICE 4/20/12	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 4/20/12	90.00
03/30/16	PENALTIES	FOR DATE OF SERVICE 6/6/12	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 6/6/12	87.34
03/30/16	PENALTIES	FOR DATE OF SERVICE 7/9/12	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 7/9/12	85.47
03/30/16	PENALTIES	FOR DATE OF SERVICE 8/17/12	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 8/17/12	83.25
03/30/16	PENALTIES	FOR DATE OF SERVICE 12/21/12	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 12/21/12	76.11
03/30/16	PENALTIES	FOR DATE OF SERVICE 2/1/13	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 2/1/13	73.73
03/30/16	PENALTIES	FOR DATE OF SERVICE 3/14/13	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 3/14/13	71.40
03/30/16	PENALTIES	FOR DATE OF SERVICE 4/19/13	27.00
08/19/16	INTEREST	FOR DATE OF SERVICE 4/19/13	69.36
08/19/16	PENALTIES	FOR DATE OF SERVICE 9/15/15	3.08
08/19/16	INTEREST	FOR DATE OF SERVICE 9/15/15	2.22
08/31/16	PMT BY CHECK	DOS 9/5/10-10/6/15* # 104996731	-9000.00
09/06/16	COSTS & SANC	COST & SANCTIONS	439.68

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

*** INVOICE ***

Date	NO#
08/19/16	38523

EAMS#(s):ADJ10125950 ADJ10126036
ADJ7537180
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E3912711; 82683350

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

Case: vs CONGLOBAL INDUSTRIES, INC.
Date Of Injury: 7/29/09; 9/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

2000020E3009127111042529530000000001136

001136

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

PAID OCT 05 2015

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

Claim Number * E3 912711D6

Insured/Client: CONGLOBAL INDUSTRIES INC

Claimant

ATT 09/30/15

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
09/03/10		09/23/15-09/23/15	IND	26	TR		$229.50
							$229.50

Reason
INV# 38523

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:
TRANSPORTATION INSURANCE COMPANY

104252953
Date Issued
09/30/15

66-156
531
Bank Acct.
4759628092

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E3 912711	D6	CONGLOBAL INDUSTRIES INC	2U
Prefix & Contract No. WC -2074978899		Claimant	Date of Loss 09/03/10
From-thru (Dates) 09/23/15	In Payment of 09/23/15	INV# 38523	

PAY TWO HUNDRED TWENTYNINE AND 50/100THS Dollars

********$229.50

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

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

Wells Fargo Bank, N.A

⑈104252953⑈ ⑆053101561⑆ 4759628092⑈

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000990

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

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

Claim Number * E3 912711YZ

ATT 08/31/16

Insured/Client
CONGLOBAL INDUSTRIES INC

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	*Pay Code#	Amount
09/03/10		09/05/10-10/06/15	MED	23		MI	$9,000.00
							$9,000.00

Reason
FULL AND FINAL SETTLEMENT OF ALL LIENS

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

ACCIWF 02.28.13

PLEASE DETACH BEFORE CASHING

CNA
Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
TRANSPORTATION INSURANCE COMPANY

104996731
Date Issued
08/31/16

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 912711	YZ	CONGLOBAL INDUSTRIES INC	2U
Prefix & Contract No. WC -2074978899		Claimant	Date of Loss 09/03/10
From-thru (Dates) 09/05/10	In Payment of 10/06/15	FULL AND FINAL SETTLEMENT OF ALL LIENS	

PAY NINE THOUSAND AND NO/100THS ---------- Dollars

******$9,000.00

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

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

Wells Fargo Bank, N.A

⑈0104996731⑈ ⑆053101561⑆ 4759628092⑈

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

*** INVOICE ***

Date	NO#
10/12/16	60954

EAMS#(s):
ADJ9259160
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301006537600001

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

Case: vs CLAIM JUMPER
Date Of Injury: 6/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/14	INITIAL EXAM	DR GALLONI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/12/14	PR2/REEVAL	DR GALLONI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/16/14	EMG TESTING	& NCT BY DR DIJULIO: RT U/E @ WILLOW MEDICAL*	150.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/06/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/04/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/24/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/13/16	LIEN FIL FEE	LIEN FILING FEE	150.00
09/16/16	PENALTIES	FOR DATE OF SERVICE 1/6/16	23.48
09/22/16	INTEREST	FOR DATE OF SERVICE 1/6/16	13.36
09/16/16	PENALTIES	FOR DATE OF SERVICE 4/4/16	23.48
09/22/16	INTEREST	FOR DATE OF SERVICE 4/4/16	8.88
09/16/16	PENALTIES	FOR DATE OF SERVICE 5/24/16	23.48
09/22/16	INTEREST	FOR DATE OF SERVICE 5/24/16	6.46
10/06/16	PMT BY CHECK	DOS 2/6/14-9/22/16* # 0073355747	-1278.64

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

*** INVOICE ***

Date	NO#
10/12/16	60954

EAMS#(s):
ADJ9259160
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
301006537600001

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

Case: vs CLAIM JUMPER
Date Of Injury: 6/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 14440
Lexington, KY 40512-4440

201610061611

Electronic Service Requested

1 OF 2

ENV 4865

SINGLE PIECE

4865 0.5738 SP 0.465

JOYCE ALTMAN INTERPRETERS 8
P.O. BOX 4165
TUSTIN, CA 92781-4165

PAID OCT 12 2016

DATE	CHECK AMT	CHECK NO.
10/06/2016	1,278.64	0073355747

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
	04/15/2010	30100653760-0001

Amt Paid: 1,278.64 Description:
Amt Billed: 1,278.64 Invoice: ICN: 301006537600001
Dates: 02/06/2014-09/22/2016 Comment:

60954

MR

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

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

*** INVOICE ***

Date	NO#
10/11/16	59022

EAMS#(s):
ADJ8855210
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080285093

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

Case: vs TRISTAR ELECTRONICS
Date Of Injury: CT 11/6/11-11/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/13	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/05/13	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/17/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
07/16/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/02/13	EMG TESTING	& NCV BY DR RADPARVAR: U/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	ORELIA STEINHARDT # 500214	0.00
08/20/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/29/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/10/13	P AND S	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/16/15	PENALTIES	FOR DATE OF SERVICE 6/4/13	21.00
09/07/16	INTEREST	FOR DATE OF SERVICE 6/4/13	49.93
06/16/15	PENALTIES	FOR DATE OF SERVICE 12/10/13	21.00
09/07/16	INTEREST	FOR DATE OF SERVICE 12/10/13	44.42
06/09/15	LIEN FIL FEE	LIEN FILING FEE	150.00
07/10/15	PMT BY CHECK	DOS 6/4/13-12/10/13* # 28836639 AIG	-720.00
09/07/16	PENALTIES	FOR DATE OF SERVICE 6/5/13	13.50
09/07/16	INTEREST	FOR DATE OF SERVICE 6/5/13	32.10
09/07/16	PENALTIES	FOR DATE OF SERVICE 7/17/13	9.00
09/07/16	INTEREST	FOR DATE OF SERVICE 7/17/13	21.80
09/07/16	PENALTIES	FOR DATE OF SERVICE 7/16/13	13.50

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

*** INVOICE ***

Date	NO#
10/11/16	59022

EAMS#(s):
ADJ8855210
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080285093

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

Case: vs TRISTAR ELECTRONICS
Date Of Injury: CT 11/6/11-11/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/16	INTEREST	FOR DATE OF SERVICE 7/16/13	32.10
09/07/16	PENALTIES	FOR DATE OF SERVICE 8/2/13	9.00
09/07/16	INTEREST	FOR DATE OF SERVICE 8/2/13	21.80
09/07/16	PENALTIES	FOR DATE OF SERVICE 8/20/13	13.50
09/07/16	INTEREST	FOR DATE OF SERVICE 8/20/13	32.10
09/07/16	PENALTIES	FOR DATE OF SERVICE 10/29/13	13.50
09/07/16	INTEREST	FOR DATE OF SERVICE 10/29/13	29.75
10/07/16	PMT BY CHECK	DOS 9/7/16* # 1100987898	-1288.00

BALANCE 0.00

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

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

Electronic Service Requested

SINGLE PIECE

33 2.1009 SP 0.925

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

PAID JUL 14 2015

ENV 33 8 OF 10 F

Check No.: 28836639
RFP No.: 967264
Check Date: 07/10/2015
Check Amount: 720.00
Insured: CARLISLE COMPANIES INCORPORATE
Claimant:

59022 ✓
66178

Claim Office: 710
Insuring Company: NEW HAMPSHIRE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000015883823	00869126	001	11/06/2011	MED	O	720.00
					Total Amount	720.00

Reason for Payment
~~ORG: 1480.00 ACT: NONE 060413-121013~~

Use File # 710/00869126 on all correspondence for prompt processing.
For check information call: 877-802-5246

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

PAID OCT 11 2016

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
PO BOX 4165
TUSTIN CA 92781 4165

00457

66178
59022

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0285093 001 ZQ	WC 9486148			11/06/11	09/07/16-09/07/16

Check Number	1100987898	Date Issued	10/07/16	Amount	$**1,288.00
Insured	Tri-Star Electronics International Inc				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	Marcos Ferrando	Phone Number	818 227-1700		

FF, OK
CA

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,288.00		

TOTAL $1288.00

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

*** INVOICE ***

Date	NO#
03/18/16	62459

EAMS#(s):ADJ9337165
ADJ9336895
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
WC10098928

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

Case: vs PACIFIC HOTEL MNGMT
Date Of Injury: 4/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/14	DEPO PREP	@ THE L/O OF ANDREW MACRAE	156.50
/ /	INTERPRETER:	SANDRA MONTALTO #100754	0.00
11/13/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/18/15	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB ANA	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
09/22/15	PENALTIES	FOR DATE OF SERVICE 6/25/14	23.48
03/07/16	INTEREST	FOR DATE OF SERVICE 6/25/14	29.44
09/22/15	PENALTIES	FOR DATE OF SERVICE 11/13/14	37.50
03/07/16	INTEREST	FOR DATE OF SERVICE 11/13/14	38.20
03/07/16	PENALTIES	FOR DATE OF SERVICE 03/18/15	23.48
03/07/16	INTEREST	FOR DATE OF SERVICE 03/18/15	15.53
03/07/16	COSTS & SANC	COSTS & SANC	119.37
03/15/16	PMT BY CHECK	DOS 3/7/16* # 8815793491	-850.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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FARMERS INSURANCE

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

March 15, 2016

01 01

TRUCK INSURANCE EXCHANGE

Check Number: 8815793491
Date: 03/15/2016

Amount: $850.00******

01 01 000273 ZH$MSM5WN1 CE0316P1 02[ ] 000394

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

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

PAID MAR 18 2016

62459

Claimant/Patient: PACIFIC HOTEL MANAGEMENT INC
Insured:
Date of Loss: 02/21/2014
Claim Number: WC10099005
Correspondence Reference: ZH$MSM5WN

Claim Representative: MISTY BEUTLER
Office Phone Number: 8185402220
Applicable Coverage: Workers' Compensation

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

Service From/To	Payment For	Paid Amount
03/07/16 - 03/07/16	Medical - Claimant Legal Report	$850.00

F.F.
SP OK

MR

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

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

*** INVOICE ***

Date	NO#
10/05/16	59916

EAMS#(s):ADJ9085230 ADJ9297100
ADJ9085226
SS # :
DOB :
Terms: 60 days
Claim #(s):
EWJ5839

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

Case: vs LAKESHORE LEARNING MATERIALS
Date Of Injury: 7/22/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/13	DEPO PREP	@ THE L/O OF SCOLL & ASSOC.	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/15/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/05/13	PMT BY CHECK	DOS 10/10/13 # 896D 83338036	-156.50
12/30/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/08/15	PENALTIES	FOR DATE OF SERVICE 11/15/13	37.50
09/13/16	INTEREST	FOR DATE OF SERVICE 11/15/13	81.76
10/08/15	PENALTIES	FOR DATE OF SERVICE 12/30/13	23.48
09/13/16	INTEREST	FOR DATE OF SERVICE 12/30/13	48.96
09/13/16	COSTS & SANC	COST & SANC	401.80
09/30/16	PMT BY CHECK	DOS 9/13/16* # 896D 88386145	-1000.00

BALANCE 0.00

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

019102

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

896D 83338036

TRAVELERS

DATE: 12/05/13
LOSS DATE: 07/22/13
FILE NUMBER: 152 CB EWJ5839 H

EMPLOYEE

ACCOUNT NAME:
LAKESHORE LEARNING MATERIALS

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: 10/10/2013

TOTAL PAID: $156.50
TAX INFO: 3309567135478939Y
PAY MISC: 59916
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID DEC 13 2013

FOR ADDITIONAL INFORMATION, CONTACT: LYNN AIRRINGTON AT (909)612-3700

339009623
DETACH CHECK

DETACH CHECK

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SE03078

896D 88386145

TRAVELERS

DATE: 09/30/16
LOSS DATE: 07/22/13
FILE NUMBER: 152 CB EWJ5839 H
REFERENCE #: 1013580868SW
EMPLOYEE

ACCOUNT NAME:
LAKESHORE LEARNING MATERIALS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

S9916

OTHER

DATE OF SERVICE: 09/13/16

TOTAL PAID: $1000.00

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

F.F. OK
AM

HR

FOR ADDITIONAL INFORMATION, CONTACT: WENDY C. CRUZ AT (909)612-3985

274020830
DETACH CHECK

UNSHMM-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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/06/16	66105

EAMS#(s):ADJ9602587
ADJ9602505
SS # :
DOB :
Terms: 60 days
Claim #(s):
2080295203

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

Case: vs SOUTH. CA. PIZZA dba PIZZA HUT
Date Of Injury: 10/20/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/10/15	PMT BY CHECK	DOS 6/1/15* # 1100456370	-156.50
08/06/15	PMT BY CHECK	DOS 06/01/15-07/10/15* # 1100488305	-250.00
03/09/16	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/07/16	PENALTIES	FOR DATE OF SERVICE 3/9/16	23.48
09/07/16	INTEREST	FOR DATE OF SERVICE 3/9/16	8.48
09/08/16	PMT BY CHECK	DOS 3/9/16* # 1100954374	-156.50
09/07/16	COSTS & SANC	COSTS & SANC	718.04
10/03/16	PMT BY CHECK	DOS 9/7/16* # 1100981341	-750.00

BALANCE 0.00

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00686

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

PAID JUL 17 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0295203 001 GR	WC 6476349	66105		10/20/13	06/01/15-06/01/15

Check Number	1100456370	Date Issued	07/10/15	Amount	$****156.50
Insured	Southern California Pizza Company				
Claimant					
Nature of Payment	OTHER LEGAL EXPENSE				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Vijay CG-Radhakrishnan	Phone Number	818 227-1700		
File Supervisor	Gail Coyner				

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	156.50		
TOTAL	$156.50		

M

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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

PAID
BY:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00583

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0295203 001 GR	WC 6476349	66105		10/20/13	06/01/15-07/10/15

Check Number	1100488305	Date Issued	08/06/15	Amount	$****250.00
Insured	Southern California Pizza Company				
Claimant					
Nature of Payment	OTHER LEGAL EXPENSE				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Leelavathi CG-Alaguvel				
File Supervisor	Gail Coyner	Phone Number	818 227-1700		

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

1010119100192

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

01191

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0295203 001 ZQ	WC 6476349	66105		10/20/13	03/09/16-03/09/16

Check Number	1100954374	Date Issued	09/08/16	Amount	$***156.50
Insured	Southern California Pizza Company				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Dharani CG-Thulasi				
File Supervisor	Marcos Ferrando	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	156.50		

TOTAL $156.50

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
PO BOX 4165
TUSTIN CA 92781

00324

66105

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0295203 001 ZQ	WC 6476349			10/20/13	09/07/16-09/07/16

Check Number	1100981341	Date Issued	10/03/16	Amount	$***750.00
Insured	Southern California Pizza Company				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	Marcos Ferrando	Phone Number	818 227-1700		

F.F. OK
CA

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	750.00		
TOTAL	$750.00		

WP

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

*** INVOICE ***
Date NO#
04/07/16 59126

EAMS#(s):ADJ9383260
ADJ8420639
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
7190238473

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

Case: vs STAFF SUPPORT DEPOT, INC.
Date Of Injury: 3/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/02/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/09/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/23/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/25/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/13/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/29/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/10/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/15/13	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/07/14	PR2-RE/EVAL	W/ACUPUNCTURIST J. PARK*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/21/15	LIEN FIL FEE	LIEN FILING FEE	150.00
03/23/16	PENALTIES	FOR DATE OF SERVICE 6/20/13	27.00
03/23/16	INTEREST	FOR DATE OF SERVICE 6/20/13	52.86
03/23/16	PENALTIES	FOR DATE OF SERVICE 7/2/13	27.00
03/23/16	INTEREST	FOR DATE OF SERVICE 7/2/13	52.86
03/23/16	PENALTIES	FOR DATE OF SERVICE 7/9/13	27.00
03/23/16	INTEREST	FOR DATE OF SERVICE 7/9/13	52.86
03/23/16	PENALTIES	FOR DATE OF SERVICE 7/23/13	27.00
03/23/16	INTEREST	FOR DATE OF SERVICE 7/23/13	52.86

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

*** INVOICE ***

Date	NO#
04/07/16	59126

EAMS#(s):ADJ9383260
ADJ8420639
SS # : XXX-XX-.
DOB :
Terms : 45 days
Claim #(s):
7190238473

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

Case: vs STAFF SUPPORT DEPOT, INC.
Date Of Injury: 3/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/16	PENALTIES	FOR DATE OF SERVICE 7/25/13 1	27.00
03/23/16	INTEREST	FOR DATE OF SERVICE 7/25/13	52.86
03/23/16	PENALTIES	FOR DATE OF SERVICE 8/13/13	27.00
03/23/16	INTEREST	FOR DATE OF SERVICE 8/13/13	52.86
03/23/16	PENALTIES	FOR DATE OF SERVICE 8/29/13	27.00
03/23/16	INTEREST	FOR DATE OF SERVICE 8/29/13	52.86
03/23/16	PENALTIES	FOR DATE OF SERVICE 9/10/13	27.00
03/23/16	INTEREST	FOR DATE OF SERVICE 9/10/13	52.86
03/23/16	PENALTIES	FOR DATE OF SERVICE 10/15/13	27.00
03/23/16	INTEREST	FOR DATE OF SERVICE 10/15/13	50.76
03/23/16	PENALTIES	FOR DATE OF SERVICE 4/7/14	27.00
03/23/16	INTEREST	FOR DATE OF SERVICE 4/7/14	40.89
03/31/16	PMT BY CHECK	DOS 3/23/16* # 3140006	-2734.53

BALANCE 0.00

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

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

[redacted]

Electronic Service Requested

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

Payee:	Joyce Altman Interpeters
Company Name:	Sussex Insurance
Facility:	Combined
Policy ID:	
IRS/SSN:	XXXXX
Administrator:	
Claim Number:	Multiple
Check #:	3140006
Check Total:	7,984.53
Check Date:	03/31/2016

xplanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount	
10/2010	7190232556 lien full & final	03/17/16-03/17/16	49431	Medical Lien Payment 5,250.00	MV
0/2012	7190238473 full & final per stip d	03/23/16-03/23/16	59126	Medical Lien Payment 2,734.53	CHDK
				Totals: 7,984.53	

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

intercare Sussex Insurance
INTERCARE HOLDINGS INSURANCE SERVICES
P.O. Box 100165, Columbia, SC 29202-3165

90-3752
1211

Comerica Bank
455 Capitol Mall Ste. 400
Sacramento CA 95814

CHECK NO.: 3140006
CHECK DATE: 03/31/2016
Void After 90 Days

AMOUNT
*****$7,984.53

PAY Seven Thousand Nine Hundred Eighty Four & 53/100 Dollars

TO THE ORDER OF: Joyce Altman Interpeters

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits. ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

Two Signatures Required over $5,000

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

⑈3140006⑈ ⑆121137522⑆ 18947917 20⑈

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

*** INVOICE ***
Date NO#
04/25/17 63745

EAMS#(s):ADJ9542557
ADJ9542555
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
42765

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: LIEN CLAIMANT
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs BUDDY BAR CASTING INC
Date Of Injury: 2/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/14	LEGAL_PREP	DEPO PREP @ L/O COLANTONI COLLINS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/19/14	PMT BY CHECK	DOS 10/2/14* # 00603033 PACCOMP	-90.00
12/04/14	LEGAL_WCAB	EXH. HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/05/15	PMT BY CHECK	DOS 10/2/14* # 343023 SEABRIGHT	-66.50
03/09/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/14/15	PMT BY CHECK	DOS 3/9/15* # 00614316 PACIFIC COMP	-156.56
12/16/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/30/15	PENALTIES	FOR DATE OF SERVICE 12/4/14	23.48
03/29/17	INTEREST	FOR DATE OF SERVICE 12/4/14	38.51
03/29/17	PENALTIES	FOR DATE OF SERVICE 3/9/15	14.02
04/14/15	INTEREST	FOR DATE OF SERVICE 3/9/15	22.29
10/12/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/29/17	PENALTIES	FOR DATE OF SERVICE 10/2/14	23.48
03/05/15	INTEREST	FOR DATE OF SERVICE 10/2/14	5.47
01/17/17	PENALTIES	FOR DATE OF SERVICE 12/16/15	37.50
03/29/17	INTEREST	FOR DATE OF SERVICE 12/16/15	38.04
01/17/17	PENALTIES	FOR DATE OF SERVICE 10/12/16	23.48
03/29/17	INTEREST	FOR DATE OF SERVICE 10/12/16	8.68
03/29/17	COSTS & SANC	COSTS & SANC	1185.61
04/20/17	PMT BY CHECK	DOS 3/29/17* # 01052381 PACIFIC COMP	-2077.00

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

*** INVOICE ***

Date	NO#
04/25/17	63745

EAMS#(s):ADJ9542557
ADJ9542555
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
42765

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: LIEN CLAIMANT
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs BUDDY BAR CASTING INC
Date Of Injury: 2/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

63745

Temporary Return Service Requested

000082-000001-000082 2503239 2320EDC 1
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Insured: Buddy Bar Casting, Inc.
Amount of this check: 90.00

Claimant:
Claim: 00042765
Policy #: WA 00047200
Date of Injury: 20140205
Description: 10-02-14 - 10-02-14
Payment For: INTERPRETER FOR MEDICAL

Payment Amount: $ 90.00

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 00603033
DATE: 12/19/2014

AMOUNT
*****$90.00

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY Ninety and 00/100

TO THE ORDER OF Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Authorized Signature

Authorized Signature

⑈00603033⑈ ⑆122016066⑆ 412⑈87889 2⑈

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

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

63-568 / 631 FL

CHECK NO
343023

3/5/15
LB001168180

PAY Sixty-Six And 50/100 Dollars $********66.50
VOID AFTER SIX MONTHS

TO THE ORDER OF:

Inv# 64650 dated 2/27/15

AN AGENT OF SeaBright Insurance Company

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

126

⑈343023⑈ ⑆063105683⑆00227005359 6⑈

CLAIM ID: LB001168180 DATE OF LOSS: 11/30/13 ACCOUNT: D3
CLAIMANT:
INSURED: Buddy Bar Casting Inc
PAYEE: Joyce Altman Interpreting

INVOICE NO.: 63745
MEMO: Inv# 64650 dated 2/27/15

CHECK NO.: 343023
DATE: 3/5/15
AMOUNT: $********66.50
REF. NO.: 014809165
USER-ID: 26456/LB

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	10/02/14	MI	Inv# 64650 dated 2/27/15	1	Lot	66.50	66.50

PAID MAR 06 2015

TOTAL 66.50 66.50

F.F.

Pet 581

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

Temporary Return Service Requested

000035-000001-000035 2504029 2320EDC 1
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0091968
Date of Review: 04/10/2015
Date Bill Received: 03/25/2015
Adjustor: MBONILLA
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 00614316 Bulk $156.56
Method of Payment: Paper Check

63745 ✓
64650

Provider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
Provider State License: 999999999
Provider Invoice: 63745
Rendering Provider: Joyce,
Rendering Provider ID: 9999999999

Claim 00042765
Policy: WA 00047200
Employer Name: BUDDY BAR CASTING, INC.
Doi: 02/05/2014
Claimant
Patient SSN
MPN Number: 1018

Tax ID: 330956713 PHY
DOS: 03/09/2015
Ext ID: 33095671300 100
Payment Status Code: 1
Payment Date: 04/14/2015 Bill Frequency:

DX 1: 9599 Injury-site NOS

PAID APR 21 2015

Date of Service	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Reductions Allowance	Expl. Code(s)
03/09/2015	T2013			HABILITATION EDUCATIONAL		1	1	0	250.00	93.44		156.56	G67
								Total Charges:	250.00				
								Bill Review Reductions:		93.44			
								Recommended Allowance				156.56	

G67 PAYMENT BASED ON INDIVIDUAL PRE-NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE. ( )

If you have any questions regarding the applicability of your PPO contract to this claim, please contact Anthem Blue Cross at 1 (855) 766-3719.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 00614316
DATE: 04/14/2015

AMOUNT
*****$156.56

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY One Hundred Fifty-Six and 56/100

TO THE ORDER OF Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Authorized Signature
Authorized Signature

⑈00614316⑈ ⑆122016066⑆ 412⑈87889 2⑈

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

Temporary Return Service Requested

000070-000001-000070 2508333 2320EDC 1
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0300277
Date of Review: 04/18/2017
Date Bill Received: 04/12/2017
Adjustor: SHOGAN
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01052381 Bulk $2,077.00
Method of Payment: Paper Check

ovider: JOYCE ALTMAN INTERPRETERS
P.O.BOX 4165
TUSTIN, CA 927814165
ovider State License: 999999999
ovider Invoice:
endering Provider: N/A
endering Provider ID: 9999999999

Claim 00043631
Policy: WA00047200
Employer Name: BUDDY BAR CASTING, INC.
Doi: 06/27/2014
Claimant:
Patient SSN:
MPN Number: 1018

PAID
APR 25 2017
BY:

x ID: 330956713 PHY
)S: 03/29/2017
t ID: 33095671301 100
yment Status Code: 1
yment Date: 04/20/2017 Bill Frequency:

DX 1: T1490 Injury, unspecified

te of rvice	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Reductions Allowance	Expl. Code(s)
29/2017	MDO10			FINAL ORDR/AWARD WC APPL		1	1	0	2,077.00			2,077.00	1000
								Total Charges:	2,077.00				
								Bill Review Reductions:		0.00			
								Recommended Allowance				2,077.00	

)0 FULL and FINAL SETTLEMENT

ME LIMITS TO DISPUTE PAYMENT AMOUNT
QUEST FOR SECOND REVIEW
:er an EOR is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee

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

PacificComp®
ACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01052381
DATE: 04/20/2017

AMOUNT
*****$2,077.00

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY Two Thousand Seventy-Seven and 00/100

TO THE ORDER OF Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Authorized Signature
Daniel K. Richardson
Authorized Signature

MP

⑈01052381⑈ ⑆122016066⑆ 412⑈ 118464⑈

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

*** INVOICE ***
Date NO#
03/28/16 50552

EAMS#(s):
ADJ8121040
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
30111248322-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: RORY CONTRERAS
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs STATER BROTHERS
Date Of Injury: CT 12/15/10-10/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/13/11	INITIAL EXAM	DR ZAGARAFF @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/06/12	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/20/12	INITIAL EXAM	DR CARRERA - PSYCH EVAL @ AMERI CHIRO (2.5 H)	287.50
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/24/12	PR2/REEVAL	DR ZARGARAFF* SANDRA TALANCON # 100802	180.00
04/27/12	INITIAL EXAM	W/ACUPUNTURIST A LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/17/12	PR2/REEVAL	DR ZARGARAFF* CLARA BONILLA # 500320	180.00
01/14/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/15/14	DEPO PREP	@ THE L/O OF BREADFELDT, ODUKOYA & SUAREZ	156.50
/ /	INTERPRETER:	ELENA LOPEZ # 100821 (A.M.)	0.00
04/15/14	DEPOSITION	@ THE L/O OF BREADFELDT, ODUKOYA & SUAREZ	170.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821 (P.M.)	0.00
06/12/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/01/15	PENALTIES	FOR DATE OF SERVICE 1/14/13	23.48
03/14/16	INTEREST	FOR DATE OF SERVICE 1/14/13	57.20
09/01/15	PENALTIES	FOR DATE OF SERVICE 4/15/14	23.48
03/14/16	INTEREST	FOR DATE OF SERVICE 4/15/14	32.49

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

*** INVOICE ***

Date	NO#
03/28/16	50552

EAMS#(s):
ADJ8121040
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
30111248322-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: RORY CONTRERAS
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs STATER BROTHERS
Date Of Injury: CT 12/15/10-10/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/15	PENALTIES	FOR DATE OF SERVICE 4/15/14	25.50
03/14/16	INTEREST	FOR DATE OF SERVICE 4/15/14	35.30
09/02/15	PENALTIES	FOR DATE OF SERVICE 6/12/14	37.50
03/14/16	INTEREST	FOR DATE OF SERVICE 6/12/14	47.34
08/17/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/13/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/14/16	PENALTIES	FOR DATE OF SERVICE 12/13/11	34.50
03/14/16	INTEREST	FOR DATE OF SERVICE 12/13/11	96.09
03/14/16	PENALTIES	FOR DATE OF SERVICE 01/06/12	22.50
03/14/16	INTEREST	FOR DATE OF SERVICE 01/06/12	62.67
03/14/16	PENALTIES	FOR DATE OF SERVICE 01/20/12	43.13
03/14/16	INTEREST	FOR DATE OF SERVICE 01/20/12	120.11
03/14/16	PENALTIES	FOR DATE OF SERVICE 01/24/12	27.00
03/14/16	INTEREST	FOR DATE OF SERVICE 01/24/12	75.20
03/14/16	PENALTIES	FOR DATE OF SERVICE 04/27/12	34.50
03/14/16	INTEREST	FOR DATE OF SERVICE 04/27/12	96.09
03/14/16	PENALTIES	FOR DATE OF SERVICE 04/17/12	27.00
03/14/16	INTEREST	FOR DATE OF SERVICE 04/17/12	75.20
03/14/16	COSTS & SANC	COSTS & SANC	1000.00
03/22/16	PMT BY CHECK	DOS 10/29/11-3/14/16* # 0063489562	-4243.28

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

*** INVOICE ***

Date	NO#
03/28/16	50552

EAMS#(s):
ADJ8121040
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
30111248322-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14440)
W. C. DEPARTMENT
ATTN: RORY CONTRERAS
P.O. BOX 14440
LEXINGTON, KY 40512

Case: vs STATER BROTHERS
Date Of Injury: CT 12/15/10-10/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 14440
Lexington, KY 40512-4440

Electronic Service Requested

2 OF 2

ENV 2392

SINGLE PIECE
2392 0.5738 SP 0.485

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

4

DATE	CHECK AMT	CHECK NO.
03/22/2016	4,243.28	0063489562

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

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

50552

Claimant Name	Loss Date	Claim Number
	10/29/2011	30111248322-0001

Amt Paid: 4,243.28 Description: Miscellaneous Medical
Amt Billed: 4,243.28 Invoice: ICN: 128375420.6
Dates: 10/29/2011-03/14/2016 Comment:

PAID MAR 28 2016

F. F. OK
CA

MR

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

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

*** INVOICE ***
Date NO#
04/21/17 62967

EAMS#(s):
ADJ9509610
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080304055

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

Case: vs STAFFPOINT
Date Of Injury: 5/13/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/23/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/13/14	PMT BY CHECK	DOS 8/7/14* # 1100131281	-156.50
02/17/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/01/16	PMT BY CHECK	DOS 9/23/14* # 1100728707	-250.00
01/10/17	PENALTIES	FOR DATE OF SERVICE 9/23/14	37.50
03/01/16	INTEREST	FOR DATE OF SERVICE 9/23/14	41.04
01/10/17	PENALTIES	FOR DATE OF SERVICE 2/17/16	23.48
01/20/17	INTEREST	FOR DATE OF SERVICE 2/17/16	17.06
01/20/17	PMT BY CHECK	DOS 2/17/16* # 1101104410	-156.00
04/03/17	COSTS & SANC	COSTS & SANC	680.42
04/18/17	PMT BY CHECK	DOS 6/6/14-9/29/16* # 1101206707	-800.00

BALANCE 0.00

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

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 INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00325

PAID OCT 20 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0304055 001 LA	WC 5714225	62967		05/13/14	08/07/14-08/07/14

Check Number	1100131281	Date Issued	10/13/14	Amount	$*****156.50
Insured	Staffpoint				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Ramprasad CG-Venkatesulu				
File Supervisor	Lusine Arzumanian	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	156.50		
TOTAL	$156.50		

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 INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00394

PAID MAR 04 2016

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0304055 001 DD	WC 5714225		62967	05/13/14	09/23/14-09/23/14

Check Number	1100728707	Date Issued	03/01/16	Amount	$****250.00
Insured	Staffpoint				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Vijayalakshimi CG-Sathiya				
File Supervisor	Delia Robes	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	250.00		

TOTAL $250.00

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Ins. Co. of IL

PAID
JAN 25 2017

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

00491

1010049100491

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0304055 001 XG	WC 5714225	62967		05/13/14	02/17/16-02/17/16

Check Number	1101104410	Date Issued	01/20/17	Amount	$***156.00
Insured	Staffpoint				
Claimant					
Nature of Payment	FULL&FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Munna CG-Noorbai				
File Supervisor	Ivan Olisea	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	156.00		

TOTAL $156.00

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.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00427

PAID
APR 21 2017

BY: .....

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0304055 001 XG	WC 5714225			05/13/14	06/06/14-09/29/16

Check Number	1101206707	**Date Issued**	04/18/17	**Amount**	$***800.00
Insured	Staffpoint				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	Ivan Olisea	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	800.00		
TOTAL	**$800.00**		

NR

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

*** INVOICE ***
Date NO#
03/24/16 55922

EAMS#(s):
ADJ8292786
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
19000289

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

Case: vs NATIONAL HEALTH CARE SERVICE
Date Of Injury: 4/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/08/12	DEPO PREP	@ THE L/O OF GLENN SILVERII	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/03/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/15/13	PMT BY CHECK	DOS 11/8/12-12/3/12 # 4566	-406.50
12/26/12	MRI	REF BY DR SIGUARELLI: BIL/ HEELS @ CA IMG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
02/08/13	PMT BY CHECK	DOS 12/26/12 # 4743	-150.00
03/27/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/25/14	PMT BY CHECK	DOS 3/27/14* # 7185	-156.50
09/18/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/12/15	PMT BY CHECK	DOS 9/18/14* # 8173	-156.50
05/26/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/15/16	PENALTIES	FOR DATE OF SERVICE 9/18/14	23.48
02/12/15	INTEREST	FOR DATE OF SERVICE 9/18/14	6.80
03/15/16	PENALTIES	FOR DATE OF SERVICE 5/26/15	23.48
03/15/16	INTEREST	FOR DATE OF SERVICE 5/26/15	14.84
03/14/16	PMT BY CHECK	DOS 5/26/15* # 8989	-156.50
03/15/16	COSTS & SANC	COSTS & SANC	931.40
04/01/16	PMT BY CHECK	DOS 11/8/14-5/26/15* # 9037	-1000.00

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

*** INVOICE ***

Date	NO#
03/24/16	55922

EAMS#(s):
ADJ8292786
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
19000289

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

Case: vs NATIONAL HEALTH CARE SERVICE
Date Of Injury: 4/23/12

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

Sparta Insurance Company

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

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 4566

DATE
01/15/2013

**********406.50

VOID AFTER 90 DAYS

VOID

California Workers' Compensation Payment

Pay Four Hundred Six Dollars And 50/100

TO THE ORDER OF

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

VOID

PAID JAN 17 2013

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0004566⑈ ⑆122235821⑆ 153495846708⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN:

Check Number: 4566

Check Date: 01/15/2013

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
19000289		04/23/2012	Interpreting Fees	11/08/2012	12/03/2012	01/14/2013	55922	406.50

REORDER 901 • U.S. PATENT NO. 5538290, 5575505, 5841183, 5785353, 5964364, 6030000

Sparta Insurance Company

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

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 4743

DATE
02/08/2013

California Workers' Compensation Payment

**********150.00

VOID AFTER 90 DAYS

Pay One Hundred Fifty Dollars And 00/100

VOID

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0004743⑈ ⑆122235821⑆ 153495846708⑈

Payee: Joyce Altman Interpreters, Inc.

Check Number: 4743

Check Date: 02/08/2013

IRS/SSN:

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
19000289		04/23/2012	Interpreting Fees	11/08/2012	01/15/2013	02/05/2013	55922	150.00

PAID FEB 11 2013

REORDER 901 • U.S. PATENT NO. 5538260, 5575508, 5641193, 5785353, 5984364, 6030000

THIS CHECK IS VOID WITHOUT A GREEN & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Sparta Insurance Company

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

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 7185

DATE
04/25/2014

**********156.50

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay One Hundred Fifty Six Dollars And 50/100

VOID

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0007185⑈ ⑆122235821⑆ 153495846708⑈

Payee: Joyce Altman Interpreters Inc

Check Number: 7185

Check Date: 04/25/2014

IRS/SSN:

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
19000289		04/23/2012	Interpreter Fees - Depo / WCAB Only	03/27/2014	03/27/2014	04/07/2014	55922	156.50

PAID APR 29 2014

REORDER 901 - U.S. PATENT NO. 5538290, 5575538, 5641183, 5785353, 5984384, 6030000

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

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

CHECK NO. 8173

DATE
02/12/2015

$**********156.50

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay One Hundred Fifty Six 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

⑈0000008173⑈ ⑆122235821⑆ 153495846708⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN:

Check Number: 8173

Check Date: 02/12/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
19000289		04/23/2012	Interpreting Fees	09/18/2014	09/18/2014	10/21/2014	55922	156.50

PAID FEB 18 2015

REORDER 901 • U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

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

VOID VOID VOID

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

CHECK NO. 8989

DATE
03/14/2016

$**********156.50

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay One Hundred Fifty Six Dollars And 50/100

TO THE ORDER OF

VOID VOID

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈0000008989⑈ ⑆122235821⑆ 153495846708⑈

Payee: Joyce Altman Interpreters Inc

Check Number: 8989

IRS/SSN:

Check Date: 03/14/2016

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
19000289		04/23/2012	Interpreter Fees - Depo / WCAB Only	05/26/2015	05/26/2015	02/29/2016	55922	156.50

PAID MAR 16 2016

REORDER NO. U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5884364, 6030000

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

VOID VOID VOID

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

CHECK NO. 9037

DATE
04/01/2016

California Workers' Compensation Payment

$**********1,000.00

Pay One Thousand Dollars And 00/100

TO THE ORDER OF

VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈000009037⑈ ⑆122235821⑆ 153495846708⑈

Payee: Joyce Altman Interpreters Inc

Check Number: 9037

IRS/SSN: XX-XXX

Check Date: 04/01/2016

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
19000289		04/23/2012	Lien Payment - Medical	11/08/2014	05/26/2015	03/21/2016	55922	1,000.00

F.F. OK
CA

PAID APR 04 2016

MR

ORDER 901 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5765353, 5964964, 6030000

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

*** INVOICE ***

Date	NO#
04/11/16	41933

EAMS#(s):
ADJ2895031
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2080158660

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

Case: vs DEUTSCH ENGINEERED CONNECT.
Date Of Injury: 2/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
04/04/16	PENALTIES	FOR DATE OF SERVICE 01/18/11	23.48
04/04/16	INTEREST	FOR DATE OF SERVICE 01/18/11	89.25
04/07/16	PMT BY CHECK	DOS 1/18/11-4/4/16* # 1100775991	-369.23

BALANCE 0.00

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

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00689

PAID APR 11 2016

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0158660 001 AG	WC 5915749	41933		02/23/07	01/18/11-04/04/16

Check Number	1100775991	Date Issued	04/07/16	Amount	$****369.23
Insured	Deutsch Engineered Connecting Devices				
Claimant					
Nature of Payment	FULL AND FINAL FOR ADJ2895031				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Sriram CG-Saranu				
File Supervisor	Angela Hood	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	369.23		

TOTAL	$369.23

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

*** INVOICE ***
Date NO#
04/11/16 50529

EAMS#(s):
ADJ8090975
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2011302532

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

Case: vs KIMCO STAFFING
Date Of Injury: 9/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/11	INITIAL EXAM	DR DOMORACKI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELENA LOPEZ #500289	0.00
12/20/11	INITIAL EXAM	W/ ACUPUNCTURIST HING @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/22/11	INITIAL EXAM	DR PHILLIPS @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
01/30/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
02/23/12	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/27/12	PRE-OP	DR JARCHI@ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
03/07/12	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
03/15/12	SURGERY	DR SAMIMI @ MONROVIA MEDICAL HOSPITAL (7H 30M)	675.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
03/22/12	POST-OP	DR SAMIMI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/02/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
04/30/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
05/30/12	PR2/REEVAL	DR DOMARACKI* JASON RAMIREZ # 500371	180.00
06/15/12	POST-OP	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00

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

*** INVOICE ***

Date	NO#
04/11/16	50529

EAMS#(s):
ADJ8090975
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2011302532

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

Case: vs KIMCO STAFFING
Date Of Injury: 9/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
07/16/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
07/20/12	POST-OP	DR SAMIMI: R/SHOULDER @ WILLOW MEDICAL GRP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/13/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
09/12/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
10/10/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
11/07/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
12/05/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
02/06/13	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/27/13	PR2/REEVAL	DR OTTOCHIAN @ WILLOW MED*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/06/13	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
04/17/13	PR2/REEVAL	DR HAHN @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/20/13	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
05/29/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/26/13	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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/11/16	50529

EAMS#(s):
ADJ8090975
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2011302532

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

Case: vs KIMCO STAFFING
Date Of Injury: 9/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/07/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/07/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/05/14	WCAB LA	MSC - ADRIANA GAVEGNO CANASTRA # 01406880	156.50
04/28/15	PENALTIES	FOR DATE OF SERVICE 2/5/14	23.48
01/25/16	INTEREST	FOR DATE OF SERVICE 2/5/14	36.14
04/02/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LAO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/29/15	LEGAL_WCAB	MSC @ WCAB LA	156.50
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
01/23/15	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/27/15	LEGAL_WCAB	TRIAL @ WCAB LAO	156.50
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
10/08/15	PENALTIES	FOR DATE OF SERVICE 12/12/11	34.50
01/14/16	INTEREST	FOR DATE OF SERVICE 12/12/11	97.39
10/08/15	PENALTIES	FOR DATE OF SERVICE 12/20/11	34.50
01/14/16	INTEREST	FOR DATE OF SERVICE 12/20/11	97.39
10/08/15	PENALTIES	FOR DATE OF SERVICE 12/22/11	34.50
01/14/16	INTEREST	FOR DATE OF SERVICE 12/22/11	97.39
10/08/15	PENALTIES	FOR DATE OF SERVICE 02/23/12	34.50
01/14/16	INTEREST	FOR DATE OF SERVICE 02/23/12	97.39
10/08/15	PENALTIES	FOR DATE OF SERVICE 04/02/15	23.48
01/25/16	INTEREST	FOR DATE OF SERVICE 04/02/15	13.76
10/08/15	PENALTIES	FOR DATE OF SERVICE 06/29/15	23.48
01/14/16	INTEREST	FOR DATE OF SERVICE 06/29/15	10.11
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
01/14/16	PENALTIES	FOR DATE OF SERVICE 08/27/15	23.48
01/25/16	INTEREST	FOR DATE OF SERVICE 08/27/15	8.19

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

*** INVOICE ***

Date	NO#
04/11/16	50529

EAMS#(s):
ADJ8090975
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2011302532

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

Case: vs KIMCO STAFFING
Date Of Injury: 9/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/16	COSTS & SANC	COSTS & SANC	309.32
04/07/16	PMT BY CHECK	DOS 12/12/11-8/27/15* # 4407615	-8000.00

BALANCE 0.00

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

DATE	CHECK AMOUNT	CHECK NUMBER
04/07/2016	8,000.00	4407615

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

SCMS UNIT	PAGE
632 Sedgwick Claims Management Services, Inc	1

Sedgwick Claims Management Services, Inc
P O Box 14522
Lexington, KY 40512-4497

CHK0001
000 0000787 00000000 001 001 00787 INS: 0 0
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

PAID APR 11 2016

SOS29

CLAIMANT NAME	LOSS DATE	CLAIM NUMBER	SSN
	09/29/2011	2011302532	

Amount Paid: 8,000.00
Amount Billed: 8,000.00
Dates: 12/12/2011 – 08/27/2015
Description: Miscellaneous Medical
Invoice:
ICN: 189548220.338
Comment: FULL AND FINAL SATISFACTION OF LIEN

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

CHK0001 v1.50

F. F. OK
NJT

MR

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

*** INVOICE ***

Date	NO#
02/14/17	60221

EAMS#(s):
ADJ9162483
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1100686

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: DAVID JACKSON
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs LEE'S SANDWICHES
Date Of Injury: 8/1/11-8/31/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/13	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/26/13	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/04/14	PR2/REEVAL	DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/10/14	INITIAL EXAM	W/ACUPUNCTURIST R. MCLEAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/07/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/12/14	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/17/14	PR2-RE/EVAL	W/ACUPUNCTURIST R. MCLEAN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/16/15	LIEN FIL FEE	LIEN FILING FEE	150.00
08/03/15	PENALTIES	FOR DATE OF SERVICE 02/10/14	34.50
10/19/15	INTEREST	FOR DATE OF SERVICE 02/10/14	38.77
10/21/16	PENALTIES_U	FOR UNPAID STLM'T 1/13/16	375.82
02/04/17	INTEREST_U	FOR UNPAID STLM'T 1/13/16	194.60
02/09/17	PMT BY CHECK	DOS 1/13/16* # 00129086	-2073.69

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

*** INVOICE ***

Date	NO#
02/14/17	60221

EAMS#(s):
ADJ9162483
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1100686

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: DAVID JACKSON
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs LEE'S SANDWICHES
Date Of Injury: 8/1/11-8/31/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00129086
1100686-1
SWP20501005

DATE	AMOUNT
2/9/2017	$2,073.69

Two Thousand Seventy-Three and 69/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00129086⑈ ⑆021000021⑆ 226733883⑈

PAID

BY: ....

Explanation Of Bill Review

Check Number	00129086	SEQUOIA INSURANCE COMPANY
Claim Number:	1100686-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	10183526	Cleveland, OH 44101
Invoice Number:	FP1-MQCA-63634	844-601-7760
Policy / Insured:	SWP20501005 /LQNN Inc	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	8/11/2013	FP1-MQCA-63634
Location:	CA -	
Examiner Code:	djackson2	
Network/PPO Network:		

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
1/13/2016	MDS10	SETTLEMENT FOR DISPUTE	1.00	2073.69	0.00	0.00	2073.69	
				2073.69	0.00	0.00	2073.69	

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 or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

MR

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

*** INVOICE ***

Date	NO#
09/06/16	66115

EAMS#(s):
ADJ9669540
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
201424170

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: ARIN TARTERDIANN
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs MATISSE FOOTWEAR
Date Of Injury: 10/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/15	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
03/17/16	PENALTIES	FOR DATE OF SERVICE 6/4/15	23.48
03/24/16	INTEREST	FOR DATE OF SERVICE 6/4/15	13.90
03/24/16	PMT BY CHECK	DOS 6/4/15* # 260546897	-156.50
08/09/16	COSTS & SANC	COSTS & SANC	562.62
09/01/16	PMT BY CHECK	DOS 8/9/16* # 260605227	-600.00

BALANCE 0.00

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

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: 260546897
Check Date: 03/24/2016

66115

Claim Number: 2014247170
Injured Employee:

Billed Date: 03/16/2016
Service Period: 06/04/2015 through 06/04/2015
Invoice Number: n/a
Billed Amount: $156.50
Comments: LC 5811

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

Check Total: **$156.50**

PAID MAR 28 2016

EMPLOYERS

Employers Compensation Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

WELLS FARGO BANK
260605227

56-382
412

DATE:09/01/2016

VOID VOID VOID

EMPLOYERS

Employers Compensation Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

WELLS FARGO BANK
260605227

56-382
412

DATE:09/01/2016

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

AMOUNT
**********$600.00

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

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

⑈260605227⑈ ⑆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 32036 Lakeland, FL 33802-2036

Check Date: 09/01/2016
Check Number: 260605227
Total Billed: $3,063.18
Total Paid: $600.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2011143455		UN501303612174	03/22/2016	07/12/2016	720.00	0.00
2013190137		UN501303560687	06/08/2015	07/17/2015	663.18	0.00
2014247170		UN501303612296	08/09/2016	08/09/2016	600.00	600.00
2014255295		UN501303581200	03/16/2016	06/20/2016	1,080.00	0.00

F-F-
LA

PAID SEP 06 [illegible]

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

MR

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

*** INVOICE ***

Date	NO#
08/31/16	64053

EAMS#(s):
ADJ9602181
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-14-05753

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: NATALIE LOBAN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs CHARMET TILE
Date Of Injury: 5/13/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/08/15	PMT BY CHECK	DOS 10/29/14* # 0000697505	-156.50
01/19/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/29/15	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/01/16	PENALTIES	FOR DATE OF SERVICE 1/19/15	37.50
03/16/16	INTEREST	FOR DATE OF SERVICE 1/19/15	33.63
02/01/16	PENALTIES	FOR DATE OF SERVICE 7/29/15	23.48
03/16/16	INTEREST	FOR DATE OF SERVICE 7/29/15	11.64
04/22/16	PENALTIES_U	FOR UNPAID STLM'T 3/16/16	375.00
08/31/16	INTEREST_U	FOR UNPAID STLM'T 3/16/16	96.58
08/31/16	COSTS & SANC	COSTS & SANC	932.28
08/24/16	PMT BY CHECK	DOS 10/29/14-7/29/15* # 1403343	-1916.61

BALANCE 0.00

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

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

Check Date: 01/08/2015
Check Number: 0000697505
Check Amount: $156.50

MWP424

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, MWP424

00281 JOP1ZS01 1Z 6300016877-6300717997

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

6

PAID JAN 13 2015

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-14-05753 1010-14-07402	SCHERRER,NATHAN	07/25/2014	64053	43	10/29/2014	10/29/2014	$156.50

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

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

Check Date: 08/24/2016
Check Number: 1403343
Check Amount: $1,916.61

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,HU705H

HU705H

3/8/16 11:37 AM 4 0001507 20160824 LHASE104 CHECK 1 oz DOM LHASE10000* 161281 CK

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

64053

Payment Summary

Claim #	Claimant	Date Of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101405753		05/13/2014		180	10/29/2014	07/29/2015	$1,916.61

Category	Stub Notes	Stub Amount
180	full and final payment	$0.00

F-F.
LA

MR

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

*** INVOICE ***
Date NO#
01/13/16 63607

EAMS#(s):
ADJ9555599
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
WC648-A99716

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
03/04/15	LEGAL_WCAB	EXHPEDITED HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/05/15	LEGAL_C&R	C&R READING @ WCAB LBO	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/08/15	PENALTIES	FOR DATE OF SERVICE 3/4/15	23.48
12/08/15	INTEREST	FOR DATE OF SERVICE 3/4/15	13.81
12/08/15	PENALTIES	FOR DATE OF SERVICE 3/5/15	37.50
12/08/15	INTEREST	FOR DATE OF SERVICE 3/5/15	21.90
12/29/15	COSTS & SANC	COSTS & SANC	206.04
01/07/16	PMT BY CHECK	DOS 12/8/15* # 0029473886	-709.23

BALANCE 0.00

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

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

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0029473886	01/07/16
CHECK AMOUNT	BLOCK NUMBER
****$709.23	015939

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801010711-001517
BANK: 288
CHECK REF: 0029473886 DATE: 01/07/16 AMT: 709.23
INTERNAL BILL NO: 111564205 MSR: N0153716
CUST/EXTERNAL BILL NO: 06160050364600
BR PROVIDER #: 059330956713B0

63607

CLAIM NO. WC 648-A99716 HOD
CONTRACT NO: WA7-66D-066514-013-92
DOCUMENT NO:

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #:
SSN: XXX-XX-
DOI: 06/25/14
PATIENT:

F.F file
AM

PROVIDER: JOYCE ALTMAN INTERPRETERS

PAID JAN 13 2016

AGENCY CLAIM #(BOARD COMM #): 20140701113229404 09277
DIAG CODES: R68.89

EMPLOYER: PARK WEST COMPANIES INC
ADDRESS: 28201 RANCHO PARKWAY
LAKE FOREST, CA 92630-2104

LOCATION CODE: MOC000

DATES OF SERVICE: 12/08/15-12/08/15
AUDIT DATE: 01/05/16

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
12/08/15	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	709.23	709.23	N/A	0.00	709.23 G5	Z473

TOTAL CHARGES:	709.23
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	709.23
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	709.23

EXPLANATION CODE DESCRIPTIONS:

G5 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)

ZCA1 THE PAYMENT STATUS CODE REFLECTS THE RECOMMENDED ALLOWANCE AS A RESULT OF OUR BILL REVIEW ANALYSIS. THE ACTUAL PAYMENT WILL BE DETERMINED BY THE PAYOR. (ZCA1)

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB.

MP

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***
Date NO#
12/23/15 43734

EAMS#(s):
ADJ355710
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
01429636

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/11	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
05/04/11	PMT BY CHECK	DOS 3/16/11 # CU-789900	-156.50
05/31/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
01/06/15	PEN & INT	DOS PEN & INT 05/31/14	26.61
12/30/14	PMT BY CHECK	DOS PENALTY 05/31/14* # CU-174463	-15.65
12/30/14	PMT BY CHECK	DOS INTEREST 05/31/14* # CU-174464	-10.96
12/30/14	PMT BY CHECK	DOS 05/31/14* # CU-174467	-156.50
07/06/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (DECEASED)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/27/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/04/15	PMT BY CHECK	DOS 07/06/15* # CU-225935	-250.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
12/21/15	PENALTIES	FOR DATE OF SERVICE 5/31/12	23.48
12/21/15	INTEREST	FOR DATE OF SERVICE 5/31/12	46.74
12/21/15	PENALTIES	FOR DATE OF SERVICE 7/27/15	37.50
12/21/15	INTEREST	FOR DATE OF SERVICE 7/27/15	11.97
01/11/16	PMT BY CHECK	DOS 3/26/11-7/27/15* # CU-261725	-469.69

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

*** INVOICE ***

Date	NO#
12/23/15	43734

EAMS#(s):
ADJ355710
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
01429636

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

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

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.

[redacted]

Provider Number: 330956713

Check #: CU-789900

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/04/11
Doc #: 022744797

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 04936930		
1	43730	03/14/11	03/14/11	Interpreter fees	1		156.50
			Patient Name:		**Claim #:** 01429636		
2	43734	03/16/11	03/16/11	Interpreter fees	1		156.50
					Total Allowances:		**$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01429636	156.50	.00	156.50
04936930	156.50	.00	156.50

The preceding invoice totals reflect the amount of 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.

Notations:

01429636 INVOICE 43734;
04936930 INVOICE 43730;

PAID
MAY 06 2011
BY:.....

0226445402274479701 2

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-174463**

Issue Date: 12/30/14
Doc #: 029194846

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 01429636			
1	PENALTY	05/31/12	05/31/12	Med-Legal Penalty	1		15.65
						Total Allowances:	**$15.65**

#437734

Claim Number **Allowances** **Penalty & Interest** **Invoice Totals**

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:
01429636 PENALTY;

PAID JAN 06 2015

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

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

0121414702919484601 2

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-174464**

Issue Date: 12/30/14
Doc #: 029194847

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 01429636			
1	INTEREST	05/31/12	05/31/12	Med-Legal Interest	1		10.96
						Total Allowances:	**$10.96**

43734

Claim Number **Allowances** **Penalty & Interest** **Invoice Totals**

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:
01429636 INVOICE 43734; INTEREST.

PAID JAN 06 2015

Please add line item for P&I

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"

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-174467**

Issue Date: 12/30/14
Doc #: 029194850

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
	# 58246		**Patient Name:**		**Claim #:** SA633058		
1	INTERPRETI	09/17/14	09/17/14	Interpreter fees	1		156.50
			Patient Name:		**Claim #:** 01429636		
2	MSCLB WCAB	05/31/12	05/31/12	Interpreter fees	1		156.50
	#43734					**Total Allowances:**	**$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01429636	156.50	.00	156.50
SA633058	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:

01429636	INTERPRETING SERVICES; LEGAL; MSC LB WCAB;
SA633058	INVOICE 58246; INTERPRETING SERVICE;

PAID JAN 06 2015

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

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

MK

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-225935**

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

Medical

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

43734

PAID
AUG 07 2015
BY: .....

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

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

22469235

VOID VOID VOID

Medical
SA

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

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

Payee IRS Number: XXXXX6713

VOID VOID VOID

VOID After 365 Days

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

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

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

⑈522022593 5⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CU-261725**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/11/16
Doc #: 030600773

43734

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:					**Claim #:** 01429636	**Date of Injury:** 03/19/04		
SSN:	mployer name: FB PRODUCTIONS, INC					Employer ID: 0000001730927030			
	ICD-9 Code: 959.9	INJURY-SITE NOS							
1	SF1-SFCA-16208885	03/26/11	MDS10	Settlement For Dispu	1	469.69	.00	961 B03 G67	469.69
2	SF1-SFCA-16208885	07/27/15	MDS10	Settlement For Dispu	1	.00	.00	B03	.00
							Total Allowances:		**$469.69**

0

PAID JAN 13 2016

F.F. OK
CA

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.

MP

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

0326337030600773001 2

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

*** INVOICE ***
Date NO#
04/11/16 45360

EAMS#(s):
ADJ6847269
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
04927270

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

Case: vs L AND N FIXTURES INC
Date Of Injury: 10/11/06

DOS	SERVICE	DESCRIPTION	AMOUNT
			156.50
		EXPEDITED HEARING	0.00
06/06/11	WCAB LB	JOHANNA JORDAN # 100793	150.00
/ /	INTERPRETER:	POLYSOMNOGRAPHY REF BY DR	
12/09/11	DIAGNSTUDY	SADIGHPOUR*	0.00
		RICARDO AINSLIE # 500159	150.00
/ /	INTERPRETER:	REF BY DR ROSENZWEIG: LT	
12/29/11	MRI	KNEE* (AMENDED)	0.00
		CLARA BONILLA # 500320	-150.00
/ /	INTERPRETER:	DOS 12/9/11 # CS-364229	156.50
02/22/12	PMT BY CHECK	EXHPEDITED HEARING	0.00
04/10/13	WCAB LB	JOYCE ALTMAN # 300624	-313.00
/ /	INTERPRETER:	DOS 6/6/11-4/10/13	
05/01/13	PMT BY CHECK	# CS-438969	156.50
		@ THE L/O OF DENNIS FUSI	
04/07/14	C&R READING	(BLOCK SETTLEMENT)	0.00
		JOHANNA JORDAN # 301566	156.50
/ /	INTERPRETER:	MSC @ WCAB LBO	0.00
02/12/15	LEGAL_WCAB	CARMEN GUZMAN # 100585	23.48
/ /	INTERPRETER:	FOR DATE OF SERVICE 6/6/11	31.75
05/01/13	PENALTIES	FOR DATE OF SERVICE 6/6/11	23.48
05/01/13	INTEREST	FOR DATE OF SERVICE 4/7/14	35.26
04/27/15	PENALTIES	FOR DATE OF SERVICE 4/7/14	250.00
03/17/16	INTEREST	C&R READING @ L/O DENNIS FUSI	0.00
04/02/15	LEGAL_C&R	PATRICIA HAYES # 100761	22.50
/ /	INTERPRETER:	FOR DATE OF SERVICE 12/9/11	63.71
08/13/15	PENALTIES	FOR DATE OF SERVICE 12/9/11	22.50
02/22/12	INTEREST	FOR DATE OF SERVICE 12/29/11	73.02
08/13/15	PENALTIES	FOR DATE OF SERVICE 12/29/11	23.48
03/17/16	INTEREST	FOR DATE OF SERVICE 2/12/15	19.92
08/13/15	PENALTIES	FOR DATE OF SERVICE 2/12/15	37.50
03/17/16	INTEREST	FOR DATE OF SERVICE 4/2/15	
12/01/15	PENALTIES		

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

*** INVOICE ***
Date NO#
04/11/16 45360

EAMS#(s):
ADJ6847269
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
04927270

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

Case: 's L AND N FIXTURES INC
Date Of Injury: 10/11/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/16	INTEREST	FOR DATE OF SERVICE 4/2/15	27.96
11/18/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/16/16	PMT BY CHECK	DOS 12/29/11-4/7/14* =# CS-590795	-306.50
03/25/16	PMT BY CHECK	DOS 8/1/10-4/2/15* # CS-591985	-813.00
04/17/16	COSTS & SANC	COSTS & SANC	714.94
04/07/16	PMT BY CHECK	DOS 6/6/11-4/2/15* # CS-593602	-813.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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
P.O. Box 65008
Pinedale, CA 93650-5008
Questions & Appeals: 951 [illegible]-7300

Provider Number: 330956713

Check #: **CS-364229**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/22/12
Doc #: 024340255

45360

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 04927270		**Date of Injury:** 10/11/06		
SSN: XXX-XX-	Employer name: L & N FIXTURES,INC			Employer ID: 0000001683442060					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-9570930	12/09/11	999Q2	Interpreter Treatmen	1	150.00	.00	710 723 G5 G67	150.00
							Total Allowances:		**$150.00**

RECEIVED
FEB 24 2012
BY:

Please refer to the last page(s) of EOR for an explanation of treatment 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 return the statement on 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

[redacted]

Provider Number: 330956713

Check #: **CS-438969**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/01/13
Doc #: 026611050

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 04927270			
1	45360	06/06/11	04/10/13	Interpreter fees	1		313.00
						Total Allowances:	**$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04927270	313.00	.00	313.00

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:
04927270 INVOICE# 45360;

RECEIVED MAY 0 6 2013

[redacted]

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

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CS-590795**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/16/16
Doc #: 030849046

45360

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 04927270		**Date of Injury:** 10/11/06		
SSN: XXX-XX-	Employer name: L & N FIXTURES,INC			Employer ID: 0000001683442060					
	ICD-9 Code: 959.9 INJURY-SITE NOS								
1	SF1-SFCA-16490106	12/29/11	999Q2	Interpreter Treatmen	1	150.00	.00	723 A01 B03 EM1 G67	150.00
2	SF1-SPCA-207620	04/07/14	999Q9	Interpreter Deposit-	1	156.50	.00	723 G67	156.50
					Total Allowances:				**$306.50**

PAID MAR 18 2016

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

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

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

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CS -591985**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/25/16
Doc #: 030884964

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name: U			**Claim #:** 04927270		**Date of Injury:** 10/11/06		
SSN: XXX-XX		Employer name: L & N FIXTURES,INC			Employer ID: 0000001683442060				
		ICD-9 Code: 999		COMPLICATIONS OF MEDICAL					
1	SF1-SFCA-16530229	04/02/15	MDO10	Payment By Order	1	.00	.00	B01	.00
2	SF1-SFCA-16530229	08/01/10	MDO10	Payment By Order	1	1,911.06	1,098.06	961 B01 G67	813.00
							Total Allowances:		**$813.00**

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"

0132887503088496400 1 2

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 #: **CS-593602**

Issue Date: 04/07/16
Doc #: 030929619

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 04927270		**Date of Injury:** 10/11/06		
SSN: XXX-X	Employer name: L & N FIXTURES,INC			Employer ID: 0000001683442060					
	ICD-9 Code: 999			COMPLICATIONS OF MEDICAL					
1	SF1-SPCA-211046	04/02/15	999L1	General Loss Exp Cod	1	.00	.00		.00
2	SF1-SPCA-211046	06/06/11	999L1	General Loss Exp Cod	1	1,911.26	1,098.26	790 G1	813.00
							Total Allowances:		**$813.00**

PAID APR 11 2016

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

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

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

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

*** INVOICE ***
Date NO#
03/24/16 52439

EAMS#(s):
ADJ8071547
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
135-7778251110000550

BILL TO:
PATRIOT RISK SVCS C/O CIGA
W. C. DEPARTMENT
ATTN: SHAVONIA WILSON
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs STAFFCHEX, INC.
Date Of Injury: 6/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/11/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/06/12	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
/ /	INTERPRETER:	LETTY JULIAO GREEN # 100569	0.00
07/04/12	PMT BY CHECK	DOS 4/9/12-6/11/12 # 0264168	-313.00
08/27/12	WCAB LB	MSC	156.50
08/22/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/06/13	PENALTIES	FOR DATE OF SERVICE 6/6/12	23.48
11/23/13	INTEREST	FOR DATE OF SERVICE 6/6/12	26.63
03/31/15	PENALTIES	FOR DATE OF SERVICE 8/22/12	37.50
06/02/15	INTEREST	FOR DATE OF SERVICE 8/22/12	80.26
03/31/15	PENALTIES	FOR DATE OF SERVICE 8/27/12	23.48
06/02/15	INTEREST	FOR DATE OF SERVICE 8/27/12	50.00
11/23/13	PMT BY CHECK	DOS 6/6/12 # 30796	-156.50
06/02/15	PMT BY CHECK	DOS 4/9/12-11/23/13* # 79698142	-406.50
12/11/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/22/16	COSTS & SANC	COSTS & SANC	158.65
03/31/16	PMT BY CHECK	DOS 3/22/16* # 79926235	-500.00

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

*** INVOICE ***

Date	NO#
03/24/16	52439

EAMS#(s):
ADJ8071547
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
135-7778251110000550

BILL TO:
PATRIOT RISK SVCS C/O CIGA
W. C. DEPARTMENT
ATTN: SHAVONIA WILSON
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs STAFFCHEX, INC.
Date Of Injury: 6/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

BANK OF AMERICA

63-4
630

Patriot Risk Services
on behalf of ULLICO Casualty
PO Box 958470
Lake Mary, FL 32796 (877)323-8803

Date: 7/04/12 NO. **0264168**

CLAIM NUMBER	DATE OF INJURY	EMPLOYEE	PAYEE IRS NUMBER
825-111-0000550	6/29/11		330956713

$313.00

PAY THREE HUNDRED THIRTEEN AND 00/100 DOLLARS

VOID AFTER 90 DAYS

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

⑈0264168⑈ ⑆063000047⑆ 008981715225⑈

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

Non-Neg
Ullico Casualty Company
1625 Eye Street
Washington DC 20006

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

TAX ID#.: 330956713
EMPLOYER: 106 Staffchex, Inc.
CLAIM #.: 777-825-111-0000550 CLAIMANT:
D/A.....: 6/29/11 Adjuster : DC1 Donald Castanon

CHECK#.....: 264168 PMT VAL 1.....: LI LANGUAGE INTERPRETING SERVICE
CHECK AMOUNT..: 313.00 RESERVE.....: 13 EXPENSE
CHECK DATE....: 7/04/12 PAYMENT PERIOD: 4/09/12 - 6/11/12 WEEKS/DAYS: 0 / 0

REMARKS

Invoice: 52439

RECEIVED
JUL 09 2012
BY:

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

Non-Neg

Ullico Casualty Company

PO BOX 2650

RANCHO CORDOVA CA 95741

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

PAID DEC 02 2013

TAX ID#.: 330956713
EMPLOYER: 106 Staffchex, Inc.
CLAIM #.: 777-825-111-0000550 CLAIMANT:
D/A.....: 6/29/11 Adjuster : KB1 Karin Byrd

CHECK#.....: 30796
CHECK AMOUNT..: 156.50
CHECK DATE....: 11/23/13

PMT VAL 1.....: LI LANGUAGE INTERPRETING SERVICE
RESERVE.....: 13 EXPENSE
PAYMENT PERIOD: 6/06/12 - 6/06/12 WEEKS/DAYS: 0 / 0

REMARKS

FULL/FINAL LIEN SET. 4 ALL DOS

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Phone: (818) 844-4300

000219-00001-000219 CIG1 2166556
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

CHECK NUMBER: 79698142

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	52439	7778251110000550		04/09/12	11/23/13+	$406.50

TOTAL: $406.50

PAID JUN 07 2015

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 79698142

DATE: 06/02/2015

Claim#: 7778251110000550
Claimant:
Insured: Staffchex, Inc.
DOL: 06/29/2011

16-66/1220

AMOUNT
*******$406.50

VOID 120 DAYS AFTER DATE OF ISSUE

PAY FOUR HUNDRED SIX AND 50/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Memo Inv# 52439 D/S 4/9/12-11/23/13

Wayne D Kelly
AUTHORIZED SIGNATURE

Arthur J Kennedy
AUTHORIZED SIGNATURE

CIG

⑈79698142⑈ ⑆122000661⑆ 14177⑈ 50212⑈

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Page: 1 OF 2
Phone: (818) 844-4300

000187-00001-000187 CIG1 2176804
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

52439

CHECK NUMBER: 79926235

escription	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
nterpreter2	Order dated 3/22/16	7778251110000550		04/09/12	04/09/12+	$500.00
TOTAL:						$500.00

F.F. ok
CA

PAID APR 04 2016

MP

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
LOS ANGELES, CA 90067

CHECK NO. 79926235

DATE: 03/31/2016

aim#: 7778251110000550
aimant:
sured: Staffchex, Inc.
L: 06/29/2011

16-66/1220

AMOUNT
******$500.00

VOID 120 DAYS AFTER DATE OF ISSUE

PAY FIVE HUNDRED AND 00/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Memo Interpreter Fees for DOS 4/9/12

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈79926235⑈ ⑆122000661⑆ 14177⑈50212⑈

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

*** INVOICE ***
Date NO#
02/15/17 59275

EAMS#(s):
ADJ8991281
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33039372

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

Case: vs DUCOING MANAGEMENT
Date Of Injury: 5/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/13	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/08/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH (3HRS)	270.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/08/13	JOB ANALYSIS	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/12/13	PMT BY CHECK	DOS 11/8/13 # 0251902	-156.50
02/11/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/18/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/09/14	LIEN FIL FEE	LIEN FILING FEE	150.00
09/17/15	PENALTIES	FOR DATE OF SERVICE 02/11/14	23.48
10/30/15	INTEREST	FOR DATE OF SERVICE 02/11/14	30.82
09/17/15	PENALTIES	FOR DATE OF SERVICE 03/18/14	37.50
10/30/15	INTEREST	FOR DATE OF SERVICE 03/18/14	47.34
09/17/15	PENALTIES	FOR DATE OF SERVICE 06/25/13	34.50
02/09/17	INTEREST	FOR DATE OF SERVICE 06/25/13	91.38
09/28/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/30/15	PMT BY CHECK	DOS 2/11/14-9/28/15* =# 0543029	-698.08
03/07/16	PENALTIES	FOR DATE OF SERVICE 08/08/13	40.50
02/09/17	INTEREST	FOR DATE OF SERVICE 08/08/13	107.27
02/13/17	PMT BY CHECK	DOS 5/10/13-2/9/17* # 0715594	-1000.00
02/16/17	BLCE OFF SET	BALANCE OFF SET	-21.21

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

*** INVOICE ***

Date	NO#
02/15/17	59275

EAMS#(s):
ADJ8991281
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33039372

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

Case: vs DUCOING MANAGEMENT
Date Of Injury: 5/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PAAP13

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 12/12/2013
Check Number : 0251902
Check Amount : $156.50

oz 01 **RETURN SERVICE REQUESTED**

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

p0u5a
00023

PAID DEC 17 2013

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33039372		05/10/2013	59275	Interpreter Fees -	11/08/2013	11/08/2013	$156.50

23-23
4014

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 10/30/2015
Check Number : 0543029
Check Amount : $698.08

BPNW1N

OZ 01 **RETURN SERVICE REQUESTED**

PAID NOV 03 2015

JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

9795a
00047

S9275

Payment Summary

Claim #	Claimant	Date of Injury/ Invoice #	Payment Type	From	Through	Total Payment
33039372		05/10/2013	Interpreter Fees -	09/28/2015	09/28/2015	$250.00
33039372		05/10/2013	Interpreter Fees -	03/18/2014	03/18/2014	$250.00
33039372		05/10/2013	Loss Allocated Expe	02/11/2014	02/11/2014	$17.43
33039372		05/10/2013	Interpreter Fees -	02/11/2014	02/11/2014	$156.50
33039372		05/10/2013	Loss Allocated Expe	03/18/2014	03/18/2014	$24.15

47-47
4014

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 02/13/2017
Check Number : 0715594
Check Amount : $1,000.00

YFN12F

oz 01 **RETURN SERVICE REQUESTED**

cyt5a
00077

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

PAID
FEB 15 2017

S9275

Payment Summary

Claim #	Claimant	Date of Injury Invoice #	Payment Type	From	Through	Total Payment
33039372		05/10/2013	Lien Payment - Medi	05/10/2013	02/09/2017	$1,000.00

F.F.
CA OK

MR

014

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

*** INVOICE ***

Date	NO#
02/14/17	41522

EAMS#(s):ADJ6852822
ADJ7485946
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
494C1004630

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: TARA ODGERS
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
05/28/14	WCAB SB	MSC - JOHN MOREN # 100644	156.50
07/22/14	PMT BY CHECK	DOS 5/28/14* # DA72397302	-156.50
02/11/15	LEGAL_WCAB	MSC @ WCAB SBR	156.50
/ /	INTERPRETER:	LINDY GOMEZ # 301587	0.00
07/16/15	LEGAL_WCAB	TRIAL @ WCAB SBR (FULL DAY)	313.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
12/21/16	PENALTIES	FOR DATE OF SERVICE 2/11/15	23.48
01/25/17	INTEREST	FOR DATE OF SERVICE 2/11/15	34.81
12/21/16	PENALTIES	FOR DATE OF SERVICE 7/16/15	46.95
01/25/17	INTEREST	FOR DATE OF SERVICE 7/16/15	56.41
02/07/17	COSTS & SANC	COSTS & SANC	468.85
02/07/17	PMT BY CHECK	DOS 1/25/17* # DA77479887	-1100.00

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

*** INVOICE ***

Date	NO#
02/14/17	41522

EAMS#(s):ADJ6852822
ADJ7485946
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
494C1004630

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PDWLDMBD-003628-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 05/20/11

CHECK NO. DA65398634

STATEMENT

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

5900A11DA 00 01380 DA65398634
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C1004630

DOLLARS
$*********156.50

* NOT NEGOTIABLE *

FOR
01/05/11 THRU 01/05/11 41522

CLAIMANT

DATE OF EVENT
05/27/09

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

PDWLDMBD-003628-01-01-00

PAID
MAY 24 2011
BY:

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

PDWLDMBD-001892-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 09/09/11

CHECK NO. DA66118788

STATEMENT

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

5900A11DA 00 00030 DA66118788
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C1004630

DOLLARS
$*********156.50

* NOT NEGOTIABLE *

FOR
08/16/11 THRU 08/16/11 41522

CLAIMANT

DATE OF EVENT
05/27/09

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

PDWLDMBD-001892-01-01-00

PAID

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

PDWLDMBD-003269-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 01/10/12

CHECK NO. **DA66891653**

STATEMENT

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

5900A11DA 00 01002 DA66891653
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C1004630

DOLLARS
$*********156.50

* NOT NEGOTIABLE *

FOR
12/14/11 THRU 12/14/11 41522

CLAIMANT

DATE OF EVENT
05/27/09

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

JAN 19 2012

BY: _____

PDWLDMBD-003269-01-01-00

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

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

DETACH THIS PORTION BEFORE CASHING

BOA18B (078/2009)

PDWLDMCD-002337-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6561
SCRANTON PA 18505-6561

DATE 07/22/14
CHECK NO. **DA72397302**

STATEMENT

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

5900A11DA 00 00229 DA72397302
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID
494C1004630

DOLLARS
$********156.50

* NOT NEGOTIABLE *

FOR
05/28/14 THRU 05/28/14 41522

CLAIMANT

DATE OF EVENT
05/27/09

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

PAID JUL 25 2014

PDWLDMCD-002337-01-01-00

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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/08/17	65450

EAMS#(s):
ADJ9735895
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
EXQ9245

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

Case: vs JASON INDUSTRIAL
Date Of Injury: 2/11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/28/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/14/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/03/16	PENALTIES	FOR DATE OF SERVICE 3/16/15	23.48
01/19/17	INTEREST	FOR DATE OF SERVICE 3/16/15	31.36
11/03/16	PENALTIES	FOR DATE OF SERVICE 4/28/15	37.50
01/19/17	INTEREST	FOR DATE OF SERVICE 4/28/15	50.10
11/03/16	PENALTIES	FOR DATE OF SERVICE 5/14/15	37.50
01/19/17	INTEREST	FOR DATE OF SERVICE 5/14/15	47.89
01/19/17	COSTS & SANC	COSTS & SANC	315.67
02/03/17	PMT BY CHECK	DOS 1/19/187 891A 88052845	-1200.00

BALANCE 0.00

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

THE TRAVELERS - RANCHO CORDOVA BI/P
TRAVELERS WC CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-3089
0

891A 88052845

TRAVELERS

DATE: 02/03/17
LOSS DATE: 02/11/14
FILE NUMBER: 480 CB EXQ9245 R
REFERENCE #: 1014760429SW
EMPLOYEE

ACCOUNT NAME:
JASON INDUSTRIAL INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 01/19/17

TOTAL PAID: $1200.00
TAX INFO: 330956713 Y

F.F.
SW

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
FEB 0 8 2017

BY:.....

FOR ADDITIONAL INFORMATION, CONTACT: CASEY RUBINOFF AT (916)631-6271

034020141
DETACH CHECK

UNSUMM-111311
UVRPUNS2-121285
DETACH CHECK

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

*** INVOICE ***
Date NO#
02/01/17 66097

EAMS#(s):
ADJ9860626
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
YMQ39825

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

Case: vs YS GARMENTS INC dba NEXT LEVEL
Date Of Injury: 12/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/28/15	LEGAL_PREP	DEPO PREP @ L/O ADELSON TESTAN BRUNDO	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/14/15	PMT BY CHECK	DOS 5/28/15* # 124373552 0	-156.50
08/27/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/02/16	PENALTIES	FOR DATE OF SERVICE 8/27/15	37.50
06/02/16	INTEREST	FOR DATE OF SERVICE 8/27/15	23.24
02/01/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/02/16	PMT BY CHECK	DOS 8/27/15-2/1/16* # 125869326 7	-406.50
01/13/17	PENALTIES	FOR DATE OF SERVICE 2/1/16	23.48
06/02/16	INTEREST	FOR DATE OF SERVICE 2/1/16	6.16
01/25/17	PMT BY CHECK	DOS 5/28/15-6/2/16* # 126883892 6	-90.38

BALANCE 0.00

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

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

THE HARTFORD

PAID JUL 21 2015

000011
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00013 *

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
66097 12-26-14	10WE AL9019 YMQC 39825	NEXT LEVEL APPAREL	$156.50

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Miscellaneous Legal Expenses	Source Payment	05-28-2015 05-28-2015	$156.50

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

Additional Comments:

Issue Date	07-14-2015	Check Number	124373552 0	Total Amount of Check	$156.50

Please keep the above information for your records.

109806678

*200012 124373520

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2305582

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

PAID JUN 06 '16

66097-1

Attention: This remittance incorporates 1 claim payments

Special Handling RM

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
12/26/2014	10WE AL9019 YMQC 39825	YS GARMENTS INC.		$406.50
Nature of Benefits: Translation Services		Nature of Payment: Payment Reason - Translation Services	Service Dates 08/27/2015 02/01/2016	$406.50

Claim Handler: DERRICK LOUIE
8664019222 x2305582
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

MR

Issue Date	06/02/2016	Check Number	125869326 7	Total Check Amount	$406.50

Please keep the above information for your records.

110906820

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2305582

MB 01 002626 63005 B 9 A

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

PAID
FEB 0 2 2017

002626 1/1

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
66097 12/26/2014	10WE AL9019 YMQC 39825	YS GARMENTS INC.		$90.38
Nature of Benefits: Miscellaneous Legal Expenses		Nature of Payment: Payment Reason - Misc Legal Expense	Service Dates 05/28/2015 06/02/2016	$90.38

Claim Handler: DERRICK LOUIE
8664019222 x2305582
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
Invoice 66097

Issue Date	01/25/2017	Check Number	126883892 6	Total Check Amount	$90.38

Please keep the above information for your records.

112840555

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
05/25/17	47728

EAMS#(s):ADJ6837641
ADJ6837640
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05380128

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

Case: vs VINCO CONSTRUCTION
Date Of Injury: 10/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
		MSC - JOYCE ALTMAN # 300624	156.50
08/23/11	WCAB LB	DOS 8/23/11 # CP-518101	-156.50
09/12/11	PMT BY CHECK	C&R READING @ L/O DENNIS FUSI	156.50
02/10/16	LEGAL_C&R	(BLOCK SETTLEMENT)	
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/05/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/18/16	PMT BY CHECK	DOS 7/5/16* # CP-933492	-156.50
03/10/17	PENALTIES	FOR DATE OF SERVICE 2/10/16	23.48
03/29/17	INTEREST	FOR DATE OF SERVICE 2/10/16	20.76
03/29/17	PMT BY CHECK	DOS 2/10/16* =# CP-965231	-156.56
		SCIF	
05/17/17	COSTS & SANC	COSTS & SANC	955.82
05/23/17	PMT BY CHECK	DOS 5/17/17* # CP-972232	-1000.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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[redacted]

Provider Number: 330956713

Check #: **CP-518101**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/12/11
Doc #: 023546229

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05380128			
1	47728	08/23/11	08/23/11	Medical Services	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05380128	156.50	.00	156.50

The preceding invoice totals reflect the amount of 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.

Notations:
05380128 WCAB INTERPRETING;

[redacted]

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CP-933492**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/18/16
Doc #: 031406769

-47728

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05380128		**Date of Injury:** 10/24/08		
SSN: XXX-X	Employer name: VINCO CONSTRUCTION CORPORATION				Employer ID: 0002380006192080				
1	SF1-SPCA-236376	07/05/16	999Q9	Interpreter Deposit-	1	156.50	.00	375 G5	156.50

Total Allowances: **$156.50**

0133372003140676900l 2

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"

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CP-965231**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/29/17
Doc #: 032123347

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05379708		**Date of Injury:** 08/01/08		
SSN: XXX-XX-'	Employer name: VINCO CONSTRUCTION CORPORATION				Employer ID: 0002380006192080				
1	SF1-SPCA-277894	02/10/16	999Q9	Interpreter Deposit-	1	156.56	.00	375 G5	156.56
				Total Allowances:					**$156.56**

APR 03 2017

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"

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-972232**

Issue Date: 05/23/17
Doc #: 032286092

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name: 70643 **Claim #:** 05947248 **Date of Injury:** 11/23/13								
SN	Employer name: VILLA'S ROOFING			Employer ID: 0000009053579130					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SPCA-289598	05/05/17	99999	Interpreter Deposit-	1	1,156.50	.00	375 961 G5 G67	1,156.50
	Patient Name: 47728 **Claim #:** 05380128 **Date of Injury:** 10/24/08								
SSN	Employer name: VINCO CONSTRUCTION CORPORATION			Employer ID: 0002380006192080					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
2	SF1-SFCA-18025359	05/17/17	MDO10	Payment By Order	1	1,000.00	.00	375 961 G5 G67	1,000.00
				Total Allowances:					**$2,156.50**

PAYED
MAY 25 2017

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

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID VOID VOID

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

CP-972232
Union Bank
Los Angeles, California

90-4150
1222

Medical
SP

Payee IRS Number: XXXXX6713

VOID VOID VOID

VOID After 365 Days

Check Date	Check Amount
May 23, 2017	$*****2,156.50

PAY ****Two Thousand One Hundred Fifty-Six and 50/100 Dollars****ONLY

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

Please negotiate at your local Union Bank Branch.

⑈521697223⑈ ⑆122241501⑆ ⑈908100104 3⑈

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

*** INVOICE ***

Date	NO#
08/02/16	67842

EAMS#(s):
ADJ10001219
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-15-06356

BILL TO:
INS CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: TRISTIN ALLMOND
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs P.A.C. CONSTRUCTION SERVICES
Date Of Injury: 5/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
12/04/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/16/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/29/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (AMENDED)	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/12/16	PMT BY CHECK	DOS 11/9/15-12/4/15* # 0001154567	-270.00
03/23/16	PENALTIES	FOR DATE OF SERVICE 12/4/15	20.48
07/14/16	INTEREST	FOR DATE OF SERVICE 12/4/15	9.85
03/23/16	PENALTIES	FOR DATE OF SERVICE 12/16/15	23.48
06/21/16	INTEREST	FOR DATE OF SERVICE 12/16/15	10.01
03/23/16	PENALTIES	FOR DATE OF SERVICE 12/29/15	37.50
07/14/16	INTEREST	FOR DATE OF SERVICE 12/29/15	3.34
06/21/16	PMT BY CHECK	DOS 5/20/15-5/26/16* # 1324757	-356.00
07/14/16	COSTS & SANC	COSTS & SANC	1508.34
07/29/16	PMT BY CHECK	DOS 11/9/15-12/29/15* # 1369510	-1800.00

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

*** INVOICE ***

Date	NO#
08/02/16	67842

EAMS#(s):
ADJ10001219
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-15-06356

BILL TO:
INS CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: TRISTIN ALLMOND
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs P.A.C. CONSTRUCTION SERVICES
Date Of Injury: 5/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

Check Date: 01/12/2016
Check Number: 0001154567
Check Amount: $270.00

5DJE26

00272 JOP1ZS01 1Z 6300017166-6300875826

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID JAN 18 2016

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-15-06356		05/20/2015	67842	43	11/09/2015	12/04/2015	$270.00

Cat	SubPC	Stub Notes	Stub Amount
43		MISC EXPENSE	$270.00
		@ DEPO PREP 11/09/15 AND DEPO REVIEW 12/04/15	$0.00
			$270.00

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

Check Date: 06/21/2016
Check Number: 1324757
Check Amount: $356.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,4UBT4C

3/8/16 11:37 AM 4 0001276 20160621 LFA05103 CHECK 1 oz DOM LFA0510000* 161281 CK

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN CA 92781-1460

PAID JUN 27 16

Payment Summary

10101506356	05/20/2015	Lien Resolution	189	05/20/2015	05/26/2016	$356.00

Category	Stub Notes	Stub Amount
189	In full and final satisfaction of lien for all dat	$0.00

107842

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

Check Date : 07/29/2016
Check Number : 1369510
Check Amount : $1,800.00

H2DX45

oz 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

gj45a
00151

PAID AUG 0 2 2016

F. F. OK
CA

67842

Payment Summary

Claim #	Claimant	Date/Liability	Payment Type	From	Through	Total Payment
10101506356		05/20/2015	VEND	11/09/2015	12/29/2015	$1,800.00

Cat	SubPC	Stub Notes	Stub Amount
	493	Per Stipulation and Order	$0.00
			$1,800.00

151-151
014

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

*** INVOICE ***

Date	NO#
03/31/17	61093

EAMS#(s):ADJ9242960
ADJ8961183
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
EWJ1278

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
06/30/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/22/15	PMT BY CHECK	DOS 06/30/15 # 896D 86338952	-156.50
08/11/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/09/15	PMT BY CHECK	DOS 08/11/15* # 896D 86574649	-156.50
02/16/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/13/16	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/06/17	PENALTIES	FOR DATE OF SERVICE 2/16/16	23.48
03/06/17	INTEREST	FOR DATE OF SERVICE 2/16/16	19.28
03/06/17	PENALTIES	FOR DATE OF SERVICE 10/13/16	23.48
03/06/17	INTEREST	FOR DATE OF SERVICE 10/13/16	7.54
03/06/17	COSTS & SANC	COSTS & SANC	811.59
03/24/17	PMT BY CHECK	DOS 3/6/17* # 896D 89154600	-1198.37

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

*** INVOICE ***

Date	NO#
03/31/17	61093

EAMS#(s):ADJ9242960
ADJ8961183
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
EWJ1278

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

BALANCE 0.00

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

007681

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

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

PAID MAY 30 2014

EMPLOYEE

ACCOUNT NAME:
PRIORITY BUSINESS SERVICES IN

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

MP

FOR ADDITIONAL INFORMATION, CONTACT: KELLEEN L CANTU AT (909)612-3844

143013893
DETACH CHECK

UNSUMM-111311
OVAPUNS2-121288
DETACH CHECK

019002

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

SA09452

896D 86338952

TRAVELERS

DATE: 07/22/15
LOSS DATE: 04/26/13
FILE NUMBER: 152 CB EWJ1278 J

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

EMPLOYEE

ACCOUNT NAME:
PRIORITY BUSINESS SERVICES IN

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 06/30/2015

TOTAL PAID: $156.50 ←
TAX INFO: 330956713596647 9Y
PAY MISC: 61093
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JUL 28 2015

FOR ADDITIONAL INFORMATION, CONTACT: KELLEEN L CANTU AT (909)612-3844

203009550
DETACH CHECK

UNSUMM 111311
OVPONS2 121205
DETACH CHECK

017918

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

SA08909

✓896D 86574649

M

TRAVELERS

DATE: 09/09/15 ✓
LOSS DATE: 04/26/13
FILE NUMBER: 152 CB EWJ1278 J

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

EMPLOYEE

ACCOUNT NAME:
PRIORITY BUSINESS SERVICES IN

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 08/11/2015

TOTAL PAID: $156.50
TAX INFO: 330956713596647 9Y
PAY MISC: 61093
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
BY: Ø

FOR ADDITIONAL INFORMATION, CONTACT: KELLEEN L CANTU AT (909)612-3844

252009008
DETACH CHECK

UNSUMM 111311
OVRFLWS2:121285
DETACH CHECK

013884

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SE02936

896D 89154600

TRAVELERS

DATE: 03/24/17
LOSS DATE: 04/26/13
FILE NUMBER: 152 CB EWJ1278 J
REFERENCE #: 1015170488SW
EMPLOYEE

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

ACCOUNT NAME:
PRIORITY BUSINESS SERVICES IN

TRAVELERS PROP CAS CO OF AMERIC 61093

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 03/06/17

TOTAL PAID: $1198.37

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

F.F. CA

FOR ADDITIONAL INFORMATION, CONTACT: BRISTOL J JACOBSON AT (909)612-3174

33020340
— DETACH CHECK

UNSUMM-111311
OVAPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
03/24/17	61081

EAMS#(s):ADJ10179919
ADJ8991058
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05903178

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

Case: vs AG FUME SERVICES
Date Of Injury: 6/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/25/14	DEPO PREP	@ THE L/O OF SCIF	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
03/25/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/21/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/30/15	PMT BY CHECK	DOS 2/25/14-5/21/14* =# CU-217916	-563.00
11/11/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/29/16	PENALTIES	FOR DATE OF SERVICE 2/25/14	23.48
06/30/15	INTEREST	FOR DATE OF SERVICE 2/25/14	22.24
12/29/16	PENALTIES	FOR DATE OF SERVICE 3/25/14	37.50
06/30/15	INTEREST	FOR DATE OF SERVICE 3/25/14	35.52
12/29/16	PENALTIES	FOR DATE OF SERVICE 11/11/15	37.50
01/11/17	INTEREST	FOR DATE OF SERVICE 11/11/15	35.05
01/11/17	PMT BY CHECK	DOS 11/11/15* # CU-327637	-250.00
02/23/17	PMT BY CHECK	DOS 11/11/15* =# CU-334119	-250.00
03/13/17	COSTS & SANC	COSTS & SANC	780.00
03/14/17	PMT BY CHECK	DOS 1/11/16* # CU-337068	-780.00
02/27/17	PEN & INT	FOR P&I	58.71

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

*** INVOICE ***

Date	NO#
03/24/17	61081

EAMS#(s):ADJ10179919
ADJ8991058
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
05903178

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

Case: vs AG FUME SERVICES
Date Of Injury: 6/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT

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 #: **CU-217916**

Issue Date: 06/30/15
Doc #: 029884000

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05903178		**Date of Injury:** 06/18/13		
SSN: XXX-XX	Employer name: AG FUME SERVICES INC				Employer ID: 0009200500800120				
1	SF1-SPCA-111231	02/25/14	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
2	SF1-SPCA-111231	03/25/14	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
3	SF1-SPCA-111231	05/21/14	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
								Subtotal:	**563.00**
Patient Name:					**Claim #:** 05942776		**Date of Injury:** 10/30/13		
SSN: XXX-XX	Employer name: TRUSTAFFING, INC.				Employer ID: 0000009022471130				
	ICD-9 Code:999 COMPLICATIONS OF MEDICAL								
4	SF1-SFCA-15297027	06/09/14	MDO10	Payment By Order	1	.00	.00		.00
5	SF1-SFCA-15297027	11/13/13	MDO10	Payment By Order	1	2,490.00	190.00	961 G67	2,300.00
								Subtotal:	**2,300.00**
								Total Allowances:	**$2,863.00**

PAID JUL 02 2015

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

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

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

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CU-327637**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

PAID
JAN 13 2017

Issue Date: 01/11/17
Doc #: 031880107

Medical

Line #	Bill ID.	DOS	Billed Proc	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05903178		**Date of Injury:** 06/18/13		
SSN: XXX-XX-	Employer name: AG FUME SERVICES INC.				Employer ID: 0009200500800120				
1	SF1-SPCA-262044	11/11/15	999Q9	Interpreter Deposit-	1	250.00	.00	375 G5	250.00
	Patient Name:				**Claim #:** 06056404		**Date of Injury:** 11/17/14		
SSN: XXX-XX-	Employer name: AER TECHNOLOGIES				Employer ID: 0000009104190140				
2	SF1-SPCA-262406	12/17/14	999Q8	Interpreter Deposit-	1	730.00	.00		730.00
3	SF1-SPCA-262406	12/29/14	999Q8	Interpreter Deposit-	1	.00	.00		.00
								Subtotal:	**730.00**
	Patient Name: M				**Claim #:** 05459670		**Date of Injury:** 02/23/09		
SSN: XXX-XX	Employer name: FERNANDO DAVILA & SONS A PARTNERSHIP				Employer ID: 0000001822428080				
	ICD-9 Code: 959.9 INJURY-SITE NOS								
4	SF1-SFCA-17585448	10/09/12	MDO10	Payment By Order	1	1,017.93	217.93	375 961 G5 G67	800.00
	Patient Name				**Claim #:** 06072154		**Date of Injury:** 12/23/14		
SSN: XXX-XX	Employer name: Z VALET INC				Employer ID: 0000009066506140				
5	SF1-SPCA-258429	11/01/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
6	SF1-SPCA-262020	11/01/16	999Q9	Interpreter Deposit-	1	156.50	156.50	224 G56	.00
7	SF1-SPCA-262020	12/14/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
								Subtotal:	**313.00**
							Total Allowances:		**$2,093.00**

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

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

[redacted]

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-334119**

Issue Date: 02/23/17
Doc #: 032014386

61081

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 02380836		**Date of Injury:** 02/10/05		
SSN: XXX-XX-	Employer name: AG FUME SERVICES INC.				Employer ID: 0004280000319050				
1	SF1-SPCA-268946	11/11/15	999Q9	Interpreter Deposit-	1	250.00	.00	375 G5	250.00
	Patient Name: G				**Claim #:** 06067010		**Date of Injury:** 07/06/14		
SSN: XXX-XX-	Employer name: HERNANDEZ CRUZ CLEANING SERVICE				Employer ID: 0000001766168130				
2	SF1-SPCA-268947	02/01/16	999Q9	Interpreter Deposit-	1	156.50	.00	375 G5	156.50
	Patient Name:				**Claim #:** 06166810		**Date of Injury:** 11/06/15		
SSN: XXX-XX-	Employer name: ZAHARONI INDUSTRIES				Employer ID: 0000009044470150				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
3	SF1-SFCA-17702590	08/03/16	Q00016	Interpreter Treatmen	1	180.00	.00	A00 EM1	180.00
					Total Allowances:				**$586.50**

PAID
FEB 27 2017

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

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID VOID VOID

State Compensation Insurance Fund

Medical
SA

Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-334119
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
February 23, 2017	**$*******586.50**

PAY ****Five Hundred Eighty-Six and 50/100 Dollars****ONLY

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

Please negotiate at your local Union Bank Branch.

⑈5210334119⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-337068**

Issue Date: 03/14/17
Doc #: 032073755

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05903178		**Date of Injury:** 06/18/13		
SSN:	Employer name: AG FUME SERVICES INC.				Employer ID: 0009200500800120				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-17785733	01/11/16	MDS10	Settlement For Dispu	1	780.00	.00	375 961 G5 G67	780.00
Patient Name:					**Claim #:** 05273646		**Date of Injury:** 02/29/08		
SSN:	Employer name: S G PLASTERING CONTRACTORS				Employer ID: 0000000662190070				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
2	SF1-SFCA-17785364	06/19/16	MDO10	Payment By Order	1	1,121.93	71.93	375 961 G5 G67	1,050.00
					Total Allowances:				**$1,830.00**

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

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

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

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

*** INVOICE ***

Date	NO#
03/28/17	60614

EAMS#(s):ADJ9177378 ADJ9264133
ADJ9168456
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
10101202830

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ANGELEA MOORE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs OVERHILL FARMS
Date Of Injury: 6/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	DANIEL TRINGUEROS # 36815481	0.00
01/13/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/29/14	PMT BY CHECK	DOS 12/18-13-1/13/14 # 000501276	-180.00
06/25/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/28/14	PMT BY CHECK	DOS 6/25/14* # 0000594279	-156.50
09/24/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/29/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 60614	0.00
04/26/16	P AND S	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/16/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/03/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/27/16	LIEN FIL FEE	LIEN FILING FEE	150.00
01/24/17	PENALTIES	FOR DATE OF SERVICE 12/18/13	9.98
01/24/17	INTEREST	FOR DATE OF SERVICE 12/18/13	22.21
01/24/17	PENALTIES	FOR DATE OF SERVICE 1/13/14	24.00
01/24/17	INTEREST	FOR DATE OF SERVICE 1/13/14	53.44
01/24/17	PENALTIES	FOR DATE OF SERVICE 9/24/14	23.48
01/24/17	INTEREST	FOR DATE OF SERVICE 9/24/14	41.91
01/24/17	PENALTIES	FOR DATE OF SERVICE 4/29/15	23.48
01/24/17	INTEREST	FOR DATE OF SERVICE 4/29/15	31.71
01/24/17	PENALTIES	FOR DATE OF SERVICE 4/26/16	34.50
01/24/17	INTEREST	FOR DATE OF SERVICE 4/26/16	46.02
01/24/17	PENALTIES	FOR DATE OF SERVICE 5/16/16	37.50
01/24/17	INTEREST	FOR DATE OF SERVICE 5/16/16	49.54

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

*** INVOICE ***

Date	NO#
03/28/17	60614

EAMS#(s):ADJ9177378 ADJ9264133
ADJ9168456
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
10101202830

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ANGELEA MOORE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs OVERHILL FARMS
Date Of Injury: 6/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/17	PENALTIES	FOR DATE OF SERVICE 8/3/16	23.48
01/24/17	INTEREST	FOR DATE OF SERVICE 8/3/16	9.32
03/08/17	PENALTIES_U	FOR UNPAID STLM'T 01/24/17	600.00
03/08/17	INTEREST_U	FOR UNPAID STLM'T 01/24/17	27.12
03/28/17	COSTS & SANC	COSTS & SANC	16.31
03/21/17	PMT BY CHECK	DOS 6/8/12-1/24/17* # 1660527	-2400.00

BALANCE 0.00

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

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

Check Date: 04/29/2014
Check Number: 0000501276
Check Amount: $180.00

HFGY1K

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, HFGY1K

00212 JOP1ZS01 1Z 6300016687-6300623336

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID MAY 06 2014

60614

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-12-02830		06/08/2012	60614	43	12/18/2013	01/13/2014	$180.00

Cat	SubPC	Stub Notes	Stub Amount
43		MISC EXPENSE	$180.00
		DEPO PREP AND REVIEW	$0.00
			$180.00

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

Check Date: 08/28/2014
Check Number: 0000594279
Check Amount: $156.50

T9F12B

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, T9F128

00255 JOP1ZS01 1Z 6300016773-6300667487

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

I PAID SEP 0 2 2014

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-12-02830		06/08/2012	60614	43	06/25/2014	06/25/2014	$156.50

Cat	SubPC	Stub Notes	Stub Amount
		WCAB - LONG BEACH - TRANSLATION	$0.00
43		MISC EXPENSE	$156.50
			$156.50

[redacted]

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 03/21/2017
Check Number: 1660527
Check Amount: $2,400.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,F1MS5H

F1MS5H

12/11/16 4:29 PM 4 0002268 20170321 MC74C105 CHECK 1 oz DOM MC74C10000* 161281 CK

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

MAR 28 2017

60614

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
I0101202830		06/08/2012		180	06/08/2012	01/24/2017	$2,400.00

Category	Stub Notes	Stub Amount
180	Per Stip & Order dated 01/24/17	$0.00

F.F.
AM

MR

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

*** INVOICE ***

Date	NO#
03/28/17	35667

EAMS#(s):
ADJ7011129
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
002979-008445-WC-01

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

Case: vs GENESIS CONSTRUCTION
Date Of Injury: 10/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/04/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/20/10	PMT BY CHECK	DOS 10/22/09 THRU 12/4/09 # 0076143247	-406.50
02/23/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
11/23/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/08/12	PMT BY CHECK	DOS 2/23/11-11/23/11 # 0092027575	-313.00
05/14/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
07/25/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
09/27/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/16/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/02/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
07/11/13	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 (A.M)	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (P.M)	0.00
09/27/13	PMT BY CHECK	DOS 10/22/09-7/11/13 # 0104513318	-1189.00
05/09/16	LEGAL_WCAB	FULL DAY MSC @ WCAB LB	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/18/17	PENALTIES	FOR DATE OF SERVICE 2/23/11	23.48
03/08/12	INTEREST	FOR DATE OF SERVICE 2/23/11	18.93
01/18/17	PENALTIES	FOR DATE OF SERVICE 11/23/11	23.48
03/08/12	INTEREST	FOR DATE OF SERVICE 11/23/11	5.08
01/18/17	PENALTIES	FOR DATE OF SERVICE 5/14/12	23.48

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

*** INVOICE ***

Date	NO#
03/28/17	35667

EAMS#(s):
ADJ7011129
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002979-008445-WC-01

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

Case: vs GENESIS CONSTRUCTION
Date Of Injury: 10/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/27/13	INTEREST	FOR DATE OF SERVICE 5/14/12	24.80
01/18/17	PENALTIES	FOR DATE OF SERVICE 7/25/12	23.48
09/27/13	INTEREST	FOR DATE OF SERVICE 7/25/12	21.50
01/18/17	PENALTIES	FOR DATE OF SERVICE 9/27/12	23.48
09/27/13	INTEREST	FOR DATE OF SERVICE 9/27/12	17.95
01/18/17	PENALTIES	FOR DATE OF SERVICE 11/16/12	37.50
09/27/13	INTEREST	FOR DATE OF SERVICE 11/16/12	23.87
01/18/17	PENALTIES	FOR DATE OF SERVICE 5/2/13	23.48
09/27/13	INTEREST	FOR DATE OF SERVICE 5/2/13	7.54
01/18/17	PENALTIES	FOR DATE OF SERVICE 7/11/13	46.95
09/27/13	INTEREST	FOR DATE OF SERVICE 7/11/13	8.88
01/18/17	PENALTIES	FOR DATE OF SERVICE 5/9/16	46.95
02/09/17	INTEREST	FOR DATE OF SERVICE 5/9/16	28.50
02/09/17	PMT BY CHECK	DOS 5/9/16* # 0134633349	-313.00
03/28/17	COSTS & SANC	COSTS & SANC	999.67
03/23/17	PMT BY CHECK	DOS 3/15/17* # 0135673589	-1429.00

BALANCE 0.00

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

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

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

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

CLAIM NO.: 002979 008445 WC 01 (1W3609001)
CLAIMANT:
DESCRIPTION: INV# 35667

DATES OF SERVICE: 22Oct2009 **THRU** 04Dec2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 08Oct08

NO.: 0076143247
VN: 0000306047
DATE: 20Jan10
AMOUNT: 406.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004201 004905 002 003

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

002979 PAGE 1 OF 1 006702

MDG2009 00000116 1 AB 0374 1

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

PAID
MAR 13 2012
BY:

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 008445 WC 01 (1W3609001)
CLAIMANT:
DESCRIPTION: 35667
DATES OF SERVICE: 23Feb2011 **THRU** 23Nov2011
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 08Oct08

NO.: 0092027575
VN: 0000737567
DATE: 08Mar12
AMOUNT: 313.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000116 000150 001 001

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

002979 PAGE 1 OF 1 010823

PAID OCT 01 2013

MDG2009 00007768 1 MB 0405 1

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

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

CLAIM NO.: 002979 008445 WC 01 (1W3609001)
CLAIMANT:
DESCRIPTION: INV# 35667 INVDAT 07/19/13 DOS 10/22/09-07/11/13

DATES OF SERVICE: 22Oct09 **THRU** 11Jul13
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 08Oct08

NO.: 0104513318
VN: 0001186152
DATE: 27Sep13
AMOUNT: 1189.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007768 008730 001 001

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

002979 PAGE 1 OF 1 003613

PAID
FEB 15 2017
BY:

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

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

CLAIM NO.: 002979 008445 WC 01 (1W3609001)
CLAIMANT:
DESCRIPTION: INTERPRETING SERVICES FOR 5/9/16

DATES OF SERVICE: 09May16 **THRU** 09May16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 08Oct08

NO.: 0134633349
VN: 0002457970
DATE: 09Feb17
AMOUNT: 313.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005114 005732 002 002

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

002979 PAGE 1 OF 1 003929

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

PAID
MAR 2 8 2017

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 008445 WC 01 (1W3609001)
CLAIMANT:
DESCRIPTION: FULL AND FINAL FOR ALL DATES OF SERVICE

DATES OF SERVICE: 15Mar17 **THRU** 15Mar17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 08Oct08

NO.: 0135673589
VN: 0002491096
DATE: 23Mar17
AMOUNT: 1429.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005163 005972 003 003

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

*** INVOICE ***
Date NO#
03/24/17 64279

EAMS#(s):ADJ9594003
ADJ9593983
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10104678

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

Case: vs RAAVAN INC DBA ANAPURNA SOUTH
Date Of Injury: 5/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/14	LEGAL_PREP	DEPO PREP @ L/O WILLIAMS ABREGO & ASSOCIATES	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
11/11/14	LEGAL_PREP	DEPO PREP @ L/O OF EARLY, MASLACK VOL.I CONT'D	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/22/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/18/15	PMT BY CHECK	DOS 11/5/14-12/22/14* # 8815219964	-563.00
11/18/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/08/15	PMT BY CHECK	DOS 11/18/15* # 8815656136	-156.50
02/09/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/07/16	PMT BY CHECK	DOS 2/9/16* # 8815779840	-156.50
03/22/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
02/27/17	PENALTIES	FOR DATE OF SERVICE 3/22/16	23.48
02/27/17	INTEREST	FOR DATE OF SERVICE 3/22/16	17.41
02/24/17	PMT BY CHECK	DOS 3/22/16* # 8816273695	-156.50
02/07/17	COSTS & SANC	COSTS & SANC	1115.61
03/21/17	PMT BY CHECK	DOS 3/14/17* # 8816307572	-1156.50

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

*** INVOICE ***

Date	NO#
03/24/17	64279

EAMS#(s):ADJ9594003
ADJ9593983
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
WC10104678

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

Case: vs RAAVAN INC DBA ANAPURNA SOUTH
Date Of Injury: 5/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

FARMERS INSURANCE

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

February 18, 2015

01 01 0002

MID-CENTURY INSURANCE COMPANY

Check Number: 8815219964
Date: 02/18/2015

Amount: $563.00******

01 01 000130 VB1Z84GZN1 CE0218P1 02 [ ] 000294

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

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

64279

Claimant/Patient:
Insured: RAAVAN INC
Date of Loss: 08/05/2014
Claim Number: WC10104678
Correspondence Reference: VB1Z84GZN

Claim Representative: NICHOLE GREEN
Office Phone Number: 9259248329
Applicable Coverage: Workers' Compensation

Additional Information:
#64279 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 754-3260 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
11/05/14 - 12/22/14	Other Specified Indemnity	$563.00		$563.00

TOTAL Benefits Paid To Date : Other Specified Indemnity $3654.75

PAID FEB 20 2015

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

MID-CENTURY INSURANCE COMPANY

Check Number: 8815656136
Date: 12/08/2015

Amount: $156.50******

01 01 000304 QBB0M4XRN1 CE1209P1 02[] 000531

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

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

64279

Claimant/Patient:			
Insured:	RAAVAN INC		
Date of Loss:	08/05/2014	Claim Representative:	Nichole Johnson
Claim Number:	WC10104678	Office Phone Number:	9259248329
Correspondence Reference:	QBB0M4XRN	Applicable Coverage:	Workers' Compensation

Additional Information:
WCAB 64279 DOS 11-18-15 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
11/18/15 - 11/18/15	Other Specified Indemnity	$156.50		$156.50

TOTAL Benefits Paid To Date :	Other Specified Indemnity	$3811.25

PAID DEC 10 2015

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS INSURANCE

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

March 7, 2016

MID-CENTURY INSURANCE COMPANY

Check Number: 8815779840
Date: 03/07/2016

Amount: $156.50******

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

PA MAR 10 2016

64279

Claimant/Patient:
Insured: RAAVAN INC
Date of Loss: 08/05/2014
Claim Number: WC10104678
Correspondence Reference: X24B488ZN

Claim Representative: Nichole Johnson
Office Phone Number: 9259248329
Applicable Coverage: Workers' Compensation

Additional Information:
WCAB 64279 DOS 2-9-16 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
02/09/16 - 02/09/16	Other Specified Indemnity	$156.50		$156.50

TOTAL Benefits Paid To Date : Other Specified Indemnity $3967.75

PLEASE FOLD AND DETACH CHECK ON RE I 'NE BELOW

01 01 000672 X24B488ZN1 CE0308P1 02 [ ] 001308

MID-CENTURY INSURANCE COMPANY

Check Number: 8816273695
Date: 02/24/2017

Amount: $156.50******

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

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

PAID
FEB 27 2017

Claimant/Patient:
Insured: RAAVAN INC
Date of Loss: 08/05/2014
Claim Number: WC10104678
Correspondence Reference: 0Y4KMPPZN

Claim Representative: Nichole Johnson
Office Phone Number: 9259248329
Applicable Coverage: Workers' Compensation

Additional Information:
5811 FEES DOS 3-22-16 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
03/22/16 - 03/22/16	Other Specified Indemnity	$156.50		$156.50

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$4124.25
Unscheduled Permanent Partial Disability	$1800.00
Claimant Attorney Fee - PD	$1800.00

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

62-20/311

FARMERS INSURANCE

MID-CENTURY INSURANCE COMPANY
SLT
Farmers WC Imaging Center, P.O. Box 108843
Oklahoma City, OK 73101-8843

Claim #: WC10104678

Check No. 8816273695
Date: 02/24/2017
$156.50******

Payable If Desired At Any Citibank

PAY One Hundred Fifty Six Dollars And Fifty Cents

NOT GOOD AFTER SIX MONTHS

FARMERS INSURANCE

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

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

VOID VOID VOID

MID-CENTURY INSURANCE COMPANY

Check Number: 8816307572
Date: 03/21/2017

Amount: $1,156.50****

01 01 000563 9J4WR4TRN1 CE0321P2 04 [ ] 000980

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:	RAAVAN INC		
Date of Loss:	08/05/2014	Claim Representative:	Elizabeth Steckler
Claim Number:	WC10104678	Office Phone Number:	8185402246
Correspondence Reference:	9J4WR4TRN	Applicable Coverage:	Workers' Compensation

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

Service From/To	Payment For	Paid Amount
03/14/17 - 03/14/17	Medical - Claimant Legal Report	$1156.50

MAR 24 2017

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

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

*** INVOICE ***
Date NO#
03/22/17 39524

EAMS#(s):
ADJ7425365
SS # :
DOB :
Terms: 60 days
Claim #(s):
EHJ3161

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

Case: vs SKETCHERS USA
Date Of Injury: 6/23/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/17/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUMAN # 100585	0.00
01/07/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
10/24/11	PENALTIES	FOR DATE OF SERVICE 10/25/10	23.48
02/03/17	INTEREST	FOR DATE OF SERVICE 10/25/10	108.72
10/24/11	PENALTIES	FOR DATE OF SERVICE 11/17/10	23.48
02/03/17	INTEREST	FOR DATE OF SERVICE 11/17/10	109.22
10/24/11	PENALTIES	FOR DATE OF SERVICE 1/7/11	37.50
02/03/17	INTEREST	FOR DATE OF SERVICE 1/7/11	174.47
05/23/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
10/04/16	LEGAL_WCAB	FULL DAY MSC @ WCAB LB	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/20/16	PMT BY CHECK	DOS 10/4/16* # 896D 88473739	-313.00
12/16/16	PENALTIES	FOR DATE OF SERVICE 5/23/12	23.48
02/03/17	INTEREST	FOR DATE OF SERVICE 5/23/12	85.25
02/03/17	PMT BY CHECK	DOS 10/25/10-5/23/12* =# 896D 88933100	-719.50
02/23/17	COSTS & SANC	COSTS & SANC	814.40
03/17/17	PMT BY CHECK	DOS 2/23/17* # 896D 89122683	-1400.00

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

*** INVOICE ***

Date	NO#
03/22/17	39524

EAMS#(s):
ADJ7425365
SS # :
DOB :
Terms: 60 days
Claim #(s):
EHJ3161

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

Case: vs SKETCHERS USA
Date Of Injury: 6/23/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

019087

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

SA09485

896D 88473739

TRAVELERS

DATE: 10/20/16
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
[redacted]	152 CB EHJ3161J	10/04/16	$ 313.00		10/4/16 Interpreter INVOI 39524-1
	152 CB ESB2481E	09/20/16	$ 250.00		70269
		Total Amount Paid	$******563.00		

MR

SUMM 111311
OVRPSUM2-021509

294009602
DETACH CHECK

DETACH CHECK

001395

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

896D 88933100

SB00677

FILED
FEB 08 2017

BY:.....

TRAVELERS

DATE: 02/03/17
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

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

TRAVELERS PROP CAS CO OF AMERIC

39524

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB EHJ3161J	11/17/10	$ 156.50		WCAB
	152 CB EHJ3161J	10/25/10	$ 156.50		DEPO
	152 CB EHJ3161J	05/23/12	$ 156.50		MSC at WCAB LBO
	152 CB EHJ3161J	01/07/11	$ 250.00		DEPO REVIEW
		Total Amount Paid	$******719.50		

034010718
DETACH CHECK

SUMM 111311
CVRPSUM2-021508

DETACH CHECK

012151

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SE02567

896D 89122683

TRAVELERS

DATE: 03/17/17
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB EHJ3161J	**02/23/17**	**$ 1,400.00**	**1015166018SW**	39524
	152 CB ESB1027N	**03/07/17**	**$ 4,000.00**	**1015153714SW**	57788
		Total Amount Paid	**$*****5400.00**		

PAID

BY: .....

SUMM 11311
OVRPSUM2-021509

6019220
DETACH CHECK

DETACH CHECK

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

*** INVOICE ***

Date	NO#
06/06/17	68007

EAMS#(s):ADJ9347995
ADJ9348015
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2080291977

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

Case: vs BUCA RESTURANTS 2
Date Of Injury: 12/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/05/16	PMT BY CHECK	DOS 12/9/15* # 1100700377	-156.50
05/18/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/19/17	PENALTIES	FOR DATE OF SERVICE 5/18/16	23.48
03/09/17	INTEREST	FOR DATE OF SERVICE 5/18/16	14.20
03/09/17	PMT BY CHECK	DOS 5/18/16* # 1101161642	-156.50
05/23/17	COSTS & SANC	COSTS & SANC	962.32
06/01/17	PMT BY CHECK	DOS 8/20/13-11/6/16* # 1101256224	-1000.00

BALANCE 0.00

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

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

00587

PAID FEB 08 2016

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0291977 001 AM	WC 8376988	68007		12/08/12	12/09/15-12/09/15

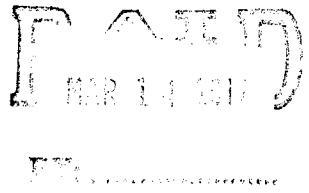
Check Number	1100700377	Date Issued	02/05/16	Amount	$*****156.50
Insured	Buca di Beppo				
Claimant					
Nature of Payment	OTHER LEGAL EXPENSE				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Sriram CG-Saranu				
File Supervisor	April Masie	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	156.50		

TOTAL $156.50

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.



JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

01304

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

Visit **enrollments.zurichna.com** to enroll in electronic payments.

1010130400305

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0291977 001 XG	WC 8376988			12/08/12	05/18/16-05/18/16

Check Number	1101161642	Date Issued	03/09/17	Amount	$***156.50
Insured	Buca di Beppo				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	Ivan Olisea	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	156.50		

TOTAL $156.50

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

1010028500285

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

Visit **enrollments.zurichna.com** to enroll in electronic payments.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00285

JUN 06 2017

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0291977 001 XG	WC 8376988			12/08/12	08/20/13-11/06/16

Check Number	1101256224	Date Issued	06/01/17	Amount	$**1,000.00
Insured	Buca di Beppo				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	Ivan Olisea	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,000.00		

TOTAL $1000.00

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

*** INVOICE ***

Date	NO#
04/15/16	46657

EAMS#(s):
ADJ7312898
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
186085285

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: GINA BROWN
PO BOX 14352
LEXINGTON, KY 40512

Case: vs ADECCO EMPLOYMENT SERVICES
Date Of Injury: 4/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/11	WCAB POM	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/17/11	WCAB POM	TRIAL - LOARRAINE MORRELL # 300628	156.50
01/06/12	PMT BY CHECK	DOS 7/18/11-10/17/11 # 6510942689	-313.00
02/07/12	WCAB POM	TRIAL - LORRAINE MORELL # 300628	156.50
05/10/12	PENALTIES	FOR DATE OF SERVICE 2/7/12	23.48
08/10/12	INTEREST	FOR DATE OF SERVICE 2/7/12	9.66
07/09/12	CT SCAN	REF BY DR LONG: BRAIN, NECK SOFT TISSUE (2H 20M)	168.75
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
08/15/12	PMT BY CHECK	DOS 7/18/11-5/10/12 # 6520191593	-185.55
10/02/12	PMT BY CHECK	DOS 7/18/11-8/15/12 # 6520245164	-168.75
03/06/13	WCAB POM	STATUS CONFERENCE - LORRAINE MORELL # 300628	156.50
03/19/14	WCAB POM	CONFERENCE - LORRAINE MORELL # 300628	156.50
08/04/14	PMT BY CHECK	DOS 7/18/11-3/19/14* # 6520959865	-313.00
03/25/15	LEGAL_WCAB	MSC @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MARELL # 300628	0.00
09/18/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ 100533	0.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
12/07/15	PENALTIES	FOR DATE OF SERVICE 7/18/11	23.48
01/06/12	INTEREST	FOR DATE OF SERVICE 7/18/11	7.94
12/07/15	PENALTIES	FOR DATE OF SERVICE 10/17/11	23.48

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

*** INVOICE ***

Date	NO#
04/15/16	46657

EAMS#(s):
ADJ7312898
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
186085285

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: GINA BROWN
PO BOX 14352
LEXINGTON, KY 40512

Case: vs ADECCO EMPLOYMENT SERVICES
Date Of Injury: 4/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/12	INTEREST	FOR DATE OF SERVICE 10/17/11	3.60
12/07/15	PENALTIES	FOR DATE OF SERVICE 3/6/13	23.48
08/04/14	INTEREST	FOR DATE OF SERVICE 3/6/13	25.79
12/07/15	PENALTIES	FOR DATE OF SERVICE 3/19/14	23.48
08/04/14	INTEREST	FOR DATE OF SERVICE 3/19/14	6.66
12/07/15	PENALTIES	FOR DATE OF SERVICE 3/25/15	23.48
03/30/16	INTEREST	FOR DATE OF SERVICE 3/25/15	16.32
12/07/15	PENALTIES	FOR DATE OF SERVICE 9/18/15	37.50
03/30/16	INTEREST	FOR DATE OF SERVICE 9/18/15	12.13
04/11/16	PMT BY CHECK	DOS 4/24/09-3/30/16* # 6530510786	-737.93

BALANCE 0.00

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

BROADSPIRE
a Crawford Company
P O BOX 2458
BREA CA 92822-2458

Check Date	:	01/06/2012
Check Amount	:	$313.00
Check Number	:	6510942689

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

JAN 10 2012
BY:

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Adjusting Phone# Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186085285-001 WC BREA Professional Service	04/24/2009 $313.00 714-579-8100 $313.00	Gregg A. Medley	714-579-8140 07/18/2011-10/17/2011

#46657

Please Fold on Perforation Before Tearing

BROADSPIRE
a Crawford Company

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	08/15/2012
Check Amount	:	$185.55
Check Number	:	6520191593

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Adjusting Phone# Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186085285-001 WC BREA Professional Service	04/24/2009 $185.55 714-579-8100 $185.55	Gregg A. Medley 46657	 714-989-4419 07/18/2011-05/10/2012

PAID
AUG 20 2012
BY:----------

Please Fold on Perforation Before Tearing

BROADSPIRE®
a Crawford Company

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	10/02/2012
Check Amount	:	$168.75
Check Number	:	6520245164

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

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Adjusting Phone# Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186085285-001 WC BREA Professional Service	04/24/2009 $168.75 714-579-8100 $168.75	Gregg A. Medley 46657	714-989-4419 07/18/2011-08/15/2012

PAID
OCT 09 2012
BY:

Please Fold on Perforation Before Tearing

Broadspire®
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	08/04/2014
Check Amount	:	$313.00
Check Number	:	6520959865

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

PAID AUG 11 2014

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186085285-001 WC BREA Attorney Fees	04/24/2009 $313.00 $313.00	Gregg A. Medley 46657	714-989-4419 07/18/2011-03/19/2014

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	04/11/2016
Check Amount	:	$737.93
Check Number	:	6530510786

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

PAID 4/15 2016

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
186085285-001 WC BREA Legal Expense Claimant	04/24/2009 $737.93 $737.93	Sue M. Parkinson	559-436-8074 04/24/2009-03/30/2016

Please Fold on Perforation Before Tearing

MR

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

*** INVOICE ***

Date	NO#
05/09/17	66047

EAMS#(s):
ADJ9795761
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2A154943218658

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

Case: vs NORTHGATE GONZALEZ MARKET
Date Of Injury: 10/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/15	LEGAL_PREP	DEPO PREP @ L/O PEARLMAN, BORSKA & WAX	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
06/25/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/14/15	PMT BY CHECK	DOS 5/11/15* # FE48702704	-156.50
01/11/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/10/17	PENALTIES	FOR DATE OF SERVICE 6/25/15	24.00
04/03/17	INTEREST	FOR DATE OF SERVICE 6/25/15	51.12
04/10/17	PENALTIES	FOR DATE OF SERVICE 1/11/16	23.48
04/03/17	INTEREST	FOR DATE OF SERVICE 1/11/16	22.68
04/03/17	PMT BY CHECK	DOS 6/25/15* # FE60391991	-246.50
04/10/17	INTEREST	FOR DATE OF SERVICE 6/25/15	33.07
04/10/17	COSTS & SANC	COSTS & SANC	1227.83
05/04/17	PMT BY CHECK	DOS 5/11/15-1/11/16* # FE60530759	-1542.18

BALANCE 0.00

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

PDWLDMCD-000089-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 07/14/15

CHECK NO. **FE48702704**

STATEMENT

Paid by ESIS on behalf of Safety National Casualty Corporation/
Safety First Insurance Company

5900H1NFE 00 00029 FE48702704
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
2A15494321065

DOLLARS
$********156.50

* NOT NEGOTIABLE *

FOR
05/11/15 THRU 05/11/15 66047

CLAIMANT

DATE OF EVENT
10/14/14

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

PDWLDMCD-000089-01-01-00

PAID JUL 17 2015

BOA40A (11/2009)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-000361-01-01-00

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 04/03/17
CHECK NO. **FE60391991**

STATEMENT

Paid by ESIS on behalf of Safety National Casualty Corporation/ Safety First Insurance Company

5900H1NFE 00 00011 FE60391991

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

FILE ID
2A15494321065

DOLLARS
$********246.50

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201502131330084858l187

FOR
06/25/15 THRU 06/25/15 PER ORDER
CLAIMANT

DATE OF EVENT
10/14/14

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

APR 07 2017

PDWLDMCD-000361-01-01-00

BOA40A (07/2016)

DETACH THIS PORTION BEFORE CASHING

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 05/04/17
CHECK NO. **FE60530759**

STATEMENT

Paid by ESIS on behalf of Safety National Casualty Corporation/
Safety First Insurance Company

5900H1NFE 00 00022 FE60530759

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

FILE ID	DOLLARS
2A15494321065	$******1,542.18

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201502131330084858l187

FOR
05/11/15 THRU 01/11/16 STIPS & ORDER

CLAIMANT

DATE OF EVENT
10/14/14

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

PAID
MAY 08 2017
BY:

OA40A (07/2016)

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/02/17 64912

EAMS#(s):
ADJ9698182
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2014240140

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JIHEE AHN
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs MAA RATAN CORP. DBA REGENCY
Date Of Injury: 6/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/10/16	PMT BY CHECK	DOS 12/17/15* # 240671449	-156.50
08/19/16	PENALTIES	FOR DATE OF SERVICE 2/17/15	23.48
08/10/16	INTEREST	FOR DATE OF SERVICE 2/17/15	25.84
10/06/16	PMT BY CHECK	DOS 2/17/15* # 240698581	-32.16
05/31/17	PMT BY CHECK	DOS 5/23/17* # 240808957	-100.00
06/07/17	COSTS & SANC	COST & SANCTIONS	82.84

BALANCE 0.00

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

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 Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Number: 240671449
Check Date: 08/10/2016

Claim Number: 2014240140
Injured Employee:

Billed Date: 08/05/2016
Service Period: 02/17/2015 through 02/17/2015
Invoice Number: 64912
Billed Amount: $156.50
Comments: LC 5811

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

Check Total: **$156.50**

Page 1 of 1

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 Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Number: 240698581
Check Date: 10/06/2016

Claim Number: 2014240140
Injured Employee:

Billed Date: n/a
Service Period: 02/17/2015 through 02/17/2015
Invoice Number: n/a
Billed Amount: $16.51
Comments: 7% interest on paid amt $172.15 = 500 days

Account Number: n/a
Document Number: n/a
Paid Amount: $16.51

Billed Date: n/a
Service Period: 02/17/2015 through 02/17/2015
Invoice Number: n/a
Billed Amount: $15.65
Comments: 10% penalty on paid amount of $156.50

Account Number: n/a
Document Number: n/a
Paid Amount: $15.65

Check Total: **$32.16**

RECEIVED OCT 11 2016

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 Preferred Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Number: 240808957
Check Date: 05/31/2017

Claim Number: 2014240140
Injured Employee:

Billed Date: n/a
Service Period: 05/23/2017 through 05/23/2017
Invoice Number: n/a
Billed Amount: $100.00
Comments: Full & Final Interpreter Fees per Order

Account Number: n/a
Document Number: n/a
Paid Amount: $100.00

Check Total: **$100.00**

JUN 02 2017

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

*** INVOICE ***
Date NO#
05/08/17 69892

EAMS#(s):
ADJ10237544
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C15609

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

Case: vs LEXUS OF THOUSAND OAKS DBA SIL
Date Of Injury: 1/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/29/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
02/09/17	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
04/18/17	PENALTIES	FOR DATE OF SERVICE 6/26/16	23.48
04/13/17	INTEREST	FOR DATE OF SERVICE 6/26/16	13.12
04/18/17	PENALTIES	FOR DATE OF SERVICE 2/9/17	23.48
04/13/17	INTEREST	FOR DATE OF SERVICE 2/9/17	3.80
04/13/17	PMT BY CHECK	DOS 6/29/16-2/9/17* # 127226699 0	-313.00
04/26/17	COSTS & SANC	COSTS & SANC	386.12
04/28/17	PMT BY CHECK	DOS 4/27/17* # 127295048 4	-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 Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308177

MB 01 002672 27312 B 10 A

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

PAID
APR 21 2017

BY: .....

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
6892 01/15/2015	72WN S17500 Y67C 15609	TOPA EQUITIES, LTD		$313.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 06/29/2016 02/09/2017	$313.00

Claim Handler: KASIE KELLAR
8664019222 x2308177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	04/13/2017	Check Number	127226699 0	Total Check Amount	$313.00

Please keep the above information for your records.

113534863

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308177

MB 01 002224 39737 B 8 E

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

PAID
MAY 08 2017
BY: .....

002224 1/1

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
01/15/2015	72WN S17500 Y67C 15609	TOPA EQUITIES, LTD	$450.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount
Penalty HIG/SRS Caused	Payment Reason - Penalty HIG Caused	04/27/2017 04/27/2017	$450.00

Claim Handler: KASIE KELLAR
8664019222 x2308177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	04/28/2017	Check Number	127295048 4	Total Check Amount	$450.00

Please keep the above information for your records.

113777700

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
04/18/16	28111

EAMS#(s):ADJ4477184 ADJ897913
ADJ2310198
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
002742-000030-WC-01; 19

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

Case: 's KM INDUSTRIAL
Date Of Injury: 10/29/07; 12/08/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/07	INITIAL EXAM	DR DOMARACKI*	230.00
10/29/07	PMT BY CHECK	DOS 11/2/07 # 0060713025	-90.00
03/12/08	PR2/REEVAL	DR DOMARACKI*	180.00
07/30/08	INITIAL EXAM	DR GALLONI*	230.00
08/25/08	PMT BY CHECK	DOS 3/12/08 THRU 7/30/08 # 0065718151	-180.00
09/08/08	PR2/REEVAL	DR DOMARACKI* @ WILLOW MED	180.00
01/14/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/14/15	LEGAL_WCAB	MSC - JOHANNA JORDAN # 301566	156.50
11/16/15	LEGAL_C&R	C&R READING @ L/O DENISE KUPER	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
11/17/15	PENALTIES	FOR DATE OF SERVICE 01/14/13	23.48
02/23/16	INTEREST	FOR DATE OF SERVICE 01/14/13	56.75
11/17/15	PENALTIES	FOR DATE OF SERVICE 07/14/15	23.48
02/23/16	INTEREST	FOR DATE OF SERVICE 07/14/15	11.59
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/03/16	PENALTIES	FOR DATE OF SERVICE 11/16/15	37.50
02/23/16	INTEREST	FOR DATE OF SERVICE 11/16/15	9.29
02/18/16	PENALTIES	FOR DATE OF SERVICE 11/02/07	21.00
02/18/16	INTEREST	FOR DATE OF SERVICE 11/02/07	133.87
02/18/16	PENALTIES	FOR DATE OF SERVICE 03/12/08	13.50
02/18/16	INTEREST	FOR DATE OF SERVICE 03/12/08	82.35
02/18/16	PENALTIES	FOR DATE OF SERVICE 07/30/08	21.00
02/18/16	INTEREST	FOR DATE OF SERVICE 07/30/08	121.92
02/18/16	PENALTIES	FOR DATE OF SERVICE 09/08/08	27.00
02/18/16	INTEREST	FOR DATE OF SERVICE 09/02/08	154.48
02/11/16	LEGAL_WCAB	READING OF STIP & AWARD @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/10/16	PMT BY CHECK	DOS 11/2/07-11/2/16*	-2106.71

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

*** INVOICE ***

Date	NO#
04/18/16	28111

EAMS#(s):ADJ4477184 ADJ897913
ADJ2310198
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
002742-000030-WC-01; 19

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

Case: /s KM INDUSTRIAL
Date Of Injury: 10/29/07; 12/08/06

DOS	SERVICE	DESCRIPTION	AMOUNT

0127079546

BALANCE 0.00

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

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

DATE: 20-DEC-2007
PG 1 OF 1

0004734 01 MB **AUTO T2 0 8945 92781 01 OF 01

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

DIRECT INQUIRES TO:

PHONE: 866-855-0230
GALLAGHER BASSETT - CORON
P.O BOX 6900
CORONA CA 92878-6900

K2 INDUSTRIAL SERVICES

CLAIM NO. 002742 000030 WC 01
BRANCH NO. 170
CHECK NUMBER. 0060713025

CLAIMANT:
ACC. DATE: 29-Oct-2007
VN. 0000001984

DESCRIPTION: INV# 28111 INVDAT 12-5-07 DOS 11/2/07

DATE: 20-Dec-2007 DATE OF SERVICE: 02-Nov-2007 THRU 02-Nov-2007

PAYMENT AMOUNT: 90.00

BENEFIT PERIOD: THRU

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK #0060713025 ATTACHED BELOW

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

0104603 01 RE **PRSRT T8 0 4965 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-866-855-0230
GALLAGHER BASSETT - CORON
P.O BOX 6900
CORONA CA 92878-6900

K2 INDUSTRIAL SERVICES

CLAIM NO. 002742 000019 WC 01

CLAIMANT:

DESCRIPTION: INV# 28111 INVDAT 8/6/08 DOS 3/12/08-7/30/08

DATE OF SERVICE: 12-Mar-2008 TO 30-Jul-2008

BRANCH NO. 170 CHECK NO. 0065718151

ACC. DATE 08-Dec-2006 VN. 0000003276

DATE: 25-Aug-2008

PAYMENT AMOUNT: $180.00

PAID

RE\104603-001 - 1 of 0002 4965-0005642 (F28)

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

0100537 01 RE 0.416 **AUTO T3 0 1569 92781 -P00537

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

9

PAID [illegible]

DIRECT INQUIRIES TO:

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

28111

GALLAGHER BASSETT SERVICES INC ON BEHALF OF NATIO
FIRE INS CO AND ITS AFFILIATES

CLAIM NO. 002742 000019 WC 01

BRANCH NO. 170

CHECK NO. 0127079546

CLAIMANT:

ACC. DATE 08-Dec-2006

VN. 0000008405

DESCRIPTION: FULL AND FINAL SATISFACTION OF LIEN

DATE: 10-Apr-2016

DATE OF SERVICE: 02-Nov-2007 TO 11-Feb-2016

PAYMENT AMOUNT: $2,106.71

F-F. OK
NDJ
MR

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0127079546 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
04/19/16	58706

EAMS#(s):
ADJ8856009
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
EUJ9872

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

Case: vs M.V.A TIRE INC.
Date Of Injury: 4/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/13	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH CENTER (3HRS)	345.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/13/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/15/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/20/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/21/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
09/25/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/24/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
10/25/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MARIA PACO # 100533	0.00
02/11/14	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH* FUTURE MED	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/20/14	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/31/14	PMT BY CHECK	DOS 4/8/13-5/20/14* # 891A 85331840	-115.00
07/31/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/15/14	LIEN FIL FEE	LIEN FILING FEE	150.00
08/29/14	PENALTIES	FOR DATE OF SERVICE 8/20/13	23.48
09/03/14	INTEREST	FOR DATE OF SERVICE 8/20/13	18.93
08/29/14	PENALTIES	FOR DATE OF SERVICE 9/25/13	23.48
11/30/15	INTEREST	FOR DATE OF SERVICE 9/25/13	17.90

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

*** INVOICE ***

Date	NO#
04/19/16	58706

EAMS#(s):
ADJ8856009
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
EUJ9872

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

Case: vs M.V.A TIRE INC.
Date Of Injury: 4/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/14	PENALTIES	FOR DATE OF SERVICE 10/25/13	37.50
04/07/15	INTEREST	FOR DATE OF SERVICE 10/25/13	70.89
09/03/14	PMT BY CHECK	DOS 8/20/13-10/25/13* # 891A 85440611	-448.00
12/18/14	PENALTIES	FOR DATE OF SERVICE 4/8/13	34.50
07/31/14	INTEREST	FOR DATE OF SERVICE 4/8/13	44.85
12/18/14	PENALTIES	FOR DATE OF SERVICE 5/13/13	27.00
04/07/16	INTEREST	FOR DATE OF SERVICE 5/13/13	56.77
12/18/14	PENALTIES	FOR DATE OF SERVICE 7/15/13	27.00
04/07/16	INTEREST	FOR DATE OF SERVICE 7/15/13	56.83
12/18/14	PENALTIES	FOR DATE OF SERVICE 8/21/13	27.00
04/07/16	INTEREST	FOR DATE OF SERVICE 8/21/13	54.73
12/18/14	PENALTIES	FOR DATE OF SERVICE 9/24/13	27.00
04/07/16	INTEREST	FOR DATE OF SERVICE 9/24/13	52.80
12/18/14	PENALTIES	FOR DATE OF SERVICE 2/11/14	27.00
04/07/16	INTEREST	FOR DATE OF SERVICE 2/11/14	44.86
12/18/14	PENALTIES	FOR DATE OF SERVICE 5/20/14	27.00
04/07/16	INTEREST	FOR DATE OF SERVICE 5/20/14	36.75
12/18/14	PENALTIES	FOR DATE OF SERVICE 7/31/14	23.48
04/07/16	INTEREST	FOR DATE OF SERVICE 7/31/14	28.40
04/07/16	INTEREST	FOR DATE OF SERVICE 9/25/13	13.19
04/07/16	INTEREST	FOR DATE OF SERVICE 4/08/13	72.54
04/07/16	COSTS & SANC	COST & SANC	588.96
04/15/16	PMT BY CHECK	DOS 4/7/16* # 891A 87227441	-3000.00
04/19/16	BLCE OFF SET	BALANCE OFF SET	-194.34

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

*** INVOICE ***

Date	NO#
04/19/16	58706

EAMS#(s):
ADJ8856009
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
EUJ9872

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

Case: vs M.V.A TIRE INC.
Date Of Injury: 4/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

019488

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SA09683

891A 85331840

TRAVELERS

DATE: 07/31/14
LOSS DATE: 04/02/13
FILE NUMBER: 158 CB EUJ9872 F

EMPLOYEE

ACCOUNT NAME:
MVA TIRE INC DBA DISCOUNT TIR

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

TRAVELERS PROP CAS CO OF AMERIC

58706

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 04/08/2013 TO: 05/20/2014

TOTAL PAID: $115.00
TAX INFO: 330956713372147 6Y
PAY MISC: 58706
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID AUG 07 2014

FOR ADDITIONAL INFORMATION, CONTACT: DARLA S CAREY AT (925)945-4198

212009805
DETACH CHECK

UNSHMM OVRPUNS2-121285
DETACH CHECK

000050

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SB00024

891A 85440611

TRAVELERS

DATE: 09/03/14
LOSS DATE: 04/02/13
FILE NUMBER: 158 CB EUJ9872 F

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

EMPLOYEE

ACCOUNT NAME:
MVA TIRE INC DBA DISCOUNT TIR

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 08/20/2013 TO: 10/25/2013

TOTAL PAID: $448.00
TAX INFO: 330956713547893 9Y
PAY MISC: 58706
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID SEP 09 2014

FOR ADDITIONAL INFORMATION, CONTACT: DARLA S CAREY AT (925)945-4198

246010026
DETACH CHECK

UNSUMM-131331
OVRPDNS2-121205
DETACH CHECK

015756

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SE03319

891A 87227441

TRAVELERS

DATE: 04/15/16
LOSS DATE: 04/02/13
FILE NUMBER: 158 CB EUJ9872 F
REFERENCE #: 1011944538SW
EMPLOYEE

ACCOUNT NAME:
MVA TIRE INC DBA DISCOUNT TIR

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

58706

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 04/07/16

TOTAL PAID: $3000.00

TAX INFO: 330956713 Y

F. F. OK
SW

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID APR 18

FOR ADDITIONAL INFORMATION, CONTACT: ALEJANDRO CERVANTES-ARNOLD AT (925)944-3282

106020223
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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/28/16 66093

EAMS#(s):ADJ9657825
ADJ9657824
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
E1G1708

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

Case: vs HOLLYWOOD VAULTS INC.
Date Of Injury: 9/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/15	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/20/16	PENALTIES	FOR DATE OF SERVICE 5/27/15	37.50
06/20/16	INTEREST	FOR DATE OF SERVICE 5/27/15	29.70
06/24/16	PMT BY CHECK	DOS 6/20/16* # 891A 87431802	-1000.00
07/14/16	COSTS & SANC	COST & SANCTIONS	682.80

BALANCE 0.00

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

014722

THE TRAVELERS - RANCHO CORDOVA BI/P
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089
SE03089

891A 87431802

TRAVELERS

DATE: 06/24/16
LOSS DATE: 06/16/14
FILE NUMBER: 480 CB E1G1706 A
REFERENCE #: 1012663508SW
EMPLOYEE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

PAID JUN 28 16

ACCOUNT NAME:
HOLLYWOOD VAULTS INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 06/20/16

TOTAL PAID: $1000.00

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: CASEY RUBINOFF AT (916)631-6271

176020104
DETACH CHECK

UNSUMM-121311
OVRPDNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/06/16	45815

EAMS#(s):ADJ7285372
ADJ7285382
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCA90072110

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

Case: vs PICCOLO PARADISO RISTORANTE
Date Of Injury: 4/30/10; 11/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/11	MRI	-REF BY DR KOMBERG:CS @ CAL IMG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/08/11	WCAB LB	EXP. HEARING (ADJ	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
08/21/15	PENALTIES	FOR DATE OF SERVICE 06/15/11	22.50
06/28/16	INTEREST	FOR DATE OF SERVICE 06/15/11	87.20
08/21/15	PENALTIES	FOR DATE OF SERVICE 08/08/11	23.48
06/28/16	INTEREST	FOR DATE OF SERVICE 08/08/11	88.31
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/30/16	PMT BY CHECK	DOS 6/28/16* # 71136479	-800.00
07/15/16	COSTS & SANC	COST & SANCTIONS	172.01

BALANCE 0.00

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



FIRST COMP
MARKEL Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-3188

PAID 06

Claims Disbursement

CLAIM #: SCA900072110
PAYEE: JOYCE ALTMAN INTERPRETERS INC

CHECK NUMBER: 71136479
CHECK DATE: 06/30/2016
CHECK AMOUNT: $800.00

Check Information

CLAIMANT NAME:
POLICY #: WSI0014683-01
INVOICE #: Lien F & F
INVOICE DATE: 06/29/2016
BILL ID #: 5658765
BILL REVIEW ID #:
BENEFIT BEGIN: 06/28/2016
BENEFIT END: 06/28/2016
RESERVE TYPE: ME
SUB-RESERVE TYPE: Other

CHECK MEMO:



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

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

*** INVOICE ***
Date NO#
07/06/16 32560

EAMS#(s):
ADJ6646876
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002812-039581-WC-01

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

Case: vs SHAW DIVERSIFIED SVCS. INC.
Date Of Injury: 11/3/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/08	MRI	REF BY DR KOMBERG: RT KNEE & SHOULDER*	150.00
01/14/09	PMT BY CHECK	DOS 12/14/08 # 0068594753	-150.00
03/19/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
04/15/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/26/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/16/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/08/10	PMT BY CHECK	DOS 12/14/08 THRU 6/16/09 # 0075928312	-813.00
06/01/11	MRI	REF BY DR KOMBERG: C/S, RT SHOULDER*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/29/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/20/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/08/12	MRI	REF BY DR KOMBERG: C/S, RT SHDR @ CALIF IMAG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/10/12	MRA	REF BY DR GIROD: R/SHLDER @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/19/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
05/21/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
08/03/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/16/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/23/15	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LB	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/11/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/23/16	PENALTIES	FOR DATE OF SERVICE 3/19/09	23.48
06/07/16	INTEREST	FOR DATE OF SERVICE 3/19/09	130.37

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

*** INVOICE ***

Date	NO#
07/06/16	32560

EAMS#(s):
ADJ6646876
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002812-039581-WC-01

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

Case: vs SHAW DIVERSIFIED SVCS. INC.
Date Of Injury: 11/3/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/16	PENALTIES	FOR DATE OF SERVICE 4/15/09	37.50
06/07/16	INTEREST	FOR DATE OF SERVICE 4/15/09	205.58
03/23/16	PENALTIES	FOR DATE OF SERVICE 5/26/09	23.48
06/07/16	INTEREST	FOR DATE OF SERVICE 5/26/09	127.26
03/23/16	PENALTIES	FOR DATE OF SERVICE 6/16/09	37.50
06/07/16	INTEREST	FOR DATE OF SERVICE 6/16/09	201.01
03/23/16	PENALTIES	FOR DATE OF SERVICE 6/29/11	23.48
06/07/16	INTEREST	FOR DATE OF SERVICE 6/29/11	89.64
03/23/16	PENALTIES	FOR DATE OF SERVICE 3/20/12	23.48
06/07/16	INTEREST	FOR DATE OF SERVICE 3/20/12	76.48
03/23/16	PENALTIES	FOR DATE OF SERVICE 12/19/12	23.48
06/07/16	INTEREST	FOR DATE OF SERVICE 12/19/12	61.98
03/23/16	PENALTIES	FOR DATE OF SERVICE 5/21/14	23.48
06/07/16	INTEREST	FOR DATE OF SERVICE 5/21/14	35.50
03/23/16	PENALTIES	FOR DATE OF SERVICE 8/3/15	23.48
06/07/16	INTEREST	FOR DATE OF SERVICE 8/3/15	15.83
03/23/16	PENALTIES	FOR DATE OF SERVICE 9/16/15	23.48
06/07/16	INTEREST	FOR DATE OF SERVICE 9/16/15	13.71
03/23/16	PENALTIES	FOR DATE OF SERVICE 11/23/15	46.95
06/07/16	INTEREST	FOR DATE OF SERVICE 11/23/15	19.92
06/29/16	PMT BY CHECK	DOS 6/24/16* # 0129105633	-3089.00
07/15/16	BLCE OFF SET	BALANCE OFF SET	-0.07

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

*** INVOICE ***

Date	NO#
07/06/16	32560

EAMS#(s):
ADJ6646876
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002812-039581-WC-01

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

Case: vs SHAW DIVERSIFIED SVCS. INC.
Date Of Injury: 11/3/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

0103692 01 RE **PRSRT TO 0 5709 92781

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

DIRECT INQUIRIES TO:

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

32560

SHAW INDUSTRIES INC

CLAIM NO. 002812 039581 WC 01

BRANCH NO. 176

CHECK NO. 0068594753

CLAIMANT:

ACC. DATE 03-Nov-2008

VN. 0000745539

DESCRIPTION: MRI FOR RIGHT KNEE AND SHOULDER

DATE: 14-Jan-2009

DATE OF SERVICE: 14-Dec-2008 TO 14-Dec-2008

PAYMENT AMOUNT: $150.00

PAID

RE0103692-0001_of_0001 5709-0004622 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

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

002812 PAGE 1 OF 1 006982

MDG2009 00005901 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR SHAW INDUSTRIES INC

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 002812 039581 WC 01 (00WW000273)
CLAIMANT:
DESCRIPTION: INV#32560 07/02/09 DOS 12/14/09-06/16/09

DATES OF SERVICE: 14Dec2008 **THRU** 16Jun2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 03Nov08

PAID

NO.: 0075928312
VN: 0000784874
DATE: 08Jan10
AMOUNT: 813.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005901 006674 001 001

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

002812 PAGE 1 OF 1 007444

PAID JUL 06 2016

MDG2009 00004963 1 MB 0419 1

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

GALLAGHER BASSETT SERVICES INC
FOR SHAW INDUSTRIES INC

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

CLAIM NO.: 002812 039581 WC 01 (00WW000273)
CLAIMANT:
DESCRIPTION: FULL AND FINAL ALL ISSUES ALL DOS PER ORDER 6/24/16

BRANCH NO.: 170
ACC DATE: 03Nov08

NO.: 0129105633
VN: 0000999300
DATE: 29Jun16
AMOUNT: 3089.00

DATES OF SERVICE: 24Jun16 **THRU** 24Jun16
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004963 005616 001 001

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

*** INVOICE ***

Date	NO#
07/19/16	48344

EAMS#(s):
ADJ8067267
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
135-7774851090000544

BILL TO:
CIGA/PATRIOT
W. C. DEPARTMENT
ATTN: LORI FOSTER
P.O. BOX 29066
GLENDALE, CA 91209

Case: ENRICH CORPORATION
Date Of Injury: 12/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/30/11	INITIAL EXAM	-DR YOON @ ADVANCE CARE *	230.00
/ /	INTERPRETER:	MARIA IRIBARREN # 500055	0.00
10/11/11	PR2/REEVAL	DR YOON* ROSA GREEN # 500292	180.00
11/08/11	INITIAL EXAM	-DR SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/22/11	PR2/REEVAL	-DR YOON* JOSE LUGO # 500049	180.00
01/31/12	PR2/REEVAL	-DR YOON* FRANCISCO SOMOANO # 500263	180.00
03/13/12	PR2/REEVAL	-DR YOON* JOSE GERRY LUGO # 500049	180.00
03/15/12	INITIAL EXAM	-DR CONSTABILEO @ ADVANCE CAR *	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/08/12	P AND S	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/19/12	P AND S	-DR YOON* SANDRA TALANCON # 100802	230.00
11/27/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
01/22/13	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
01/29/15	PENALTIES	FOR DATE OF SERVICE 08/30/11	34.50
09/17/15	INTEREST	FOR DATE OF SERVICE 08/30/11	83.12
01/29/15	PENALTIES	FOR DATE OF SERVICE 11/08/11	34.50
09/17/15	INTEREST	FOR DATE OF SERVICE 11/08/11	83.12
01/29/15	PENALTIES	FOR DATE OF SERVICE 03/15/12	34.50
06/28/16	INTEREST	FOR DATE OF SERVICE 03/15/12	61.81
01/29/15	PENALTIES	FOR DATE OF SERVICE 05/08/12	34.50
06/28/16	INTEREST	FOR DATE OF SERVICE 05/08/12	103.77
01/29/15	PENALTIES	FOR DATE OF SERVICE 06/09/12	34.50
06/28/16	INTEREST	FOR DATE OF SERVICE 06/09/12	103.77
01/29/15	PENALTIES	FOR DATE OF SERVICE 11/27/12	23.48
06/28/16	INTEREST	FOR DATE OF SERVICE 11/27/12	70.61

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

*** INVOICE ***
Date NO#
07/19/16 48344

EAMS#(s):
ADJ8067267
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
135-7774851090000544

BILL TO:
CIGA/PATRIOT
W. C. DEPARTMENT
ATTN: LORI FOSTER
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs ENRICH CORPORATION
Date Of Injury: 12/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/15	PENALTIES	FOR DATE OF SERVICE 01/22/13	23.48
06/28/16	INTEREST	FOR DATE OF SERVICE 01/22/13	70.61
09/17/15	PMT BY CHECK	DOS 08/30/11-12/16/13* # 79785052	-1273.00
11/18/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
09/17/15	PENALTIES	FOR DATE OF SERVICE 10/11/11	27.00
09/17/15	INTEREST	FOR DATE OF SERVICE 10/11/11	65.05
09/17/15	PENALTIES	FOR DATE OF SERVICE 11/22/11	27.00
09/17/15	INTEREST	FOR DATE OF SERVICE 11/22/11	65.05
09/17/15	PENALTIES	FOR DATE OF SERVICE 1/31/12	27.00
09/17/15	INTEREST	FOR DATE OF SERVICE 1/31/12	65.05
09/17/15	PENALTIES	FOR DATE OF SERVICE 3/13/12	27.00
09/17/15	INTEREST	FOR DATE OF SERVICE 3/13/12	65.05
07/12/16	PMT BY CHECK	DOS 6/28/16* # 79996730	-2174.47

BALANCE 0.00

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

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

Phone: (818) 844-4300

000195-00001-000195 CIG1 2170097
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

CHECK NUMBER: 79785052

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Medical Interpreter	48344	7774851090000544		08/30/11	12/16/13+	$1,273.00

TOTAL: $1,273.00

PAID

BY: .....

#48344

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. 79785052

DATE: 09/17/2015

Claim#: 7774851090000544
Claimant:
Insured: Enriching, Inc.
DOL: 12/25/2010

16-66/1220

AMOUNT
*****$1,273.00

VOID 120 DAYS AFTER DATE OF ISSUE

PAY ONE THOUSAND TWO HUNDRED SEVENTY-THREE AND 00/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Memo inv# 48344

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈79785052⑈ ⑆122000661⑆ 14177⑈50212⑈

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000186-00001-000186 CIG1 2180253
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

Phone: (818) 844-4300

48344

CHECK NUMBER: 79996730

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	ADJ8067267	7774851090000544		06/28/16	06/28/16+	$2,174.47

TOTAL: $2,174.47

F.F.
CA OK

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. 79996730

DATE: 07/12/2016

Claim#: 7774851090000544
Claimant:
Insured: Enriching, Inc.
D.: 12/25/2010

16-66/1220

AMOUNT
*****$2,174.47

VOID 120 DAYS AFTER DATE OF ISSUE

PAY TWO THOUSAND ONE HUNDRED SEVENTY-FOUR AND 47/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Memo Interpreter Fees per Order dated 6/28/16

Wayne D Klie
AUTHORIZED SIGNATURE

Anthony Kennedy
AUTHORIZED SIGNATURE

CIG

⑈79996730⑈ ⑆122000661⑆ 14177⑈ 5021 2⑈

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

*** INVOICE ***

Date	NO#
06/01/16	66428

EAMS#(s):
ADJ9617305
SS # :
DOB :
Terms : 45 days
Claim #(s):
608C01996

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: ALICIA BRITTON
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs ANTHONY A DOVER
Date Of Injury: 6/26/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/23/15	LEGAL_MISC	STIPULATION @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/10/16	PENALTIES	FOR DATE OF SERVICE 6/22/15	23.48
03/10/16	INTEREST	FOR DATE OF SERVICE 6/22/15	12.72
03/10/16	PENALTIES	FOR DATE OF SERVICE 10/23/15	23.48
03/10/16	INTEREST	FOR DATE OF SERVICE 10/23/15	7.64
03/16/16	PMT BY CHECK	DOS 6/22/15-10/23/15* # 01251091	-313.00
05/23/16	INTEREST	FOR DATE OF SERVICE 6/22/15	16.37
05/23/16	INTEREST	FOR DATE OF SERVICE 10/23/15	7.40
05/20/16	PMT BY CHECK	DOS 6/22/15* # 01408629	-59.55
05/23/16	COSTS & SANC	COSTS & SANC	1059.55
05/26/16	PMT BY CHECK	DOS 5/23/16* # 01422557	-1091.09

BALANCE 0.00

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

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

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	01251091	03/16/16
	CHECK AMOUNT ****$313.00	BLOCK NUMBER 003006

OSN: EE2801031603-002668

CLAIM #: WC 608-C01996
CONTRACT #: WA5-62D-004112-974-94

CONTROL #: 000005611 ID: CRNWB97
PROVIDER #: 33095671336551

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 06/26/14
EMPLOYEE:

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

EMPLOYER: ANTHONY
DATES OF SERVICE 06/22/15-10/23/15
LOCATION CODE: RD5451

PROVIDER:

66428

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
06/22/15	10/23/15	MISC		313.00	313.00	

PAID MAR 21 '16

NOTE: INV#66428

TOTAL CHARGES	313.00
TOTAL PAYABLE:	313.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	313.00 ✓

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	01408629	05/20/16
	CHECK AMOUNT ****$59.55	BLOCK NUMBER 003734

OSN: EE2801052003-003197

CLAIM #: WC 608-C01996
CONTRACT #: WA5-62D-004112-974-94

CONTROL #: 000007525 ID: C608A28
PROVIDER #: N3095671359780

PAYEE: JOYCE ALTMAN INTERPRETING

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

DATE OF INJURY: 06/26/14
EMPLOYEE:

EMPLOYER: ANTHONY
DATES OF SERVICE 06/22/15-06/22/15
LOCATION CODE: RD5451

66428

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
06/22/15	06/22/15	CA EXPNS		32.39	32.39	
06/22/15	06/22/15	CA EXPNS		27.16	27.16	

NOTE: PAYS SELF-IMPOSED INCREASE + INTEREST

TOTAL CHARGES	59.55
TOTAL PAYABLE:	59.55
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	59.55

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

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	01422557	05/26/16
	CHECK AMOUNT ***$1091.09	BLOCK NUMBER 002729

OSN: EE2801052603-002277

CLAIM #: WC 608-C01996
CONTRACT #: WA5-62D-004112-974-94

CONTROL #: 000003239 ID: CRNWB97
PROVIDER #: N3095671386328

66428

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 06/26/14
EMPLOYEE:

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

EMPLOYER: ANTHONY
DATES OF SERVICE 05/23/16-05/23/16
LOCATION CODE: RD5451

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
05/23/16	05/23/16	MISC		1,091.09	1,091.09	

NOTE: FULL AND FINAL LIEN SETTLEMENT FOR ALL DOS

F.F.

TOTAL CHARGES	1091.09
TOTAL PAYABLE:	1091.09
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	1091.09

CA

PAID JUN 1 2016

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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/31/16	62944

EAMS#(s):
ADJ9269277
SS # :
DOB :
Terms : 45 days
Claim #(s):
0AA948246

BILL TO:
ONEBEACON INS. (ENGLEWOOD)
W. C. DEPARTMENT
ATTN: DEBRA TAYLOR
188 INVERNESS DR WEST STE 600
ENGLEWOOD, CO 80112

Case: vs T&B LOGISTICS
Date Of Injury: 6/18/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/14	DEPO PREP	@ THE L/O OF GRANCELL, LEBOVITZ	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/28/14	INITIAL EXAM	-W/ACUPUNCT HUANG @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/01/14	PR2-RE/EVAL	-W/ACUPUNCT HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/04/14	PR2-RE/EVAL	-W/ACUPUNCT HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/11/14	PR2-RE/EVAL	-W/ACUPUNCT HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/19/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/13/14	PR2-RE/EVAL	-W/ACUPUNCT HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/18/14	PR2-RE/EVAL	-W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/19/14	PR2/REEVAL	DR JOHNSON/TRUJILLO P.A. @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/22/14	PR2-RE/EVAL	-W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/27/14	PR2-RE/EVAL	W/ACUPUNCTURIST P. HUANG*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/10/14	PR2-RE/EVAL	-W/ACUPUNCT P. HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/14	PR2-RE/EVAL	-W/ACUPUNCT HUANG @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/16/14	PR2/REEVAL	DR JOHNSON/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/22/14	PR2-RE/EVAL	-W/ACUPUNCT P. HUANG @ SIDHU*	180.00

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

*** INVOICE ***
Date NO#
05/31/16 62944

EAMS#(s):
ADJ9269277
SS # :
DOB :
Terms : 45 days
Claim #(s):
0AA948246

BILL TO:
ONEBEACON INS. (ENGLEWOOD)
W. C. DEPARTMENT
ATTN: DEBRA TAYLOR
188 INVERNESS DR WEST STE 600
ENGLEWOOD, CO 80112

Case: vs T&B LOGISTICS
Date Or Injury: 6/18/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/26/14	PR2-RE/EVAL	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/01/14	PR2-RE/EVAL	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/08/14	PR2-RE/EVAL	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/10/14	PR2-RE/EVAL	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/22/14	PR2-RE/EVAL	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/14	PR2-RE/EVAL	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/17/14	PR2-RE/EVAL	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/29/14	PR2-RE/EVAL	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/30/14	PR2/REEVAL	DR JOHSNON/MIRZABEIGI @ SIDHU CHIRO (2h 25m)	225.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/03/14	PR2-RE/EVAL	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/05/14	PR2-RE/EVAL	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/20/15	PMT BY CHECK	DOS 7/24/14-11/5/14 # CJ28509	-313.12
02/20/15	PMT BY CHECK	DOS 7/24/14-11/5/14 # CJ28510	-180.00
11/12/14	PR2-RE/EVAL	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/02/15	PMT BY CHECK	DOS 7/24/14 # CJ28981	-156.56

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

*** INVOICE ***
Date NO#
05/31/16 62944

EAMS#(s):
ADJ9269277
SS # :
DOB :
Terms : 45 days
Claim #(s):
0AA948246

BILL TO:
ONEBEACON INS. (ENGLEWOOD)
W. C. DEPARTMENT
ATTN: DEBRA TAYLOR
188 INVERNESS DR WEST STE 600
ENGLEWOOD, CO 80112

Case: vs T&B LOGISTICS
Date Of Injury: 6/18/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/15	PMT BY CHECK	DOS 7/24/14 # CJ31017	-313.12
11/19/14	FOLLOW-UP	-W/ ACUPUNCT BERTOLINO @ SIDH *	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/12/15	PR2/REEVAL	DR JOHNSON/J. TRUJILLO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/20/14	PR2/REEVAL	DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/01/14	FOLLOW-UP	-W/ACUPUNCT BERTOLINO # F/U PHYS TXW/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/24/14	FOLLOW-UP	-W/ ACUPUNCT BERTOLINO @ SIDH *	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/25/15	FOLLOW-UP	-W/ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/27/15	FOLLOW-UP	-W/ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/30/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/01/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BAROBSA # 500267	0.00
04/06/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/11/15	PMT BY CHECK	DOS 7/24/14-4/6/15 # CJ32834	-469.68
04/10/15	PR2-RE/EVAL	-W/ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/08/14	FOLLOW-UP	-W/ACUPUNCT BERTOLINO & F/U PHYS TX W/DR HA*	180.00

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

*** INVOICE ***
Date NO#
05/31/16 62944

EAMS#(s):
ADJ9269277
SS # :
DOB :
Terms : 45 days
Claim #(s):
0AA948246

BILL TO:
ONEBEACON INS. (ENGLEWOOD)
W. C. DEPARTMENT
ATTN: DEBRA TAYLOR
188 INVERNESS DR WEST STE 600
ENGLEWOOD, CO 80112

Case: vs T&B LOGISTICS
Date Of Injury: 6/18/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/15/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/16/15	PR2/REEVAL	DR JOHNSON/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/03/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN #100585	0.00
12/15/14	FOLLOW-UP	-W/ACUPUNCT BERTOLINO & F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/17/14	PR2/REEVAL	DR JOHSNON/TRUJILLO P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/22/14	FOLLOW-UP	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/29/14	PR2-RE/EVAL	-W/ACUPUNCT BERTOLINO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/01/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/29/15	FOLLOW-UP	-W/ ACUPUNCT M. CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/31/14	FOLLOW-UP	-W/ ACUPUNCT J. BERTOLINO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/12/15	FOLLOW-UP	-W/ACUPUNCT BERTOLINO @ SIDHU	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00

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

*** INVOICE ***
Date NO#
05/31/16 62944

EAMS#(s):
ADJ9269277
SS # :
DOB :
Terms : 45 days
Claim #(s):
0AA948246

BILL TO:
ONEBEACON INS. (ENGLEWOOD)
W. C. DEPARTMENT
ATTN: DEBRA TAYLOR
188 INVERNESS DR WEST STE 600
ENGLEWOOD, CO 80112

Case: vs T&B LOGISTICS
Date Of Injury: 6/18/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/15	FOLLOW-UP	-W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/16/15	FOLLOW-UP	-W/ ACUPUNCT J. BERTOLINO @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/20/15	PR2/REEVAL	DR JOHNSON @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026	0.00
07/02/15	PMT BY CHECK	DOS 7/24/14 # CJ36128	-990.00
07/14/15	LIEN FIL FEE	LIEN FILING FEE	150.00
07/22/15	PENALTIES	FOR DATE OF SERVICE 7/24/14	23.48
05/11/15	INTEREST	FOR DATE OF SERVICE 7/24/14	9.07
07/22/15	PENALTIES	FOR DATE OF SERVICE 9/19/14	37.50
04/29/16	INTEREST	FOR DATE OF SERVICE 9/19/14	46.71
07/20/15	PMT BY CHECK	DOS 7/24/14 # CJ37058	-360.00
01/18/16	PENALTIES	FOR DATE OF SERVICE 7/28/14	34.50
04/29/16	INTEREST	FOR DATE OF SERVICE 7/28/14	46.81
01/11/16	PMT BY CHECK	DOS 7/24/14-5/8/15* # CJ47594	-876.56
04/26/16	COSTS & SANC	COSTS & SANC	3292.97
05/24/16	PMT BY CHECK	DOS 4/29/16* # AD74841-5	-10000.00
		BALANCE	0.00

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

OB Services

OneBeacon Insurance Group
One Beacon Lane
Canton, MA 02021-1030

Check Date: 02/20/2015
Check Number: CJ28509
Check Amount: $313.12

9CSK3B

00215 JOP1ZS01 1Z
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 927814165

6100026546-6101724035

PAID FEB 27 2015

62944

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
0AA94824601		06/18/2012	$3,696.50	$3,383.38	$313.12

PAID FEB 27 2015

See attached page(s) for Explanations of Review

OB Services

OneBeacon Insurance Group
One Beacon Lane
Canton, MA 02021-1030

Check Date: 02/20/2015
Check Number: CJ28510
Check Amount: $180.00

ACSK3E

00216 JOP1ZS01 1Z
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 927814165

6100026546-6101724036

62944

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
0AA94824601		06/18/2012	$3,876.50	$3,696.50	$180.00

PAID FEB 27 2015

See attached page(s) for Explanations of Review

OB Services

OneBeacon Insurance Group
One Beacon Lane
Canton, MA 02021-1030

Check Date: 03/02/2015
Check Number: CJ28981
Check Amount: $156.56

G0BM3E

00084 JOP1ZS01 1Z 6100026686-6101739911
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 927814165

62944

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
0AA94824601		06/18/2012	$4,056.50	$3,899.94	$156.56

PAID MAR 09 2015

See attached page(s) for Explanations of Review

OB Services

OneBeacon Insurance Group
One Beacon Lane
Canton, MA 02021-1030

Check Date: 04/06/2015
Check Number: CJ31017
Check Amount: $313.12

TMKP3R

00014 JOP1ZS01 1Z
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 927814165

6100027205-6101801359

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
0AA94824601		06/18/2012	$2,411.50	$2,098.38	$313.12

62944

PAID APR 14 2015

See attached page(s) for Explanations of Review

[redacted]

OB Services

OneBeacon Insurance Group
One Beacon Lane
Canton, MA 02021-1030

Check Date: 05/11/2015
Check Number: CJ32834
Check Amount: $469.68

K0ZS3R

00074 JOP1ZS01 1Z
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 927814165

6100027734-6101862412

62944

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
0AA94824601		06/18/2012	$2,726.50	$2,256.82	$469.68

RECEIVED MAY 18 2015

See attached page(s) for Explanations of Review

OB Services

OneBeacon Insurance Group
One Beacon Lane
Canton, MA 02021-1030

Check Date: 07/02/2015
Check Number: CJ36128
Check Amount: $990.00

CWCW39

00655 JOP1ZS01 1Z
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 927814165

6100028499-6101951389

PAID JUL 10 2015

62944

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
0AA94824601		06/18/2012	$1,980.00	$990.00	$990.00

See attached page(s) for Explanations of Review

OB Services

OneBeacon Insurance Group
One Beacon Lane
Canton, MA 02021-1030

Check Date: 07/20/2015
Check Number: CJ37058
Check Amount: $360.00

S6GX34

00079 JOP1ZS01 1Z
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 927814165

6100028752-6101980817

PAID JUL 28 2015

62944

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
0AA94824601		06/18/2012	$7,701.50	$7,341.50	$360.00

See attached page(s) for Explanations of Review

OB Services

OneBeacon Insurance Group
One Beacon Lane
Canton, MA 02021-1030

Check Date: 01/11/2016
Check Number: CJ47594
Check Amount: $876.56

UC7944

1/5/16 3:59 PM 4 0000217 20160112 LAATF101 CHECK 1 oz DOM LAATF10000* 161281 CK

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

PAID JAN 20 2016

62944

Payment Summary

Claim #	Claimant	Date of Injury	Total Billed	Total Reduction	Total Payment
0AA94824601		06/18/2012	$1,620.00	$743.44	$876.56

See attached page(s) for Explanations of Review

OB Services

188 INVERNESS DRIVE WEST
SUITE 600
ENGLEWOOD CO 80112

PAID MAY 31 2016

Mail to: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

62944

OB Services

EXPLANATION OF PAYMENT **AD74841-5**

PLEASE FORWARD ALL CORRESPONDENCE TO:
OneBeacon Insurance Group
188 INVERNESS DRIVE WEST
SUITE 600
ENGLEWOOD CO 80112
866-725-5171

PAY TO: JOYCE ALTMAN INTERPRETERS

AGENT: Hays Companies
1350 BAYSHORE HWY STE 218
BURLINGAME CA 94010

COMPANY:	ONEBEACON INSURANCE COMPANY
DATE ISSUED:	05/24/2016
CHECK AMT:	$10,000.00
INSURED:	T & B LOGISTICS, INC
POLICY NO.:	4060367000001
DATE/LOSS:	06/18/2012
CLAIM NO.:	0AA-948246-01-01
CLAIM TYPE:	WC-STAT-REGULAR (CA)
CLAIMANT:	
ADJUSTER:	JJ1M - THOMAS SCHILLER

F.F.
CA 01C

IN PAYMENT OF: RESOLUTION OF LIEN - ALL SERVICE DATES INV# ADJ9269277
SERVICE DATES FROM 04/29/16 THRU 04/29/16
INVOICE NUMBER: ADJ9269277

MR

G5898 0513

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

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

*** INVOICE ***
Date NO#
05/27/16 58506

EAMS#(s):ADJ8834996
ADJ8827881
SS # :
DOB :
Terms : 45 days
Claim #(s):
BB12000681

BILL TO:
CORVEL CORPORATION (SACREM)
W. C. DEPARTMENT
ATTN: DAMON POWEEL
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs SERVPRO OF SANTA ANA
Date Of Injury: 10/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/24/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/01/16	PENALTIES	FOR DATE OF SERVICE 4/8/13	23.48
02/01/16	INTEREST	FOR DATE OF SERVICE 4/8/13	49.60
02/01/16	PENALTIES	FOR DATE OF SERVICE 4/24/23	37.50
02/01/16	INTEREST	FOR DATE OF SERVICE 4/24/13	79.24
02/16/16	PMT BY CHECK	DOS 4/8/13-4/24/13* # 7665836	-279.00
03/29/16	PMT BY CHECK	DOS 4/8/13-4/24/13* =# 7705385	-180.00
06/02/16	INTEREST	FOR DATE OF SERVICE 4/24/13	45.31
03/29/16	INTEREST	FOR DATE OF SERVICE 4/24/13	83.73
05/19/16	COSTS & SANC	COSTS & SANC	870.96
05/24/16	PMT BY CHECK	DOS 5/24/16* # 7752475	-1137.32

BALANCE 0.00

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

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7665836	02/16/16

*******$279.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Two hundred seventy nine and 00/100 Dollars*

PAY TO THE ORDER OF

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

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0007665836⑈ ⑆121000248⑆ 4121 514012⑈

ETACH HERE

DETACH HERE

CORVEL

PAID FEB 19 2016

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
BB-12-000681	10/01/2012		04/08/2013	04/24/2013	S8506	*******$279.00

S8506
1

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7705385	03/29/16

Claim#: BB-12-000681

*******$180.00

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS, INC
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0007705385⑈ ⑆121000248⑆ 4121 514012⑈

ETACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: SPSA DBA SERVPRO SANTA ANA, O
1403 E Borchard Ave
Santa Ana, CA 92705

Employer
Patient:

Patient DOB:

Patricia Hayes
PO Box 4165
Tustin, CA 92781

PAID PRIOR

LOB: Workers' Compensation
Site/Bill #: 48/2915891 - 1
Reprice: CA, 92781
Billed Date: 02/23/2016
Business Rcvd: 03/02/2016
MBR Rcvd: 03/02/2016
MBR Date: 03/28/2016
Date Approved: 03/28/2016
DOS From-To: 04/08/2013 - 02/01/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1872

Treating Provider:
Referring Physician:
Patient Control #: 58506
Provider Tax Id: 33-0956713

Claim #: BB-12-000681
Processor Initials: DP
DOI: 10/01/2012
RX Number:

Vendor #:
PIN:

Ref 5811

Bill Comments
The documentation submitted does not indicate the total time spent; therefore we have paid the fee schedule minimum rate.

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/08/13	T1013 G1	SIGN LANGUAGE OR ORAL INTERPRETER SERVIC	1	11	$156.50		1	$66.50	$90.00
04/24/13	T1013 G1	SIGN LANGUAGE OR ORAL INTERPRETER SERVIC	1	11	$250.00		1	$160.00	$90.00
Sub-Totals for Bill: 2915891					**$406.50**			**$226.50**	**$180.00**

Totals for Bill:2915891 **$180.00**

Line Item Reason Codes and Descriptions

VOID VOID VOID
VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7752475	05/24/16

******$1,137.32

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *One thousand one hundred thirty seven and 32/100 Dollars*

PAY TO THE ORDER OF

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

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0007752475⑈ ⑆121000248⑆ 4121 514012⑈

ACH HERE

DETACH HERE

CORVEL

58506

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments		Remittance
BB-12-000681	10/01/2012		05/24/2016	05/24/2016	full and final	58506	******$1,137.32

PAID MAY 27 2016

F.F.
CA DL

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

*** INVOICE ***

Date	NO#
05/03/16	64527

EAMS#(s):ADJ9705605 ADJ9702094
ADJ9703059
SS # :
DOB :
Terms : 45 days
Claim #(s):
WC648-A86129; WC648-C0606

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

Case: vs UPS UNITED PARCEL SERVICE
Date Of Injury: 10/15/13; 8/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/14	LEGAL_PREP	DEPO PREP @ L/O OF DIETZ, GILMOR & CHAZEN	156.50
/ /	INTERPRETER:	MARIO RAMIREZ # 100349	0.00
02/06/15	LEGAL_PREP	DEPO PREP @ L/O DIETZ, GILMOR & CHAZEN	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
03/16/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/14/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/17/16	PENALTIES	FOR DATE OF SERVICE 12/23/14	23.48
04/20/16	INTEREST	FOR DATE OF SERVICE 12/23/14	22.09
02/17/16	PENALTIES	FOR DATE OF SERVICE 2/6/15	23.48
04/20/16	INTEREST	FOR DATE OF SERVICE 2/6/15	22.09
02/17/16	PENALTIES	FOR DATE OF SERVICE 3/16/15	37.50
04/20/16	INTEREST	FOR DATE OF SERVICE 3/16/15	31.98
02/17/16	PENALTIES	FOR DATE OF SERVICE 12/14/15	23.48
04/20/16	INTEREST	FOR DATE OF SERVICE 12/14/15	6.56
04/28/16	PMT BY CHECK	DOS 12/23/14-3/16/15* # 66390457	-1910.16
05/26/16	COSTS & SANC	COSTS	1000.00

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

*** INVOICE ***

Date	NO#
05/03/16	64527

EAMS#(s):ADJ9705605 ADJ9702094
ADJ9703059
SS # :
DOB :
Terms : 45 days
Claim #(s):
WC648-A86129; WC648-C0606

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

Case: vs UPS UNITED PARCEL SERVICE
Date Of Injury: 10/15/13; 8/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
002	66390457	04/28/16
	CHECK AMOUNT ***$1910.16	BLOCK NUMBER 002681

OSN: EE3001042803-002352

CLAIM #: WC 648-C03991
CONTRACT #: WA5-C2D-092036-634-04

CONTROL #: 000002987 ID: CRNWA65
PROVIDER #: N3095671346120

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 01/10/14
EMPLOYEE:

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

EMPLOYER: UPS SUPPLY CHAIN SOLUTIONS
DATES OF SERVICE 12/23/14-03/16/15
LOCATION CODE: 270800CAFN

PROVIDER:

PAID MAY 03 2016

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
				1,910.16	1,910.16	
12/23/14	03/16/15	MISC				

NOTE: ORDER TO PAY DATED 04/20/2016

TOTAL CHARGES	1910.16
TOTAL PAYABLE:	1910.16
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	1910.16

MR

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/23/16 60606

EAMS#(s):
ADJ9062699
SS # :
DOB :
Terms : 45 days
Claim #(s):
6A313456280109

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

Case: CHIPOTLE MEXICAN GRILL
Date Of Injury: 8/19/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/03/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/14/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/27/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
12/23/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/15/16	PENALTIES	FOR DATE OF SERVICE 1/3/14	23.48
04/15/16	INTEREST	FOR DATE OF SERVICE 1/3/14	38.56
04/15/16	PENALTIES	FOR DATE OF SERVICE 4/14/14	37.50
04/15/16	INTEREST	FOR DATE OF SERVICE 4/14/14	58.05
04/15/16	PENALTIES	FOR DATE OF SERVICE 8/27/14	23.48
04/15/16	INTEREST	FOR DATE OF SERVICE 8/27/14	29.14
04/15/16	PENALTIES	FOR DATE OF SERVICE 12/23/15	23.48
04/15/16	INTEREST	FOR DATE OF SERVICE 12/23/15	5.92
04/21/16	PMT BY CHECK	DOS 1/3/14-12/23/15* # FE49908521	-719.50
05/23/16	COSTS & SANC	COSTS	510.39
05/19/16	PMT BY CHECK	DOS 1/30/14-12/23/15* #FE59033579	-750.00
		BALANCE	0.00

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

PDWLDMCD-000118-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 04/21/16

CHECK NO. **FE49908521**

STATEMENT

Paid by ESIS on behalf of Safet/ National Casualty Corporation/ Safety First Insurance Company

5900H1NFE 00 00036 FE49908521
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

60606-1

FILE ID 6A31345627760

DOLLARS $********719.50

* NOT NEGOTIABLE *

FOR
01/03/14 THRU 12/23/15 FULL & FINAL

CLAIMANT

DATE OF EVENT
07/25/13

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

PDWLDMCD-000118-01-01-00

PAID APR 25 2016

BOA40A (11/2009)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-000135-01-01-00

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

MR

DATE 05/19/16

CHECK NO. **FE59033579**

STATEMENT

Paid by ESIS on behalf of Safety National Casualty Corporation/
Safety First Insurance Company

5900H1NFE 00 00038 FE59033579
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
6A31345627760

DOLLARS
$********750.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201308061023223613539O

FOR
01/30/14 THRU 12/23/15 FULL & FINAL

CLAIMANT

DATE OF EVENT
07/25/13

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

PDWLDMCD-000135-01-01-00

606606

PAID
MAY 23 2016
BY:

fqf ok
CA

BOA40A (11/2009)

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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/22/16	66417

EAMS#(s):
ADJ9190895
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
05966734

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

Case: vs INTERNATIONAL RUBBER PRODUCTS
Date Of Injury: CT 10/10/12-10/10/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/29/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/11/16	PENALTIES	FOR DATE OF SERVICE 6/29/15	37.50
04/11/16	INTEREST	FOR DATE OF SERVICE 6/29/15	21.11
04/20/16	PMT BY CHECK	DOS 6/29/15* # CP-914256	-308.61

BALANCE 0.00

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

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-914256**

Issue Date: 04/20/16
Doc #: 030971175

Medical

66417

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05966734		**Date of Injury:** 10/10/13		
SSN: XXX-XX-	Employer name: WAGNER RUBBER PRODUCTS				Employer ID: 0000009068496130				
	ICD-9 Code: 940.9 BURN EYE & ADNEXA NOS								
1	SF1-SFCA-16622478	06/29/15	MDO10	Payment By Order	1	308.61	.00	961 B01 B03 G67	308.61
						Total Allowances:			**$308.61**

FF.
CA DK

PAID APR 22 2016

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

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

MR

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

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

*** INVOICE ***
Date NO#
04/19/16 49674

EAMS#(s):ADJ8183381
ADJ8218798
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
ECWC112568-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: ALEX STUTCMAN
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
06/22/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/28/15	LEGAL_WCAB	MSC - FULL DAY @ WCAB LB	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624 A.M.	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 P.M.	0.00
01/14/16	PENALTIES	FOR DATE OF SERVICE 5/3/13	23.48
12/11/14	INTEREST	FOR DATE OF SERVICE 5/3/13	28.94
01/14/16	PENALTIES	FOR DATE OF SERVICE 6/4/13	37.50
12/11/14	INTEREST	FOR DATE OF SERVICE 6/4/13	44.27
01/14/16	PENALTIES	FOR DATE OF SERVICE 8/19/14	23.48

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

*** INVOICE ***

Date	NO#
04/19/16	49674

EAMS#(s):ADJ8183381
ADJ8218798
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
ECWC112568-001

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: ALEX STUTCMAN
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
12/11/14	INTEREST	FOR DATE OF SERVICE 8/19/14	4.93
01/14/16	PENALTIES	FOR DATE OF SERVICE 6/22/15	23.48
01/14/16	INTEREST	FOR DATE OF SERVICE 6/22/15	10.75
01/14/16	PENALTIES	FOR DATE OF SERVICE 9/28/15	46.95
01/14/16	INTEREST	FOR DATE OF SERVICE 9/28/15	12.43
01/22/16	PMT BY CHECK	DOS 6/22/15-9/28/15* # 009218283	-469.50
04/14/16	PMT BY CHECK	DOS 4/6/16* # 009242275	-800.00
04/21/16	COSTS & SANC	COSTS	543.79

BALANCE 0.00

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

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

MR

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

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

➪➪➪➪➪PAY ONLY $1,169.50
DOLLAR ONE COMMA ONE SIX NINE PERIOD FIVE ZERO

■ 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

VOID OVER $1,169.50

Sy Fogel

⑈009106419⑈ ⑆121000248⑆ 2000519409116⑈

009218283

225

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID JAN 27 2016

01/22/2016 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
(E034) 469.50 ECWC112568-001 DOL:01/07/2011

Inv/Case#: 49674
:06/22/2015-09/28/2015

MP

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.
11-24
1210

009218283

DATE
01/22/2016

AMOUNT
********$469.50

⇨⇨⇨⇨⇨PAY ONLY $469 50
DOLLAR FOUR SIX NINE PERIOD FIVE ZERO

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

■ FOUR HUNDRED SIXTY-NINE DOLLARS AND 50 CENTS**********

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

VOID OVER $469.50

MP

⑈009218283⑈ ⑆121000248⑆ 20005194091 16⑈

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009242275

VOID

DATE 04/14/2016

AMOUNT ********$800.00

➪➪➪➪➪PAY ONLY $800.00
DOLLAR EIGHT ZERO ZERO PERIOD ZERO ZERO

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

■ EIGHT HUNDRED DOLLARS AND 00 CENTS**********

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

VOID OVER $800.00

⑈009242275⑈ ⑆121000248⑆ 2000519409116⑈

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

*** INVOICE ***

Date	NO#
04/15/16	62661

EAMS#(s):
ADJ8937070
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
05894042

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

Case: vs SKYS CONSTRUCTION
Date Of Injury: 5/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/14	WCAB SA	MSC - ROSARIO PALMER # 100715	156.50
08/25/14	DEPO PREP	@ THE L/O OF HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/22/14	PMT BY CHECK	DOS 6/11/14* # CU-150027	-156.50
10/27/14	PMT BY CHECK	DOS 8/25/14* # CU-158959	-156.50
12/09/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/06/15	PMT BY CHECK	DOS 12/9/14* # CU-183417	-250.00
03/02/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/30/15	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/29/15	LEGAL_WCAB	TRIAL @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 62661	0.00
09/22/15	PENALTIES	FOR DATE OF SERVICE 3/2/15	23.48
10/27/15	INTEREST	FOR DATE OF SERVICE 3/2/15	12.23
09/22/15	PENALTIES	FOR DATE OF SERVICE 4/30/15	23.48
10/27/15	INTEREST	FOR DATE OF SERVICE 4/30/15	9.27
09/22/15	PENALTIES	FOR DATE OF SERVICE 6/29/15	23.48
10/27/15	INTEREST	FOR DATE OF SERVICE 6/29/15	6.36
10/27/15	PMT BY CHECK	DOS 3/2/15-6/29/15* # CU-246638	-469.50
04/13/16	PMT BY CHECK	DOS 4/27/15* # CU-281334	-700.00
04/21/16	COSTS & SANC	COSTS	601.70

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

*** INVOICE ***

Date	NO#
04/15/16	62661

EAMS#(s):
ADJ8937070
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
05894042

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

Case: vs SKYS CONSTRUCTION
Date Of Injury: 5/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CU-281334**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/13/16
Doc #: 030945895

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name				**Claim #:** 05894042		**Date of Injury:** 05/16/13		
SSN: XXX-X	Employer name: SKYS CONSTRUCTION				Employer ID: 0000001966969130				
1	SF1-SPCA-211773	04/27/15	999L1	General Loss Exp Cod	1	700.00	.00	375 G5	700.00
				Total Allowances:					**$700.00**

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"

0132945103094589500 1 2

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CU-150027**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/22/14
Doc #: 028813853

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
				Patient Name: 19336 Claim #: 05637122			
1	STIP&ORDER	07/19/10	08/25/14	Medical Services	1		500.00
				Patient Name: Claim #: 05894042			
2	62661	06/11/14	06/11/14	Interpreter fees	1		156.50
						Total Allowances:	**$656.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05637122	500.00	.00	500.00
05894042	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:

05637122	FULL & FINAL PER STIP AND; ORDER;
05894042	INVOICE 62661;

PAID SEP 23 2014

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

21569009

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

CU-150027
Union Bank
Los Angeles, California
90-4150
1222

Medical
SA

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
September 22, 2014	$*******656.50

PAY ****Six Hundred Fifty-Six and 50/100 Dollars****ONLY

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

⑈521615002 7⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CU-158959**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/27/14
Doc #: 028949193

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05662322			
1	INV#62316	05/28/14	05/28/14	Interpreter fees	1		156.50
			Patient Name:	**Claim #:** 05575924			
2	INV#51705	12/07/10	08/13/14	Interpreter fees	1		626.00
			Patient Name:	**Claim #:** 05791896			
3	#63341	07/29/14	07/29/14	Interpreter fees	1		156.50
4	#63341	09/10/14	09/10/14	Interpreter fees	1		156.50
						Subtotal:	313.00
			Patient Name:	**Claim #:** 05894042			
5	62661	08/25/14	08/25/14	Interpreter fees	1		156.50
						Total Allowances:	**$1,252.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05662322	156.50	.00	156.50
05791896	313.00	.00	313.00
05575924	626.00	.00	626.00
05894042	156.50	.00	156.50

PAID OCT 30 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:

05791896 INV#63341;

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"

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-183417**

Issue Date: 02/06/15
Doc #: 029341392

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** SL190283			
1	STIP	05/02/12	05/02/12	Medical Services	1		140.00
			Patient Name:	**Claim #:** 05894042			
2	62661	12/09/14	12/09/14	Interpreter fees	1		250.00
					Total Allowances:		**$390.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SL190283	140.00	.00	140.00
05894042	250.00	.00	250.00

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

Notations:

05894042	INVOICE 62661;
SL190283	STIPULATION;

PAID FEB 09 2015

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SA

Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-183417
Union Bank
Los Angeles, California

90-4150
1222

22103891

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
February 06, 2015	**$*******390.00**

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

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

⑈522018341⑆ ⑆122241501⑆ ⑈908100104⑈

Explanation of Review (EOR)

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

Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-246638**

Issue Date: 10/27/15
Doc #: 030339638

62661

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**laim #:** 05894042		**Date of Injury:** 05/16/13		
SSN	Employer name: SKYS CONSTRUCTION			Employer ID: 0000001966969130					
1	SF1-SPCA-167123	03/02/15	999Q9	Interpreter Deposit-	1	469.50	.00	B03	469.50
2	SF1-SPCA-167123	06/29/15	999Q9	Interpreter Deposit-	1	.00	.00	B03	.00

Total Allowances: **$469.50**

F.F.
$811 Ref

PAID OCT 29 2015

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

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

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

Explanation of Review (EOR)

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

Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CU-281334**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/13/16
Doc #: 030945895

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05894042		**Date of Injury:** 05/16/13		
SSN:	Employer name: SKYS CONSTRUCTION			Employer ID: 0000001966969130					
1	SF1-SPCA-211773	04/27/15	999L1	General Loss Exp Cod	1	700.00	.00	375 G5	700.00
				Total Allowances:					**$700.00**

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

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

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

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

*** INVOICE ***
Date NO#
04/22/16 64866

EAMS#(s):ADJ9687480
ADJ9687559
SS # : XXX-XX-N/A
DOB :
Terms : 45 days
Claim #(s):
43607

BILL TO:
PACIFIC COMP INS. COMPANY
W. C. DEPARTMENT
ATTN: DAVID BENNY
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs RISVOLD S
Date Of Injury: 7/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/15	LEGAL_WCAB	EXH. HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/04/15	PMT BY CHECK	DOS 1/20/15* # 00616344	-156.50
04/16/15	LEGAL_WCAB	PRIORITY CONF @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/14/15	PENALTIES	FOR DATE OF SERVICE 4/16/15	23.48
08/21/15	INTEREST	FOR DATE OF SERVICE 4/16/15	6.51
08/21/15	PMT BY CHECK	DOS 4/16/15* # 00628407	-156.50
03/28/16	COSTS & SANC	COSTS & SANC	470.01
04/18/16	PMT BY CHECK	DOS 7/8/14-3/28/16* =# 01002552	-500.00

BALANCE 0.00

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

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

Temporary Return Service Requested

000062-000001-000062 2504168 2320EDC 1
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

64866

Insured: Risvold's Inc
Amount of this check: 156.50

Claimant:
Claim: 00043607
Policy #: WA 00035801
Date of Injury: 20140708
Description: 01-20-15 - 01-20-15 invoice 64866
Payment For: INTERPRETER FOR HEARINGS

Payment Amount: $ 156.50

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

PAID MAY 06 2015

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 00616344
DATE: 05/04/2015

AMOUNT
*****$156.50

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY TO THE ORDER OF: One Hundred Fifty-Six and 50/100
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Authorized Signature
Daniel K. Richardson
Authorized Signature

⑈006163 44⑈ ⑆122016066⑆ 41 2⑈8788 92⑈

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

Temporary Return Service Requested

000033-000001-000033 2504879 2320EDC 1

648666

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

PAID

BY: .....

Insured: Risvold's Inc
Amount of this check: 156.50

Claimant:
Claim: 00043607
Policy #: WA 00035801
Date of Injury: 20140708
Description: 04-16-15 - 04-16-15 Case Nos. ADJ9687559; ADJ9687480 RE:
Payment For: INTERPRETER FOR HEARINGS

Payment Amount: $ 156.50

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 00628407

DATE: 08/21/2015

AMOUNT
*****$156.50

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY TO THE ORDER OF One Hundred Fifty-Six and 50/100

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

Authorized Signature

Authorized Signature

PACIFIC COMPENSATION INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

Temporary Return Service Requested

000013-000001-000037 2506264 2320EDC 3
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

PAID APR 22 2016

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0187528
Date of Review: 04/14/2016
Date Bill Received: 04/05/2016
Adjustor: GCONNETT
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01002552 Bulk $500.00
Method of Payment: Paper Check

64866

F.F. CA OK

rovider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
rovider State License: 99999999
rovider Invoice:
endering Provider: JOYCE ALTMAN INTERPRETERS INC
endering Provider ID: 9999999999

Claim 00043607
Policy: WA 00035801
Employer Name: RISVOLD S INC
Doi: 07/08/2014
Claimant:
Patient SSN:
MPN Number: 1018

ix ID: 330956713 PHY
DS: 07/08/2014 TO 03/28/2016
t ID: 33095671300 100
yment Status Code: 1
yment Date: 04/18/2016 Bill Frequency:

DX 1: T1490 Injury, unspecified

te of rvice	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Reductions Allowance	Expl. Code(s)
/08/2014	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	250.00			250.00	1000
/28/2016	MDS10			LUM SUM/MUL BILL-THE AMNT		1	1	0	250.00			250.00	1000
								Total Charges:	500.00				
								Bill Review Reductions:		0.00			
								Recommended Allowance				500.00	

00 FULL and FINAL SETTLEMENT

If you have any questions regarding the applicability of your PPO contract to this claim, please contact Anthem Blue Cross at 1 (855) 766-3719.

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

PacificComp®
ACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01002552

DATE: 04/18/2016

AMOUNT
*****$500.00

VOID AFTER 6 MONTHS
TWO SIGNATURES REQUIRED IF $10,000.00 OR MORE

PAY Five Hundred and 00/100

TO THE ORDER OF Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Authorized Signature
Denise K. Richardson
Authorized Signature

⑈01002552⑈ ⑆122016066⑆ 412⑈118464⑈

MR

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

*** INVOICE ***

Date	NO#
04/18/16	59214

EAMS#(s):
ADJ9030097
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
9030097

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

Case: vs HANNIBAL INDUSTRIES, INC.
Date Of Injury: 5/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/02/13	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/10/13	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/12/13	INITIAL EXAM	DR MENDOZA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/17/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
07/19/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/22/13	INITIAL EXAM	DR MENDOZA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	TAMARA YAJIA # 500375	0.00
07/24/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA @ ACS* (BIL KNEES)	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/29/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA @ ACS* (BIL KNEES)	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/31/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/05/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	VICENT MEJIA # 500309	0.00
08/09/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/16/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA	90.00

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

*** INVOICE ***
Date NO#
04/18/16 59214

EAMS#(s):
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SS # : XXX-XX-
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FIREMAN'S FUND (SACRAMENTO)
W. C. DEPARTMENT
ATTN: DEBORAH GODINEZ
P.O. BOX 13340
SACRAMENTO, CA 95813

Case: vs HANNIBAL INDUSTRIES, INC.
Date Of Injury: 5/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
		@ ADVANCE CARE*	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/20/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/28/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADANCE CARE* (1ST)	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/28/13	PR2/REEVAL	DR JACKSON-SCOTT @ ACS* (PM)	180.00
/ /	INTERPRETER:	CLARA BONILLA # 50020	0.00
08/30/13	EMG TESTING	& NCV BY DR BEHZAD: BIL L/E @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/09/13	PT PR-2	PHYSICAL THERAPY W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/11/13	PT PR-2	PHYSICAL THERAPY W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
07/26/13	PT PR-2	PHYSICAL THERAPY W/DR MENDOZA @ ACS* DOI: CT 6/12	90.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/02/13	PR2/REEVAL	DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/08/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/22/13	INITIAL EXAM	DR SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/19/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/17/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

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

*** INVOICE ***

Date	NO#
04/18/16	59214

EAMS#(s):
ADJ9030097
SS # : XXX-XX-
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Claim #(s):
9030097

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

Case: __ vs HANNIBAL INDUSTRIES, INC.
Date Of Injury: 5/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/27/13	INITIAL EXAM	DR MASSIHI, DPM @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/03/14	PR2/REEVAL	DR MASSIHI, DPM @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/06/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLLY*	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/21/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/31/14	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/05/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE* (FINAL	150.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/13/14	PMT BY CHECK	DOS 7/2/13-12/27/13* =# 32858130	-630.00
02/12/14	PR2/REEVAL	DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/25/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/07/14	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
03/25/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/04/14	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/09/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/29/14	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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/18/16	59214

EAMS#(s):
ADJ9030097
SS # : XXX-XX-
DOB :
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Claim #(s):
9030097

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

Case: vs HANNIBAL INDUSTRIES, INC.
Date Of Injury: 5/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/14/14	PR2/REEVAL	DR BIPIN BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASITLLO # 500320	0.00
06/03/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/11/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/20/14	INITIAL EXAM	DR MENDELSON @ ADVANCVE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/08/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/16/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/12/14	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
08/13/14	PR2/REEVAL	DR BARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/09/14	PMT BY CHECK	DOS 7/2/13-6/20/14* =# 33038840	-3060.00
09/10/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
09/16/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
12/16/14	PMT BY CHECK	DOS 7/2/13-9/10/14* =# 33086093	-90.00
10/08/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/28/14	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	PATRICIA HAYES # 500287	0.00
10/31/14	INITIAL EXAM	DR PODOLSKY @ ADVANCE CARE*	230.00

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

*** INVOICE ***

Date	NO#
04/18/16	59214

EAMS#(s):
ADJ9030097
SS # : XXX-XX-
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9030097

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

Case: vs HANNIBAL INDUSTRIES, INC.
Date Of Injury: 5/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/05/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/11/14	PR2-RE/EVAL	W/ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
03/18/15	PMT BY CHECK	DOS 7/2/13-10/28/14* =# 33147348	-180.00
03/04/15	PR2/REEVAL	DR RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/10/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
11/14/14	CHIRO TX	INITIAL CHIRO TREATMENT @ ACS W/DR GHODS*	90.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/18/14	FOLLOW-UP	W/ ACUPUNCT HANG @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
03/11/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/17/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
11/25/14	FOLLOW-UP	W/ ACUPUNCT HONG @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
03/24/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	LUIS VALVERDE # 004204	0.00
03/31/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
12/03/14	PR2/REEVAL	DR BARATHWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	RAMON VALDES # 101016	0.00
04/08/15	P AND S	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/09/15	PR2/REEVAL	DR SCHILLING/MALIN P.A. @	180.00

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

*** INVOICE ***
Date NO#
04/18/16 59214

EAMS#(s):
ADJ9030097
SS # : XXX-XX-
DOB :
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Claim #(s):
9030097

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

Case: vs HANNIBAL INDUSTRIES, INC.
Date Of Injury: 5/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
		ACS*	
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/21/15	PMT BY CHECK	DOS 3/4/15* # 33192795	-90.00
05/21/15	PMT BY CHECK	DOS 3/10/15-3/11/15* =# 33192794	-360.00
12/09/14	FOLLOW-UP	W/ ACUPUNCT RHEE & PR-2 W/DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/26/15	PMT BY CHECK	DOS 3/17/15* =# 33195001	-90.00
06/09/15	PMT BY CHECK	DOS 11/25/14-3/24/15* =# 33203970	-180.00
12/16/14	FOLLOW-UP	W/ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/12/15	PMT BY CHECK	DOS 3/31/15* =# 33207102	-90.00
12/23/14	FOLLOW-UP	W/ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
01/06/15	FOLLOW-UP	W/ ACUPUNCT Y. RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
01/07/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
01/13/15	FOLLOW-UP	W/ ACUPUNCT Y. RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
01/20/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS* (A.M.)	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
01/20/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE* (P.M.)	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
01/27/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00

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

*** INVOICE ***

Date	NO#
04/18/16	59214

EAMS#(s):
ADJ9030097
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
9030097

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

Case: vs HANNIBAL INDUSTRIES, INC.
Date Of Injury: 5/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
07/09/15	PMT BY CHECK	DOS 8/28/13-4/9/15* =# 33223965	-1260.00
02/03/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
02/04/15	PR2/REEVAL	DR BHARATWAL @ ACS* DOI:6/14/13	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO #101080	0.00
02/17/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS* DOI:6/14/13	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
02/24/15	FOLLOW-UP	W/ ACUPUNCT RHEE @ ACS* DOI: 6/12 - 6/13	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
07/14/15	PMT BY CHECK	DOS 07/02/13-04/09/15* # 33226953	-4410.00
07/30/15	PR2/REEVAL	DR BHARATWAL @ ACS* DOI:CT 6/12-6/13	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 50049	0.00
10/21/15	LIEN FIL FEE	LIEN FILING FEE	150.00
03/16/16	PENALTIES	FOR DATE OF SERVICE 10/22/13	7.50
03/16/16	INTEREST	FOR DATE OF SERVICE 10/22/13	13.88
03/16/16	PENALTIES	FOR DATE OF SERVICE 06/20/14	7.50
03/16/16	INTEREST	FOR DATE OF SERVICE 06/20/14	10.08
03/16/16	PENALTIES	FOR DATE OF SERVICE 09/10/14	9.00
03/16/16	INTEREST	FOR DATE OF SERVICE 09/10/14	10.55
03/16/16	PENALTIES	FOR DATE OF SERVICE 10/31/14	7.50
03/16/16	INTEREST	FOR DATE OF SERVICE 10/31/14	7.99
03/16/16	PENALTIES	FOR DATE OF SERVICE 12/03/14	13.50
03/16/16	INTEREST	FOR DATE OF SERVICE 12/03/14	13.44
03/16/16	PENALTIES	FOR DATE OF SERVICE 04/08/15	21.00

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

*** INVOICE ***

Date	NO#
04/18/16	59214

EAMS#(s):
ADJ9030097
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
9030097

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

Case: vs HANNIBAL INDUSTRIES, INC.
Date Of Injury: 5/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/16	INTEREST	FOR DATE OF SERVICE 04/08/15	20.91
03/16/16	PENALTIES	FOR DATE OF SERVICE 04/09/15	13.50
03/16/16	INTEREST	FOR DATE OF SERVICE 04/09/15	13.44
03/16/16	PENALTIES	FOR DATE OF SERVICE 12/09/14	13.50
03/16/16	INTEREST	FOR DATE OF SERVICE 12/09/14	13.27
03/16/16	PENALTIES	FOR DATE OF SERVICE 12/16/14	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 12/16/14	23.59
03/16/16	PENALTIES	FOR DATE OF SERVICE 12/23/14	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 12/23/14	23.20
03/16/16	PENALTIES	FOR DATE OF SERVICE 01/06/15	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 01/06/15	22.40
03/16/16	PENALTIES	FOR DATE OF SERVICE 01/07/15	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 01/07/15	22.34
03/16/16	PENALTIES	FOR DATE OF SERVICE 01/13/15	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 01/13/15	22.00
03/16/16	PENALTIES	FOR DATE OF SERVICE 01/20/15	54.00
03/16/16	INTEREST	FOR DATE OF SERVICE 01/20/15	43.22
03/16/16	PENALTIES	FOR DATE OF SERVICE 01/27/15	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 01/27/15	21.21
03/16/16	PENALTIES	FOR DATE OF SERVICE 02/03/15	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 02/03/15	20.81
03/16/16	PENALTIES	FOR DATE OF SERVICE 02/04/15	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 02/04/15	20.76
03/16/16	PENALTIES	FOR DATE OF SERVICE 02/17/15	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 02/17/15	20.02
03/16/16	PENALTIES	FOR DATE OF SERVICE 02/24/15	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 02/24/15	19.62
03/16/16	PENALTIES	FOR DATE OF SERVICE 07/30/15	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 07/30/15	10.78
04/08/16	PMT BY CHECK	DOS 3/22/16* # 33390658	-3767.51

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

*** INVOICE ***

Date	NO#
04/18/16	59214

EAMS#(s):
ADJ9030097
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
9030097

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

Case: vs HANNIBAL INDUSTRIES, INC.
Date Of Injury: 5/3/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Fireman's Fund Insurance Company
A company of Allianz

FIREMAN'S FUND INSURANCE CO
2995 PROSPECT PARK DRIVE
SUITE 200
RANCHO CORDOVA CA 95670

Policy No. WZP 81008436 Claim No. B005C13063506

Insured HANNIBAL INDUSTRIES INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

PAID FEB 24 2014

Invoice Number

Explanation For ORIG: $3700.00 /FIRST H RED: $3070.00 N
26G40370840800

5924

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 DEBORAH M GODINEZ Phone No. (916)852-4630

From 07/02/13 Thru 12/27/13 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $630.00

Producer Name R.T. BEERS & CO. INS. SERVICES Check No. 32858130

Producer City LONG BEACH St. CA

Date of Loss 05/03/13

Issue Date 02/13/14

EOR FORM ATTACHED

* 0 0146 0 000150 0 0 16B*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records

Fireman's Fund Insurance Company
A company of Allianz

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

S9214

Policy No. WZP 81008436 Claim No. B005C13063506

Insured HANNIBAL INDUSTRIES INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

Explanation For ORIG: $6570.00 /FIRST H RED: $3510.00 N
26G42591666400

PAID OCT 23 2014

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name DEBORAH M GODINEZ Phone No. (916)852-4630

From 07/02/13 Thru 06/20/14 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $3,060.00

Producer Name R.T. BEERS & CO. INS. SERVICES Check No. 33038840

Producer City LONG BEACH St. CA

Date of Loss 05/03/13

Issue Date 10/09/14

EOR FORM ATTACHED

* 0 0140 0 000130 0 0 14J*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records

59214

Fireman's Fund Insurance Company
A company of Allianz

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

PAID DEC 27 2014

Policy No. WZP 81008436 Claim No. B005C13063506

Insured HANNIBAL INDUSTRIES INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

Explanation For ORIG: $7470.00 /FIRST H RED: $7380.00 N
26G43380707100

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 DEBORAH M GODINEZ Phone No. (916)852-4630

From 07/02/13 Thru 09/10/14 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $90.00

Producer Name R.T. BEERS & CO. INS. SERVICES Check No. 33086093

Producer City LONG BEACH St. CA

Date of Loss 05/03/13

Issue Date 12/16/14

EOR FORM ATTACHED

* 0 0008 1 000069 1 0 19L*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records

Fireman's Fund Insurance Company
A company of Allianz

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

Policy No. WZP 81008436 Claim No. B005C13063506

Insured HANNIBAL INDUSTRIES INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

PAID MAR 26 2015

Explanation For ORIG: $8010.00 /FIRST H RED: $7830.00 N
26G50680593400

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 DEBORAH M GODINEZ Phone No. (916)852-4630

From 07/02/13 Thru 10/28/14 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $180.00

Producer Name R.T. BEERS & CO. INS. SERVICES Check No. 33147348

Producer City LONG BEACH St. CA

EOR FORM ATTACHED

#59214

Date of Loss 05/03/13

Issue Date 03/18/15

* 0 0084 0 000078 0 0 20C*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records

Fireman's Fund Insurance Company
A company of Allianz

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

Policy No. WZP 81008436 Claim No. B005C13063506

Insured HANNIBAL INDUSTRIES INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code S9214

Bank Number B1

Invoice Number

Explanation For ORIG: $8960.00 /FIRST H RED: $8870.00 N
26651260729500

RECEIVED MAY 26 2015

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name DEBORAH M GODINEZ Phone No. (916)852-4630

From 07/02/13 Thru 03/04/15 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $90.00

Producer Name R.T. BEERS & CO. INS. SERVICES Check No. 33192795

Producer City LONG BEACH St. CA

EOR FORM ATTACHED

Date of Loss 05/03/13
Issue Date 05/21/15

* 0 0085 1 000082 1 0 02F*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records

Fireman's Fund Insurance Company
A company of Allianz

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

S9214

Policy No. WZP 81008436 Claim No. B005C13063506

Insured HANNIBAL INDUSTRIES INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

Explanation For ORIG: $9410.00 /FIRST H RED: $9050.00 N
26G51260731000

RECEIVED MAY 26 2015

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name DEBORAH M GODINEZ Phone No. (916)852-4630

From 07/02/13 Thru 03/11/15 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $360.00

Producer Name R.T. BEERS & CO. INS. SERVICES Check No. 33192794

Producer City LONG BEACH St. CA

Date of Loss 05/03/13

Issue Date 05/21/15

EOR FORM ATTACHED

* 0 0084 0 000081 0 0 02F
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records

Fireman's Fund Insurance Company
A company of Allianz

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

Policy No. WZP 81008436 Claim No. B005C13063506

Insured HANNIBAL INDUSTRIES INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

PAID JUN 0 2 2015

Division Code

Bank Number B1

Invoice Number

Explanation For ORIG: $9590.00 /FIRST H RED: $9500.00 N
26G51320637400

S9214

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 DEBORAH M GODINEZ

Phone No. (916)852-4630

From 07/02/13 Thru 03/17/15 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $90.00

Check No. 33195001

Producer Name R.T. BEERS & CO. INS. SERVICES

Producer City LONG BEACH St. CA

Date of Loss 05/03/13

Issue Date 05/26/15

EOR FORM ATTACHED

* 0 0041 1 000035 1 0 04F*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records

Fireman's Fund Insurance Company
A company of Allianz

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

S9214

Policy No. WZP 81008436 Claim No. B005C13063506

Insured HANNIBAL INDUSTRIES INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

PAID JUN 15 2015

Invoice Number

Explanation For ORIG: $9950.00 /FIRST H RED: $9770.00 N
26G51470374400

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 DEBORAH M GODINEZ Phone No. (916)852-4630

From 07/02/13 Thru 03/24/15 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $180.00

Producer Name R.T. BEERS & CO. INS. SERVICES St. CA

Producer City LONG BEACH

Check No. 33203970

Date of Loss 05/03/13

Issue Date 06/09/15

EOR FORM ATTACHED

* 0 0040 0 000030 0 0 14F*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records

Fireman's Fund Insurance Company
A company of Allianz

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

S9214

Policy No. WZP 81008436 Claim No. B005C13063506

Insured HANNIBAL INDUSTRIES INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number

Explanation For ORIG: $10130.00 /FIRST H RED: $10040.00 N
26G51530702000

PAID JUN 18 2015

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name DEBORAH M GODINEZ

Phone No. (916)852-4630

From 07/02/13 Thru 03/31/15 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $90.00

Producer Name R.T. BEERS & CO. INS. SERVICES

Producer City LONG BEACH St. CA

Check No. 33207102

Date of Loss 05/03/13

Issue Date 06/12/15

EOR FORM ATTACHED

* 0 0053 1 000053 1 0 17F*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records

Fireman's Fund Insurance Company
A company of Allianz

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

Policy No. WZP 81008436 Claim No. B005C13063506

Insured HANNIBAL INDUSTRIES INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

PAID JUL 16 2015

Division Code

Bank Number B1

Invoice Number

S9214

Explanation For ORIG: $10900.00 /FIRST H RED: $9640.00 N
26G51740665200

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 DEBORAH M GODINEZ Phone No (916)852-4630

From 07/02/13 Thru 04/09/15 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $1,260.00

Producer Name R.T. BEERS & CO. INS. SERVICES Check No. 33223965

Producer City LONG BEACH St. CA

EOR FORM ATTACHED

Date of Loss 05/03/13
Issue Date 07/09/15

* 0 0058 0 000049 0 0 13G*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records

Fireman's Fund Insurance Company
A company of Allianz

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

Policy No. WZP 81008436 Claim No. B005C13063506

Insured HANNIBAL INDUSTRIES INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

Send to JOYCE ALTMAN INTERPRETERS INC
RR
HUNTINGTON PARK CA 90255

Division Code

Bank Number B1

Invoice Number

PAID

Explanation For ORIG: $10720.00 /FIRST H RED: $6310.00 N
26G51740660700

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.

BY: .....

Representative Name DEBORAH M GODINEZ

Phone No. (916)852-4630

From 07/02/13 Thru 04/09/15 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $4,410.00

Check No. 33226953

Producer Name R.T. BEERS & CO. INS. SERVICES St. CA

Producer City LONG BEACH

Date of Loss 05/03/13

Issue Date 07/14/15

EOR FORM ATTACHED

#59214

* 0 003B 0 000041 0 0 16G*
CDCG.A160.G 008

CF60S

Detach And Retain For Your Records

Allianz

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

Policy No. WZP 81008436 Claim No. B005C13063506

Insured HANNIBAL INDUSTRIES INC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS INC

Send to JOYCE ALTMAN INTERPRETERS INC
PO BOX #4165
TUSTIN CA 92781

Division Code

Bank Number B1 S9214

PAID [illegible]

Invoice Number

F.F.
CA OK

Explanation For ORIG: $3767.51 /FIRST H RED: $0.00 N
06G60900353600

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 05/03/13 Thru 03/22/16 IRS# R330956713 Check Distribution M

Processor ID 780FFHN Check Amount $3,767.51

Producer Name R.T. BEERS & CO. INS. SERVICES

Producer City LONG BEACH St. CA

Check No. 33390658

EOR FORM ATTACHED

Date of Loss 05/03/13
Issue Date 04/08/16

MR

* 0 0017 1 000016 1 0 13D*
CDCG.A160.G 008

CF60SA

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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/27/16	69488

EAMS#(s):ADJ8272886 ADJ8610285
ADJ8610344
SS # : XXX-XX-
DOB :
Terms :
Claim #(s):
2016005433

BILL TO:
INS CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: LIZ FLORES
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs ORION ORNAMENTAL IRON
Date Of Injury: 10/1/92 - 6/20/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/12	CT SCAN	REF BY DR KRACHENKO: BRAIN & HEAD @ CALIF IMAG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
10/10/12	ULTRASOUND	DIAG STUDY REF BY DR ZLOTOLOW : ECHO @ CA IMG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/04/14	SURGERY	DR WILKER: LT SHDR @ MONROVIA HOSP (5.5 hrs)	495.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/24/16	PENALTIES	FOR DATE OF SERVICE 10/1/12	22.50
05/24/16	INTEREST	FOR DATE OF SERVICE 10/1/12	13.89
05/24/16	PENALTIES	FOR DATE OF SERVICE 10/10/12	22.50
05/24/16	INTEREST	FOR DATE OF SERVICE 10/10/12	13.89
05/24/16	PENALTIES	FOR DATE OF SERVICE 12/4/14	74.25
05/24/16	INTEREST	FOR DATE OF SERVICE 12/4/14	45.85
05/31/16	LIEN FIL FEE	LIEN FILING FEE	150.00
06/17/16	PMT BY CHECK	DOS 10/1/12-5/31/16* # 1321495 ICW	-1137.88

BALANCE 0.00

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

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

Check Date: 06/17/2016
Check Number: 1321495
Check Amount: $1,137.88

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,RT0T43

RT0T43

3/8/16 11:37 AM 4 0001041 20160617 LF8KZ103 CHECK 1 oz DOM LF8KZ10000* 161281 CK

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

Payment Summary

2016005433	06/30/2011	69488 ✓	180	10/01/2012	05/31/2016	$1,137.88

55934
69487

PAID JUN 27 2016

MR

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

*** INVOICE ***
Date NO#
03/23/17 49895

EAMS#(s):
ADJ4188913
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05083048

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

Case: vs WESTEND PERSONNEL
Date Of Injury: 6/20/07

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/11	WCAB LB	MSC	156.50
/ /	INTERPRETER:	JOHANA JORDAN # 100793	0.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
11/03/16	PENALTIES	FOR DATE OF SERVICE 11/7/11	23.48
11/21/16	INTEREST	FOR DATE OF SERVICE 11/7/11	90.68
11/21/16	PMT BY CHECK	DOS 11/07/11 * # BU-179022	-369.77
03/20/17	COSTS & SANC	COSTS & SANC	649.11
03/21/17	PMT BY CHECK	DOS 8/29/12* # CU-338189	-650.00

BALANCE 0.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
(888)782-8338

Provider Number: XXXXX6713

Check #: **BU-179022**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 11/21/16
Doc #: 031725963

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05083048			
1		11/07/11	11/07/11	Claimant Incurred Legal Expense	1		369.77
				Total Allowances:			**$369.77**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05083048	369.77	.00	369.77

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:
05083048 MIGUEL LOPEZ DOS 11/07/11;

28311 / 49895

PAID
NOV 29 2016

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"

0113687903172596300 1 2

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

49895-

Check #: **CU-338189**

Issue Date: 03/21/17
Doc #: 032096231

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05083048		**Date of Injury:** 06/20/07		
SSN:	Employer name: WESTEND PERSONNEL				Employer ID: 0000001811156070				
	ICD-9 Code: 959.9 INJURY-SITE NOS								
1	SF1-SFCA-17808375	08/29/12	MDS10	Settlement For Dispu	1	650.00	.00	375 961 G5 G67	650.00
					Total Allowances:				**$650.00**

F.F.
NDJ

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.

MP

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

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

*** INVOICE ***

Date	NO#
03/16/17	60578

EAMS#(s):ADJ9252170 ADJ9190925
ADJ9190924
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
186578188

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

Case: vs JB WHOLESALE ROOFING & BLDG SP
Date Of Injury: 8/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/22/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/05/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/05/14	INITIAL EXAM	-DR SCHEEL @ WILLOW MEDICAL* DOI: 10/28/13	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/26/14	DEPO PREP	@ THE L/O OF GRANCELL, STAND-ER, REUBENS	156.50
/ /	INTERPRETER:	DANIEL TRIGUEROS # 36815481 DOI: 8/14/13	0.00
04/17/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP DOI: 8/14/13	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/27/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL* CT 8/13-10/13	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
04/02/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/17/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL* CT 8/13 - 10/13	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
04/23/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL* DOI: 8/14/13	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/01/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL* CT 8/13 - 10/13	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/08/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00

Joyce Altman Interpreters, Inc.
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PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/16/17 60578

EAMS#(s):ADJ9252170 ADJ9190925
ADJ9190924
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
186578188

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

Case: vs JB WHOLESALE ROOFING & BLDG SP
Date Of Injury: 8/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: 10/28/13	
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/28/14	EMG TESTING	-& NCV BY DR DIJULIO: RIGHT U/E @ WILLOW MED*	150.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
		DOI: 8/14/13	
05/19/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
		DOI: 8/14/13	
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/12/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
		CT 8/13 - 10/13	
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/16/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
		DOI: 8/14/13	
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/10/14	INITIAL EXAM	-DR SAMIMI @ WILLOW MEDICAL*	230.00
		DOI: 8/14/13	
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/21/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
		DOI: 10/28/13	
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/28/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
		DOI: 8/14/13	
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/25/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
		DOI: 10/28/13	
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
08/27/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/21/14	INITIAL EXAM	-SAMIMI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00

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

*** INVOICE ***
Date NO#
03/16/17 60578

EAMS#(s):ADJ9252170 ADJ9190925
ADJ9190924
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
186578188

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

Case: vs JB WHOLESALE ROOFING & BLDG SP
Date Of Injury: 8/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
		DOI: 8/14/13	
/ /	INTERPRETER:	ELIZABETH HERRERA # 301321	0.00
09/03/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL	180.00
		DOI: 8/14/13	
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/29/14	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
		BOTH DOI'S	
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/08/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
		DOI: 8/14/13	
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/15/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
		DOI: 8/14/13	
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/31/14	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL*	230.00
		BOTH DOI'S	
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/10/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
		DOI: 10/28/13	
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/20/14	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
		DOI: 8/14/13	
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/16/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
		DOI: 8/14/13	
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/19/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
		DOI: 8/14/13	
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/24/15	PENALTIES	FOR DATE OF SERVICE 3/26/14	23.48

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

*** INVOICE ***
Date NO#
03/16/17 60578

EAMS#(s):ADJ9252170 ADJ9190925
ADJ9190924
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
186578188

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

Case: vs JB WHOLESALE ROOFING & BLDG SP
Date Of Injury: 8/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/16	INTEREST	FOR DATE OF SERVICE 3/26/14	44.62
06/24/15	PENALTIES	FOR DATE OF SERVICE 4/17/14	37.50
09/12/16	INTEREST	FOR DATE OF SERVICE 4/17/14	69.87
06/17/15	LIEN FIL FEE	LIEN FILING FEE	150.00
12/30/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL* DOI: 10/28/13	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/07/15	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL* DOI: 8/14/13	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/09/15	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL* DOI: 10/28/14	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/22/15	PR2/REEVAL	DR SAMIMI @ ADVANCE CARE* DOI: 8/14/13	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/30/15	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL* DOI: BOTH DOI'S	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/04/15	PR2/REEVAL	DR C. SCHEEL @ WILLOW MED* DOI: 8/14/13	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/26/15	PENALTIES	FOR DATE OF SERVICE 12/16/13	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 12/16/13	34.48
10/26/15	PENALTIES	FOR DATE OF SERVICE 1/22/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 1/22/14	34.48
10/26/15	PENALTIES	FOR DATE OF SERVICE 2/5/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 2/5/14	34.48
10/26/15	PENALTIES	FOR DATE OF SERVICE 3/5/14	34.50
01/09/17	INTEREST	FOR DATE OF SERVICE 3/5/14	44.86
10/26/15	PENALTIES	FOR DATE OF SERVICE 3/27/14	27.00

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Tustin, CA 92781-4165
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*** INVOICE ***
Date NO#
03/16/17 60578

EAMS#(s):ADJ9252170 ADJ9190925
ADJ9190924
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
186578188

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

Case: vs JB WHOLESALE ROOFING & BLDG SP
Date Of Injury: 8/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/17	INTEREST	FOR DATE OF SERVICE 3/27/14	32.10
10/26/15	PENALTIES	FOR DATE OF SERVICE 4/2/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 4/2/14	44.58
10/26/15	PENALTIES	FOR DATE OF SERVICE 4/17/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 4/17/14	54.90
01/09/17	PENALTIES	FOR DATE OF SERVICE 4/23/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 4/23/14	54.56
10/26/15	PENALTIES	FOR DATE OF SERVICE 5/1/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 5/1/14	53.48
10/26/15	PENALTIES	FOR DATE OF SERVICE 5/8/14	27.00
01/09/14	INTEREST	FOR DATE OF SERVICE 5/8/14	52.69
10/26/15	PENALTIES	FOR DATE OF SERVICE 5/28/14	22.50
01/09/17	INTEREST	FOR DATE OF SERVICE 5/28/14	43.24
10/26/15	PENALTIES	FOR DATE OF SERVICE 5/19/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 5/19/14	51.04
10/26/15	PENALTIES	FOR DATE OF SERVICE 6/12/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 6/12/14	50.30
10/26/15	PENALTIES	FOR DATE OF SERVICE 6/16/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 6/16/14	49.91
10/26/15	PENALTIES	FOR DATE OF SERVICE 7/10/14	34.50
01/09/17	INTEREST	FOR DATE OF SERVICE 7/10/14	62.54
10/26/15	PENALTIES	FOR DATE OF SERVICE 7/21/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 7/21/14	48.38
10/26/15	PENALTIES	FOR DATE OF SERVICE 7/28/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 7/28/14	48.15
10/26/15	PENALTIES	FOR DATE OF SERVICE 8/25/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 8/25/14	46.79
10/26/15	PENALTIES	FOR DATE OF SERVICE 8/27/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 8/27/14	46.39
10/26/15	PENALTIES	FOR DATE OF SERVICE 8/21/14	34.50
01/09/17	INTEREST	FOR DATE OF SERVICE 8/21/14	59.28

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

*** INVOICE ***

Date	NO#
03/16/17	60578

EAMS#(s):ADJ9252170 ADJ9190925
ADJ9190924
SS # : XXX-XX
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Terms: 60 days
Claim #(s):
186578188

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

Case: vs JB WHOLESALE ROOFING & BLDG SP
Date Of Injury: 8/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/15	PENALTIES	FOR DATE OF SERVICE 8/4/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 8/4/14	45.99
10/26/15	PENALTIES	FOR DATE OF SERVICE 9/3/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 9/3/14	46.05
10/26/15	PENALTIES	FOR DATE OF SERVICE 9/29/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 9/29/14	44.35
10/26/15	PENALTIES	FOR DATE OF SERVICE 10/8/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 10/8/14	42.19
10/26/15	PENALTIES	FOR DATE OF SERVICE 10/15/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 10/15/14	41.17
10/26/15	PENALTIES	FOR DATE OF SERVICE 10/31/14	34.50
01/09/17	INTEREST	FOR DATE OF SERVICE 10/31/14	50.58
10/26/15	PENALTIES	FOR DATE OF SERVICE 11/10/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 11/10/14	38.73
10/26/15	PENALTIES	FOR DATE OF SERVICE 11/20/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 11/20/14	36.47
10/26/15	PENALTIES	FOR DATE OF SERVICE 4/16/15	23.48
01/09/17	INTEREST	FOR DATE OF SERVICE 4/16/15	30.87
10/26/15	PENALTIES	FOR DATE OF SERVICE 11/19/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 11/19/14	34.03
10/26/15	PENALTIES	FOR DATE OF SERVICE 12/30/14	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 12/30/14	32.89
10/26/15	PENALTIES	FOR DATE OF SERVICE 1/7/15	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 1/7/15	32.38
10/26/15	PENALTIES	FOR DATE OF SERVICE 2/9/15	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 2/9/15	32.33
10/26/15	PENALTIES	FOR DATE OF SERVICE 1/22/15	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 1/22/15	31.93
10/26/15	PENALTIES	FOR DATE OF SERVICE 1/30/15	27.00
01/09/17	INTEREST	FOR DATE OF SERVICE 1/30/15	31.31
10/26/15	PENALTIES	FOR DATE OF SERVICE 2/4/15	27.00

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

*** INVOICE ***
Date NO#
03/16/17 60578

EAMS#(s):ADJ9252170 ADJ9190925
ADJ9190924
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
186578188

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

Case: vs JB WHOLESALE ROOFING & BLDG SP
Date Of Injury: 8/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/17	INTEREST	FOR DATE OF SERVICE 2/4/15	31.25
11/09/15	PMT BY CHECK	DOS 11/09/15* # 5636892852	-3500.00
05/09/16	INTEREST	FOR DATE OF SERVICE 7/28/14	7.03
12/30/14	PENALTIES	FOR DATE OF SERVICE 03/26/14	23.48
01/09/17	INTEREST	FOR DATE OF SERVICE 03/26/14	29.44
12/30/14	PENALTIES	FOR DATE OF SERVICE 04/17/14	37.50
01/09/17	INTEREST	FOR DATE OF SERVICE 04/17/14	45.61
11/09/15	INTEREST	FOR DATE OF SERVICE 04/02/14	32.27
03/03/17	COSTS & SANC	COSTS & SANC	923.07
03/13/17	PMT BY CHECK	DOS 3/3/17* # 5644101654	-7500.00

BALANCE 0.00

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

Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	11/09/2015
Check Amount	:	$3500.00
Check Number	:	5636892852

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

PAID NOV 17 2015

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186578188-001	08/14/2013 $3500.00		
WC BREA All Other WC Medical	$3500.00	Anne L. Vanderstelt FULL & FINAL	714-989-4424 11/09/2015-11/09/2015

Please Fold on Perforation Before Tearing

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	03/13/2017
Check Amount	:	$7500.00
Check Number	:	5644101654

JOYCE ALTMAN INTERPETING
P.O. BOX 4165
TUSTIN CA 92781-4165

60578

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
186578188-001 WC BREA All Other WC Medical	08/14/2013 $7500.00 $7500.00	Erica E. Crisafulli	714-989-4418 03/03/2017-03/03/2017

F F.
CA OK

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/06/16 40661

EAMS#(s):ADJ7650090
ADJ7609265
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMH45087C

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

Case: vs GENIGHIS KHAN ENTERPRISE INC.
Date Of Injury: 8/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/23/10	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
01/07/11	PR2/REEVAL	DR ZARRINI* AUGUSTO SALAZAR # 500286	180.00
01/13/11	DEPO PREP	@ THE L/O OF BRADFORD & BARTHEL	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/08/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/16/11	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
04/18/11	PR2/REEVAL	DR ZARRINI* BOSCO BOKSH # 301275	180.00
11/02/11	PENALTIES	FOR DATE OF SERVICE 11/23/10	34.50
02/17/16	INTEREST	FOR DATE OF SERVICE 11/23/10	133.26
11/02/11	PENALTIES	FOR DATE OF SERVICE 1/13/11	23.48
10/07/15	INTEREST	FOR DATE OF SERVICE 1/13/11	84.12
11/02/11	PENALTIES	FOR DATE OF SERVICE 2/8/11	37.50
10/07/15	INTEREST	FOR DATE OF SERVICE 2/8/11	134.38
11/02/11	PENALTIES	FOR DATE OF SERVICE 3/16/11	23.48
10/07/15	INTEREST	FOR DATE OF SERVICE 3/16/11	82.39
03/11/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/10/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
06/02/14	PENALTIES	FOR DATE OF SERVICE 03/11/13	23.48
02/17/16	INTEREST	FOR DATE OF SERVICE 03/11/13	21.57
06/02/14	PENALTIES	FOR DATE OF SERVICE 06/10/13	23.48
02/17/16	INTEREST	FOR DATE OF SERVICE 06/10/13	48.67
10/21/14	PENALTIES	FOR DATE OF SERVICE 01/07/11	27.00
06/09/15	INTEREST	FOR DATE OF SERVICE 01/07/11	104.29

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

*** INVOICE ***
Date NO#
07/06/16 40661

EAMS#(s):ADJ7650090
ADJ7609265
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMH45087C

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

Case: vs GENIGHIS KHAN ENTERPRISE INC.
Date Of Injury: 8/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/21/14	PENALTIES	FOR DATE OF SERVICE 04/18/11	27.00
10/07/15	INTEREST	FOR DATE OF SERVICE 04/18/11	92.89
10/07/15	PMT BY CHECK	DOS 1/13/11-6/10/13* # 124781986 8	-836.00
11/13/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
05/12/16	PMT BY CHECK	DOS 3/22/16-3/22/16* # 125781800 7	-309.00
06/24/16	COSTS & SANC	COST & SANC	800.00
07/07/16	PMT BY CHECK	DOS 6/24/16* # 126031754 4	-2142.49

BALANCE 0.00

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

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

THE HARTFORD

000336
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00347

Attention: This remittance incorporates 5 claim payments

Special Handling ID: RM 00

*400012 1247819868

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
03-08-09	76WEG FW4852 YMHC 26138	SABOR LATINO PROMOTIONS AND MARKETING, INC		$156.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Source Payment	Service Dates 02-10-2010 02-10-2010	$156.50

Claim Handler: Sheri Angello
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.

107257369

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: 124781986 8
Issue Date: 10-07-2010
Benefit Period: 02-10-2010 to 02-10-2010

$********3,710.50

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

VOID VOID VOID

Pay

THREE THOUSAND SEVEN HUNDRED TEN DOLLARS AND 50/100

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

VOID VOID VOID

Authorized Signature

107257369

⑈124781986⑧⑈ ⑆044115443⑆ 632559738⑈

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
01-28-11	72WE LT4376 YMHC 51513	DYNAMIC MEDICAL SYSTEMS INC		$366.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Source Payment	Service Dates 09-09-2011 01-03-2012	$366.50

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

Additional Comments:

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañia de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos relamentos, Usted puede estar en violación de la ley y el castigo podria ser cárcel o prisión, una multa, y pérdida de beneficios.

THIS IS WATERMARKED PAPER AND CONTAINS INVISIBLE FIBERS
DO NOT ACCEPT WITHOUT NOTING WATERMARK
HOLD TO LIGHT TO VERIFY WATERMARK.

JOYCE ALTMAN INTERPRETERS INC
1247819868

THE HARTFORD

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
08-12-10	65WB ZJ3041 YMHC 44145	FRED LOYA INS., MAVERICK INS.	$679.50

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Interpreter Fees at Hearing	Source Payment	03-28-2011 01-07-2013	$679.50

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

Additional Comments:

PAID OCT 13 2015

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
08-31-10	72WEC LS3078 YMHC 45087	GENGIS KHAN ENTERPRISE LLC	$836.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Interpreter Fees at Hearing	Source Payment #406661	01-13-2011 06-10-2013	$836.00

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

Additional Comments:

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
01-25-09	51WEC TN9304 YMHC 25659	MSL ADVERTISING PRODUCTS INC	$1,672.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Interpreter Fees at Hearing	Source Payment	07-09-2009 07-09-2014	$1,672.00

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

Additional Comments:

00348 *400002 1247819868

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid

Nature of Benefits:	Nature of Payment:	Service Dates

Claim Handler:	Additional Comments:

Issue Date	10-07-2015	Check Number	124781986 8	Total Amount of Check	$3,710.50

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304177

MB 01 001508 94461 B 7 A

001508 1/1

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

6

PAID JUL 12 2016

41066

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Page 1 of 2

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
08/31/2010	72WEC LS3078 YMHC 45087	GENGIS KHAN ENTERPRISE LLC		$2,142.49
Nature of Benefits: Doctor		Nature of Payment: Payment Reason - Doctor	Service Dates 06/24/2016 06/24/2016	$2,142.49

Claim Handler: SHERI ANGELLO
8664019222 x2304177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
Lien payment per Stip and Order

Issue Date	07/07/2016	Check Number	126031754 4	Total Check Amount	$2,142.49

Please keep the above information for your records.

111907552

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***
Date NO#
04/21/17 62943

EAMS#(s):
ADJ9018036
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQC-02975

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

Case: vs PRECISION METAL CRAFTS
Date Of Injury: 6/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/23/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/28/14	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
08/06/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/05/16	PENALTIES	FOR DATE OF SERVICE 7/23/14	23.48
01/28/16	INTEREST	FOR DATE OF SERVICE 7/23/14	26.18
01/05/16	PENALTIES	FOR DATE OF SERVICE 8/28/14	23.48
01/28/16	INTEREST	FOR DATE OF SERVICE 8/28/14	25.30
01/05/16	PENALTIES	FOR DATE OF SERVICE 8/6/15	23.48
01/28/16	INTEREST	FOR DATE OF SERVICE 8/6/15	9.22
01/28/16	PMT BY CHECK	DOS 7/23/14-8/6/15* # 125279582 3	-469.50
03/03/16	PMT BY CHECK	DOS 7/23/14-3/3/16* # 125451414 7	-88.34
04/13/17	COSTS & SANC	COSTS & SANC	1257.20
04/14/17	PMT BY CHECK	DOS 6/17/13-4/14/17* # 127232678 0	-1300.00

BALANCE 0.00

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

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

THE HARTFORD

000007
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00008

Attention: This remittance incorporates 1 claim payments

PAID FROM

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
62943 06-17-13	72WEC PY9685 YMQC 02975	DIRECT CONCEPT ENGINEERING, INC		$469.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Source Payment	Service Dates 07-23-2014 08-06-2015	$469.50

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

Additional Comments:

Issue Date	01-28-2016	Check Number	125279582 3	Total Amount of Check	$469.50

Please keep the above information for your records.

110375088

*000012 1252795823

[redacted]

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

THE HARTFORD

000845
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00848

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*200012 125451414 7

Explanation of Benefits

Page 1 of 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
06-17-13	72WEC PY9685 YMQC 02975	DIRECT CONCEPT ENGINEERING, INC		$88.34
Nature of Benefits: Penalty HIG/SRS Caused		Nature of Payment: Source Payment	Service Dates 07-23-2014 03-03-2016	$88.34

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

PAID MAR 09 016

Additional Comments: P&I for Inv# 62943

Issue Date	03-03-2016	Check Number	125451414 7	Total Amount of Check	$88.34

Please keep the above information for your records.

110635373

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: 125451414 7
Issue Date: 03-03-2016
Benefit Period: 07-23-2014 to 03-03-2016

$**********88.34

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

Pay

EIGHTY-EIGHT DOLLARS AND 34/100

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

VOID

Authorized Signature

110635373

⑈125451414 7⑈ ⑆044115443⑆ 632559738⑈

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308177

MB 01 002260 28093 B 8 E

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

PAID
APR 2 1 2017
BY: PAID
APR 2 1 2017
BY:

002260 1/1

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
All- Lien 06/17/2013	72WEC PY9685 YMQC 02975	DIRECT CONCEPT ENGINEERING, INC		$1,300.00
Nature of Benefits: Penalty HIG/SRS Caused		Nature of Payment: Payment Reason - Penalty HIG Caused	Service Dates 06/17/2013 04/14/2017	$1,300.00

Claim Handler: KASIE KELLAR
8664019222 x2308177
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	04/14/2017	Check Number	127232678 0	Total Check Amount	$1,300.00

Please keep the above information for your records.

113543777

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***
Date NO#
02/07/17 70293

EAMS#(s):ADJ10552849
ADJ8698770
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1B236356293089

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

Case: vs AMERIPRIDE SERVICES
Date Of Injury: 9/1/11 - 12/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PARICIA HAYES # 100761	0.00
11/01/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/22/14	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/13/14	PMT BY CHECK	DOS 9/30/13-4/22/14* # 508091	-156.50
09/03/14	PRE-OP	DR JARCHI @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/12/14	SURGERY	-DR PELTON: R/CARPAL TUNNEL @ MONROVIA MEMORIAL	382.50
/ /	INTERPRETER:	ELISA LOPEZ # 003693 (4HRS 10MIN)	0.00
05/11/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/01/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/26/16	LIEN FIL FEE	LIEN FILING FEE	150.00
11/08/16	PENALTIES	FOR DATE OF SERVICE 9/30/13	23.48
01/17/17	INTEREST	FOR DATE OF SERVICE 9/30/13	55.96
11/08/16	PENALTIES	FOR DATE OF SERVICE 11/1/13	37.50
01/17/17	INTEREST	FOR DATE OF SERVICE 11/1/13	88.77
11/08/16	PENALTIES	FOR DATE OF SERVICE 5/11/15	23.48
11/08/16	INTEREST	FOR DATE OF SERVICE 5/11/15	30.18
11/02/16	PMT BY CHECK	DOS 9/1/16* # FE59743405 ESIS	-156.50
12/01/16	PMT BY CHECK	DOS 9/13/13-9/12/14* # FE59867896 ESIS	-969.00
01/06/17	PENALTIES	FOR DATE OF SERVICE 09/03/14	15.00
01/17/17	INTEREST	FOR DATE OF SERVICE 09/03/14	24.45

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

*** INVOICE ***
Date NO#
02/07/17 70293

EAMS#(s):ADJ10552849
ADJ8698770
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1B236356293089

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

Case: vs AMERIPRIDE SERVICES
Date Of Injury: 9/1/11 - 12/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/17	PENALTIES	FOR DATE OF SERVICE 09/12/14	57.38
01/17/17	INTEREST	FOR DATE OF SERVICE 09/12/14	91.35
01/10/17	PMT BY CHECK	DOS 9/1/16* # FE60022485 ESIS	-90.00
02/07/17	COSTS & SANC	COSTS & SANC	1090.00
02/02/17	PMT BY CHECK	DOS 10/26/16* # FE60121202 ESIS	-1754.05

BALANCE 0.00

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

TRISTAR RISK MANAGEMENT
PO Box 2805
Clinton, IA 52733-2805

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

6
890

PAID JUN 19 2014

We are pleased to present you with this check. Should you have any questions concerning this check, Please contact:

Name

Telephone# 714-543-0700:1427

Check# 508091
Check Date 06/13/2014
Check amount $ 156.50
Invoice 0074061804TMC
Services/period From 09/30/2013
Payee JOYCE ALTMAN INTERPRETERS, INC

Claim Number 7190244206
Date of Loss 12/10/2012
Claimant
Client/Insured AMERIPRIDE SERVICES INCORPORAT
To 04/22/2014

For

PDWLDMCD-001046-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 11/02/16

CHECK NO. **FE59743405**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00227 FE59743405
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN CA 92781-4165

FILE ID
1B23635629308

DOLLARS
$********156.50

* NOT NEGOTIABLE *

Invoice #
Agency Claim # 201410221309302697707 6

FOR
09/01/16 THRU 09/01/16 INTERP FEES

CLAIMANT

DATE OF EVENT
12/10/12

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

76293

PDWLDMCD-001046-01-01-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 12/01/16
CHECK NO. **FE59867896**

STATEMENT

ESIS®

5900C13FE 00 00356 FE59867896

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

FILE ID
1B23635629308

DOLLARS
$********969.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201410221309302697707 6

FOR
09/13/13 THRU 09/12/14

CLAIMANT

DATE OF EVENT
12/10/12

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

70293

BOA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

P709202800B

ESIS, INC.
PO BOX 6569
SCRANTON, PA 18505-6569

2017010901A0

Electronic Service Requested

MIXED AADC 926
466 0.8765 MB 0.416

JOYCE ALTMAN INTERPRETERS INC 118
PO BOX 4165
TUSTIN, CA 92781-4165

PAID
JAN 18 2017
BY: .....

DATE: 01/10/17
CHECK NO: **FE60022485**

STATEMENT

1 OF 4 F
ENV 466

ESIS

An Insurance Services Company
ESIS, Inc.

FILE ID	DOLLARS
IB23635629308	$ 90.00

70293

* **NOT NEGOTIABLE** *

INVOICE # 70293
AGENCY CLAIM # 201410221309302697707 6

FOR
SERVICES FROM 09/01/16 THRU 09/01/16 PAT.#70293

CLAIMANT

DATE OF EVENT
12/10/12

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

PAID
JAN 18 2017
BY: .....

EM-BOA10B

DETACH THIS PORTION BEFORE CASHING

P709202800B

ESIS, INC.
PO BOX 6569
SCRANTON, PA 18505-6569

201702013931

Electronic Service Requested

DATE: 02/02/17
CHECK NO: **FE60121202**

STATEMENT

1 OF 11 F

ENV 285

SINGLE PIECE
285 2.1260 SP 0.880

JOYCE ALTMAN INTERPRETERS INC 2
PO BOX 4165
TUSTIN, CA 92781-4165

ESIS 70293
An Insurance Services Company
ESIS, Inc.

FILE ID	DOLLARS
1B23635629308	$ 1,754.05

* **NOT NEGOTIABLE** *
INVOICE # XXXXX4070
AGENCY CLAIM # 201410221309302697 7076

FOR
SERVICES FROM 10/26/16 THRU 10/26/16 PAT.#XXXXX407

CLAIMANT

DATE OF EVENT
12/10/12

F.F. JK
CA

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

PAID
FEB 07 2017
BY: .....

MP

EM-BOA10B

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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/04/17	64312

EAMS#(s):
ADJ9629790
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
14-077866

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

Case: vs PINNACLE HOLDINGS GROUP
Date Of Injury: 7/31/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/09/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/10/15	PMT BY CHECK	DOS 11/17/14-12/9/14* # 3068139	-406.50
10/16/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/03/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/28/16	PENALTIES	FOR DATE OF SERVICE 10/16/15	37.50
01/04/17	INTEREST	FOR DATE OF SERVICE 10/16/15	36.31
12/28/16	PENALTIES	FOR DATE OF SERVICE 12/3/15	37.50
01/04/17	INTEREST	FOR DATE OF SERVICE 12/3/15	32.45
01/04/17	PMT BY CHECK	DOS 10/6/15-12/3/15* # 3190652	-500.00
03/23/17	COSTS & SANC	COSTS & SANC	1256.24
03/29/17	PMT BY CHECK	DOS 3/23/17* # 3203701	-1400.00

BALANCE 0.00

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

P852801280002

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

20150211010 9

Electronic Service Requested

3-DIGIT 926

12247 0.3820 AT 0.403

Joyce Altman Interpeters 56
PO BOX 4165
TUSTIN, CA 92781-4165

1 OF 1

ENV 12247

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Combined
Policy ID:	
IRS/SSN:	XXXXX6713
Administrator:	
Claim Number:	Multiple
Check #:	3068139
Check Total:	856.50
Check Date:	02/10/2015

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
5/28/2014	14-076545 63013	06/27/14-08/20/14		Interpreter Fees - Medical Rel 450.00
7/31/2014	14-077866 64312	11/17/14-12/09/14		Interpreter: Non-Medical Relat 406.50
				Totals: 856.50

PAID FEB 18 2015

P6528028002

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

201701050110

Electronic Service Requested

MIXED AADC 926

24906 0.3820 MB 0.416

Joyce Altman Interpeters 241
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Sussex Insurance
Facility:	Pinnacle Holdings Group, Inc.
Policy ID:	WGCCWC000034604
IRS/SSN:	XXXXX6713
Administrator:	SMares
Claim Number:	14-077866
Check #:	3190652
Check Total:	500.00
Check Date:	01/04/2017

1 OF 1

ENV 24906

Explanation of Benefits

Incident Date	Claim Number Invoice Number	Account Number From/Through Date	Claimant Name Document Number	Description Amount
7/31/2014	14-077866 C&R interpreting ful	10/16/15-12/03/15		Interpreter: Non-Medical Relat 500.00
				Totals: 500.00

PAID
JAN 10 2017

BY: .....

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

201703300110

Electronic Service Requested

ENV 12890 1 OF 1

ALL FOR AADC 926
12890 0.3820 AB 0.400

Joyce Altman Interpeters 117
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Sussex Insurance
Facility:	Combined
Policy ID:	
IRS/SSN:	XXXXX6713
Administrator:	
Claim Number:	Multiple
Check #:	3203701
Check Total:	1,470.85
Check Date:	03/29/2017

Explanation of Benefits

Incident Date	Claim Number Invoice Number	Account Number From/Through Date	Claimant Name Document Number	Description Amount
7/31/2014	14-077866 full and final per STI	03/23/17-03/23/17		Medical Lien Payment 1,400.00
6/20/2013	6334-083-A04733-1 66045	05/05/15-08/20/15		Interpreter Fees - Medical Rel 70.85

Totals: 1,470.85

MR

MR

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

intercare Sussex Insurance
INTERCARE HOLDINGS INSURANCE SERVICES
P.O. Box 100165, Columbia, SC 29202-3165

90-3752
1211

Comerica Bank
455 Capitol Mall Ste., 400
Sacramento CA 95814

CHECK NO.: 3203701
CHECK DATE: 03/29/2017
Void After 90 Days

AMOUNT
*****$1,470.85

PAY One Thousand Four Hundred Seventy & 85/100 Dollars

TO THE ORDER OF: Joyce Altman Interpeters

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits. ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

Alan B Arnett

Two Signatures Required over $5,000

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

⑈3203701⑈ ⑆121137522⑆ 18947917 20⑈

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

*** INVOICE ***

Date	NO#
04/28/17	62323

EAMS#(s):
ADJ8474976
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2012182376

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: JASON RAWLS
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs LEFTBANK ART
Date Of Injury: 5/17/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/10/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/10/14	PMT BY CHECK	DOS 5/29/14-7/10/14* # 260264698	-406.50
04/19/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/10/16	PMT BY CHECK	DOS 4/19/16* # 260575747	-90.00
03/28/17	PENALTIES	FOR DATE OF SERVICE 4/19/16	9.98
03/28/17	INTEREST	FOR DATE OF SERVICE 4/19/16	7.48
03/28/17	COSTS & SANC	COSTS & SANC	316.04
04/26/17	PMT BY CHECK	DOS 3/28/17* =# 270111281	-400.00

BALANCE 0.00

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

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: 260264698
Check Date: 09/10/2014

Claim Number: 2012182376
Injured Employee:

Payment Description: Interpreter
Billed Date: 08/05/2014
Service Period: 05/29/2014 through 07/10/2014
Invoice Number: 62323
Billed Amount: $406.50
Comments: n/a

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

Check Total: **$406.50**

PAID SEP 15 2014

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

EMPLOYERS®

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

PAID JUN 13 2016

Check Date: 06/10/2016
Check Number: 260575747
Total Billed: $17,299.00
Total Paid: $90.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2012182376		62323 UN501303335490	04/19/2016	04/19/2016	156.50	90.00
2013201556		UN501303361943	01/20/2015	04/18/2016	8,312.50	0.00
2014254048		UN501303340804	01/15/2015	04/04/2016	8,830.00	0.00

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

EMPLOYERS®

Employers Compensation Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

WELLS FARGO BANK
270111281

56-382
412

DATE:04/26/2017

Pay Six Hundred Forty Six Dollars And 50/100
TO THE ORDER OF:

AMOUNT
**********$646.50

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

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

⑈270111281⑈ ⑆041203824⑆ 963748151 7⑈

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

EMPLOYERS®

Employers Compensation Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

Check Date:	04/26/2017
Check Number:	270111281
Total Billed:	$5,226.50
Total Paid:	$646.50

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2012182376		UN501304268443	03/28/2017	03/28/2017	550.00	400.00
2016287637		UN501304264062	03/24/2016	03/23/2017	2,260.00	0.00
2016287637		UN501304264496	03/24/2016	03/23/2017	2,260.00	90.00
2016312829		UN501304261525	03/06/2017	03/06/2017	156.50	156.50

PAID
APR 28 2017
BY:.....

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

MR

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

*** INVOICE ***
Date NO#
05/03/17 66491

EAMS#(s):ADJ8525670
ADJ8496952
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ERU8588

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

Case: vs ACADEMY AWNING
Date Of Injury: 6/13/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LAO	156.50
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
09/15/15	PMT BY CHECK	DOS 07/20/15* # 891A 86592990	-156.50
10/20/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/04/15	PMT BY CHECK	DOS 10/20/15* # 891A 86743506	-90.00
04/19/17	PENALTIES	FOR DATE OF SERVICE 10/20/15	24.00
04/19/17	INTEREST	FOR DATE OF SERVICE 10/20/15	28.13
04/19/17	COSTS & SANC	COSTS & SANC	587.87
04/28/17	PMT BY CHECK	DOS 4/19/17* # 891A 88287824	-800.00

BALANCE 0.00

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

019250

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SA09556

891A 86592990

TRAVELERS

DATE: 09/15/15
LOSS DATE: 06/13/12
FILE NUMBER: 158 CB ERU8588 E

EMPLOYEE

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

ACCOUNT NAME:
ACADEMY AWNING, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 07/20/2015

TOTAL PAID: $156.50
TAX INFO: 330956713547893 9Y
PAY MISC: 66491
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
BY:

FOR ADDITIONAL INFORMATION, CONTACT: PAULA L JAECKLE AT (925)945-4320

258009694
DETACH CHECK

UNSUMM
OVRFUNS2-121208
DETACH CHECK

018800

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SA09344

891A 86743506

TRAVELERS

DATE: 11/04/15
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Our Customer Service Phone is 1-800-842-7354
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
[redacted]	158 CB ERU8588E	10/20/15	$ 90.00		66491
	158 CB EZQ3791J	09/23/14 - 10/19/15	$ 876.00		63703
			PAID NOV 10 2015		
		Total Amount Paid	$******966.00		

SUMM 111311
UVRPSUM2-021509

308009456
DETACH CHECK

DETACH CHECK

THE TRAVELERS - RANCHO CORDOVA BI/P
TRAVELERS WC CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-3089

SE00982

891A 88287824

TRAVELERS

DATE: 04/28/17
LOSS DATE: 06/13/12
FILE NUMBER: 480 CB ERU8588 E
REFERENCE #: 1015583818SW
EMPLOYEE

ACCOUNT NAME:
ACADEMY AWNING, INC.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 04/19/17

TOTAL PAID: $800.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
MAY 03 2017
BY: .....

MR

FOR ADDITIONAL INFORMATION, CONTACT: ROBERT L SEFFENS AT (916)638-6526

118017847
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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/16/16	68545

EAMS#(s):
ADJ9877046
SS # : XXX-XX-
DOB :
Terms :
Claim #(s):
2080319736

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

Case: vs PRIORITY WORKFORCE
Date Of Injury: 2/28/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/15	INITIAL EXAM	DR H. RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/20/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR KHAN @ AMERI* INIT	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500641	0.00
03/17/15	INITIAL EXAM	DR SHARMA @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/24/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/25/15	INITIAL EXAM	ACUPUNTURE ALEX LEE @ AMERI*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/24/15	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
04/30/15	F/U CHIRO TX	CHIRO TREATMENT W/DR ZARGARAF @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/13/15	FOLLOW-UP	W/ ACUPUNCT LEE @ AMERI*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/14/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI W/DR SHARMA*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/21/15	F/U CHIRO TX	CHIRO TREATMENT @ AMERI W/DR SHARMA*	90.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
05/28/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA @ AMERI CHIRO*	90.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/05/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00

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

*** INVOICE ***
Date NO#
06/16/16 68545

EAMS#(s):
ADJ9877046
SS # : XXX-XX-
DOB :
Terms :
Claim #(s):
2080319736

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

Case: vs PRIORITY WORKFORCE
Date Of Injury: 2/28/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/15	F/U CHIRO TX	CHIRO TREATMENT W/DR SHARMA*	90.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
06/25/15	FOLLOW-UP	W/ ACUPUNCT ALEX LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/16/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
12/02/15	LEGAL_PREP	DEPO PREP @ L/O KEGEL, TOBIN & TRUCE	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/19/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/18/16	LIEN FIL FEE	LIEN FILING FEE	150.00
06/08/16	PENALTIES	FOR DATE OF SERVICE 3/13/15	34.50
06/08/16	INTEREST	FOR DATE OF SERVICE 3/13/15	27.90
06/08/16	PENALTIES	FOR DATE OF SERVICE 3/20/15	22.50
06/08/16	INTEREST	FOR DATE OF SERVICE 3/20/15	18.20
06/08/16	PENALTIES	FOR DATE OF SERVICE 3/17/15	34.50
06/08/16	INTEREST	FOR DATE OF SERVICE 3/17/15	27.90
06/08/16	PENALTIES	FOR DATE OF SERVICE 3/24/15	13.50
06/08/16	INTEREST	FOR DATE OF SERVICE 3/24/15	10.92
06/08/16	PENALTIES	FOR DATE OF SERVICE 3/25/15	34.50
06/08/16	INTEREST	FOR DATE OF SERVICE 3/25/15	27.90
06/08/16	PENALTIES	FOR DATE OF SERVICE 4/24/15	27.00
06/08/16	INTEREST	FOR DATE OF SERVICE 4/24/15	21.10
06/08/16	PENALTIES	FOR DATE OF SERVICE 4/20/15	13.50
06/08/16	INTEREST	FOR DATE OF SERVICE 4/20/15	10.15
06/08/16	PENALTIES	FOR DATE OF SERVICE 5/13/15	27.00
06/08/16	INTEREST	FOR DATE OF SERVICE 5/13/15	19.74
06/08/16	PENALTIES	FOR DATE OF SERVICE 5/14/15	13.50
06/08/16	INTEREST	FOR DATE OF SERVICE 5/14/15	9.67

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

*** INVOICE ***
Date NO#
06/16/16 68545

EAMS#(s):
ADJ9877046
SS # : XXX-XX-
DOB :
Terms :
Claim #(s):
2080319736

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

Case: vs PRIORITY WORKFORCE
Date Of Injury: 2/28/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/16	PENALTIES	FOR DATE OF SERVICE 5/21/15	13.50
06/08/16	INTEREST	FOR DATE OF SERVICE 5/21/15	9.64
06/08/16	PENALTIES	FOR DATE OF SERVICE 5/28/15	13.50
06/08/16	INTEREST	FOR DATE OF SERVICE 5/28/16	8.96
06/08/16	PENALTIES	FOR DATE OF SERVICE 6/5/15	27.00
06/08/16	INTEREST	FOR DATE OF SERVICE 6/5/15	17.41
06/08/16	PENALTIES	FOR DATE OF SERVICE 6/11/15	13.50
06/08/16	INTEREST	FOR DATE OF SERVICE 6/11/15	8.56
06/08/16	PENALTIES	FOR DATE OF SERVICE 6/25/15	27.00
06/08/16	INTEREST	FOR DATE OF SERVICE 6/25/15	16.62
06/08/16	PENALTIES	FOR DATE OF SERVICE 7/16/15	27.00
06/08/16	INTEREST	FOR DATE OF SERVICE 7/16/15	16.11
06/08/16	PENALTIES	FOR DATE OF SERVICE 12/2/15	23.48
06/08/16	INTEREST	FOR DATE OF SERVICE 12/2/15	10.01
06/08/16	PENALTIES	FOR DATE OF SERVICE 1/19/16	37.50
06/08/16	INTEREST	FOR DATE OF SERVICE 1/19/16	11.58
06/08/16	COSTS & SANC	COSTS & SANC	488.15
06/13/16	PMT BY CHECK	DOS 3/1/15-6/7/16* # 1100853877 ZURICH	-4000.00

BALANCE 0.00

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

PAID JUN 16 2016

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.

1010079000790

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00790 PAID JUN 16 2016

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0319736 001 AM	WC 0171066			02/28/15	03/01/15-06/07/16

Check Number	1100853877	Date Issued	06/13/16	Amount	$**4,000.00
Insured	Geneva Staffing Inc				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	April Masie	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	4,000.00		
TOTAL	$4000.00		

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

*** INVOICE ***

Date	NO#
05/03/17	64855

EAMS#(s):
ADJ9493533
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06001520

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

Case: vs MISSAK BALIAN
Date Of Injury: 4/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/15	LEGAL_PREP	DEPO PREP @ L/O HUTCHING COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/04/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/23/16	PMT BY CHECK	DOS 1/15/15-3/4/15* # CP-934163	-406.50
08/23/16	PENALTIES	FOR DATE OF SERVICE 1/15/15	23.48
08/23/16	INTEREST	FOR DATE OF SERVICE 1/15/15	25.49
08/23/16	PENALTIES	FOR DATE OF SERVICE 3/4/15	37.50
08/23/16	INTEREST	FOR DATE OF SERVICE 3/4/15	40.72
04/25/17	COSTS & SANC	COSTS & SANC	1872.81
05/01/17	PMT BY CHECK	DOS 4/25/17* # CP-969533	-2000.00

BALANCE 0.00

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

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CP-934163**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/23/16
Doc #: 031421449

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06001520		**Date of Injury:** 04/29/14		
SSN: XXX-X	Employer name: MSB CONSTRUCTORS, INC.				Employer ID: 0000001957696140				
1	SF1-SPCA-237707	01/15/15	999Q9	Interpreter Deposit-	1	406.50	.00		406.50
2	SF1-SPCA-237707	03/04/15	999Q9	Interpreter Deposit-	1	.00	.00		.00
						Total Allowances:			**$406.50**

0

Pet 5871

25

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"

0133385603142144900 1 2

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-969533**

Issue Date: 05/01/17
Doc #: 032219686

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06001520		**Date of Injury:** 04/29/14		
SSN: XXX-XX-	Employer name: MSB CONSTRUCTORS, INC.				Employer ID: 0000001957696140				
1	SF1-SPCA-283788	04/25/17	999Q8	Interpreter Deposit-	1	2,000.00	.00	375 G5	2,000.00

Total Allowances: **$2,000.00**

PAID
MAY 03 2017
BY: .....

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"

0134216503221968600 1 2

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

*** INVOICE ***

Date	NO#
02/11/16	52344

EAMS#(s):
ADJ8279712
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
1025083A00371

BILL TO:
CARL WARREN & CO. (TUSTIN)
W. C. DEPARTMENT
ATTN: TERRI NORAN
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs PREFERRED PERSONNEL
Date Of Injury: 2/24/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/29/12	INITIAL EXAM	DR YOON @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/19/12	PR2/REEVAL	DR YOON* JESUS ALEJANDRO CASTILLO # 500358	180.00
06/07/12	PR2/REEVAL	DR YOON* JESUS ALEJANDRO CASTILLO # 500358	180.00
06/14/12	PR2/REEVAL	P.A. CONSTABILEO FOR DR SCHILLING*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/11/12	PR2/REEVAL	DR OPOKU @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/16/12	PR2/REEVAL	DR OPOKU* JESUS CASTILLO # 500358	180.00
11/27/12	PR2/REEVAL	DR OPOKU* JASON RAMIREZ # 500371	180.00
01/14/13	P AND S	DR JACKSON @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/31/15	PENALTIES	FOR DATE OF SERVICE 3/29/12	34.50
08/31/15	INTEREST	FOR DATE OF SERVICE 3/29/12	61.74
08/31/15	PENALTIES	FOR DATE OF SERVICE 4/19/12	27.00
08/31/15	INTEREST	FOR DATE OF SERVICE 4/19/12	48.32
08/31/15	PENALTIES	FOR DATE OF SERVICE 6/7/12	27.00
08/31/15	INTEREST	FOR DATE OF SERVICE 6/7/12	48.32
08/31/15	PENALTIES	FOR DATE OF SERVICE 6/14/12	27.00
08/31/15	INTEREST	FOR DATE OF SERVICE 6/14/12	48.32
08/31/15	PENALTIES	FOR DATE OF SERVICE 9/11/12	27.00
08/31/15	INTEREST	FOR DATE OF SERVICE 9/11/12	48.32
08/31/15	PENALTIES	FOR DATE OF SERVICE 10/16/12	27.00
08/31/15	INTEREST	FOR DATE OF SERVICE 10/16/12	48.32
08/31/15	PENALTIES	FOR DATE OF SERVICE 11/27/12	27.00
08/31/15	INTEREST	FOR DATE OF SERVICE 11/27/12	48.32

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

*** INVOICE ***
Date NO#
02/11/16 52344

EAMS#(s):
ADJ8279712
SS # : XXX-XX-
DOB : _, _, _
Terms : 45 days
Claim #(s):
1025083A00371

BILL TO:
CARL WARREN & CO. (TUSTIN)
W. C. DEPARTMENT
ATTN: TERRI NORAN
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs PREFERRED PERSONNEL
Date Of Injury: 2/24/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/15	PENALTIES	FOR DATE OF SERVICE 1/14/13	34.50
08/31/15	INTEREST	FOR DATE OF SERVICE 1/14/13	61.74
10/23/15	PMT BY CHECK	DOS 10/22/15* # 000007331	-1540.00
10/28/15	PENALTIES_U	FOR UNPAID STLM'T 8/31/15	161.10
02/08/16	INTEREST_U	FOR UNPAID STLM'T 8/31/15	39.94
12/22/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/08/16	COSTS & SANC	COSTS & SANC	1542.50
02/24/16	PMT BY CHECK	DOS 3/29/12* # 3130322	-2487.94

BALANCE 0.00

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

REORDER 801B • U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

Bank of America
Costa Mesa, CA

16-66/1220

CARL WARREN & COMPANY
ATF
SUSSEX INSURANCE COMPANY

BRANCH: S083 ORG
CARL WARREN & COMPANY
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLAIM#: 1025 PFP 0000379
CLAIMANT: [redacted]
LOSS DATE: 2/24/2012

PAYMENT AMOUNT: ****1,540.00**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000007331
ISSUE DATE: 10/23/2015

PAYMENT SETTLEMENT: FULL & FINAL LIEN RESOLUTION 10/22/2015-10/22/2015

S2344

PAID OCT 26 2015

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

201602250114

Electronic Service Requested

MIXED AADC 926
23519 0.3820 MB 0.436

Joyce Altman Interpeters 234
PO BOX 4165
TUSTIN, CA 92781-4165

Payee: Joyce Altman Interpeters
Company Name: Sussex Insurance
Facility: Corporate Personnel Network, I
Policy ID: CPCA13525
IRS/SSN: XXXXX6713
Administrator: SEBIRD
Claim #: 1025-083-A00371-1
Account #:
Check #: 3130322
Check Total: $2,487.94
Check Date: 02/24/2016
Injury Date: 02/24/2012
From/Through Date: 03/29/12-03/29/12
Claimant Name:
Invoice #:
Description: Medical Lien Payment
Document #: PAI.91CA27369
Primary ICD-9: 959.9
Received Date: 02/17/2016
Reviewed Date: 02/17/2016
PPO Name:
Pharmacy #:
DRG Code:

ENV 23519 1 OF 1

PAID FEB 29 2016

523444

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	03/29/12-03/29/12 PAYMENT BY ORDER	MDO10	001	2,487.94	MDO10	2,487.94	0.00	2,487.94	MCA-961
	Totals:			2,487.94		2,487.94	0.00	2,487.94	

Reason Code Description

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

Paladin Managed Care Services 1100 W. Town & Country Rd Ste., 1500 Orange, CA 92868
MCA- ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.

F.F. OK
CA

MP

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

*** INVOICE ***
Date NO#
03/03/16 37510

EAMS#(s):ADJ7287501
ADJ7286858
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
EGP6889

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

Case: vs FORESTON TRENDS INC.
Date Of Injury: 1/19/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/10	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/17/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
07/26/10	DEPO PREP	@ THE L/O OF BARNARD & ASSOC.	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/13/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/17/11	PENALTIES	FOR DATE OF SERVICE 05/13/10	34.50
02/11/16	INTEREST	FOR DATE OF SERVICE 05/13/10	145.00
09/11/15	PENALTIES	FOR DATE OF SERVICE 07/26/10	23.48
02/11/16	INTEREST	FOR DATE OF SERVICE 07/26/10	98.67
09/11/15	PENALTIES	FOR DATE OF SERVICE 08/13/10	37.50
02/22/16	INTEREST	FOR DATE OF SERVICE 08/13/10	158.48
11/30/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/22/16	PENALTIES	FOR DATE OF SERVICE 6/17/10	27.00
02/11/16	INTEREST	FOR DATE OF SERVICE 6/17/10	113.48
02/11/16	PMT BY CHECK	DOS 5/13/10-1/30/15* # 891A 87028448	-704.16
02/22/16	COSTS & SANC	COSTS & SANC	999.55
02/16/16	PMT BY CHECK	DOS 2/22/16* # 891A 87075852	-1850.00

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#
03/03/16	37510

EAMS#(s):ADJ7287501
ADJ7286858
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
EGP6889

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

Case: vs FORESTON TRENDS INC.
Date Of Injury: 1/19/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

018904

891A 87028448

THE TRAVELERS - RANCHO CORDOVA BI/P
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089
SA09406

TRAVELERS

DATE: 02/11/16
LOSS DATE: 01/08/10
FILE NUMBER: 480 CB A5K7973 N

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

EMPLOYEE

ACCOUNT NAME:
FORESTON TRENDS INC

37510

TRAVELERS INDEMNITY CO OF CT

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 05/13/2010 TO: 01/30/2015

TOTAL PAID: $704.16
TAX INFO: 330956713372147 6Y
PAY MISC: FULL AND FINAL, ANY AND ALL B

PAID FEB 16 2016

PAYEE:
JOYCE ALMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT: DAVID HEATON AT (916)638-6576

UNSUMM-111311
OVRPUNS2-121295

DETACH CHECK

042009498
DETACH CHECK

013956

THE TRAVELERS - RANCHO CORDOVA BI/P
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089

SE02927

891A 87075852

TRAVELERS

DATE: 02/26/16
LOSS DATE: 01/08/10
FILE NUMBER: 480 CB A5K7973 N
REFERENCE #: 1011418449SW
EMPLOYEE

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

PAID MAR 03 2016

ACCOUNT NAME:
FORESTON TRENDS INC

TRAVELERS INDEMNITY CO OF CT

EXPLANATION OF PAYMENT

37510

OTHER

DATE OF SERVICE: 02/22/16

F.F.

TOTAL PAID: $1850.00

CA

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MR

FOR ADDITIONAL INFORMATION, CONTACT: DAVID HEATON AT (916)638-6576

057019622
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#
01/04/16	61365

EAMS#(s):ADJ9527329
ADJ8855460
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
1092272-1

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

Case: vs MASCOT MANAGEMENT
Date Of Injury: 3/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/14	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
04/24/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/11/15	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	ARMANDO BARRERA # 220535	0.00
07/20/15	LEGAL_WCAB	MSC @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
12/14/15	PENALTIES	FOR DATE OF SERVICE 4/4/14	23.48
12/14/15	INTEREST	FOR DATE OF SERVICE 4/4/14	29.24
12/14/15	PENALTIES	FOR DATE OF SERVICE 4/24/14	37.50
12/14/15	INTEREST	FOR DATE OF SERVICE 4/24/14	46.71
12/14/15	PENALTIES	FOR DATE OF SERVICE 5/11/15	23.48
12/14/15	INTEREST	FOR DATE OF SERVICE 5/11/15	11.24
12/14/15	PENALTIES	FOR DATE OF SERVICE 7/20/15	23.48
12/14/15	INTEREST	FOR DATE OF SERVICE 7/20/15	8.04
12/31/15	PMT BY CHECK	DOS 4/14/14-12/14/15* # 00094841 AMTRUST	-922.67

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00094841
1092272-1
SWP21074002

DATE	AMOUNT
12/31/2015	$922.67

PAY Nine Hundred Twenty-Two and 67/100s 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

⑈00094841⑈ ⑆021000021⑆ 226733883⑈

Check Number	00094841
Claim Number:	1092272-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWP21074002 /Mascot Management Corp
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	3/3/2013
Location:	2700 HOTEL TERRACE SANTA ANA CA 92705 -
Examiner Code:	jturner

Amount:	$922.67
Dates of Service:	4/14/2014-12/14/2015
Explanation:	Inv # 61365
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

61811

on behalf of Sequoia Insurance Company
AmTrust North America
P O Box 4026
Concord, CA 94524
212-655-2000

PAID JAN 04 2016

MR

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

*** INVOICE ***
Date NO#
05/01/17 65836

EAMS#(s):
ADJ9857422
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1812451

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: MONICA MARTINEZ
P.O. BOX 89404
CLEVELAND, OH 44101

Case: s MOSHAY INC.
Date Of Injury: 11/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/03/17	PENALTIES	FOR DATE OF SERVICE 5/5/15	23.48
04/20/17	INTEREST	FOR DATE OF SERVICE 5/5/15	33.53
01/03/17	PENALTIES	FOR DATE OF SERVICE 5/13/15	37.50
04/20/17	INTEREST	FOR DATE OF SERVICE 5/13/15	53.56
04/11/17	PMT BY CHECK	DOS 5/5/15-5/13/15* # 01646894 AMTRUST	-554.57
04/20/17	COSTS & SANC	COSTS & SANC	1500.00
04/26/17	PMT BY CHECK	DOS 04/25/17* # 01670006 AMTRUST	-1500.00

BALANCE 0.00

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01646894
1812451-1
SWC1037724

DATE
4/11/2017

AMOUNT
$554.57

Five Hundred Fifty-Four and 57/100s Dollars**********

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

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

⑈01646894⑈ ⑆021309379⑆ 790262463⑈

Check Number	01646894
Claim Number:	1812451-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1037724/MOSHAY, INC. (A CORP)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	11/18/2014
Location:	CA -
Examiner Code:	24079

RECEIVED
APR 7 2017
BY:

Amount:	$554.57
Dates of Service:	5/5/2015-5/13/2015
Explanation:	Invoice: 65836
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01670006
1812451-1
SWC1037724

DATE	AMOUNT
4/26/2017	$1,500.00

One Thousand Five Hundred and 0/100s Dollars**********

PAY TO THE ORDER OF 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

⑈01670006⑈ ⑆021309379⑆ 790262463⑈

Check Number	01670006
Claim Number:	1812451-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1037724/MOSHAY, INC. (A CORP)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	11/18/2014
Location:	CA -
Examiner Code:	24079

PAID
MAY 01 2017
BY: _____

Amount:	$1,500.00
Dates of Service:	4/25/2017-4/25/2017
Explanation:	lien payment
Category:	M26 - Order / multi bills / amt in dispute
Placement:	2 - Medical
Transaction Type:	

ANA UBI Claims
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

MP

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

*** INVOICE ***
Date NO#
05/02/17 63359

EAMS#(s):ADJ9477013 ADJ9690069
ADJ9476969
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1266009

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: LORI HAMMONDS
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs FOUR N 20 RESTAURANTS
Date Of Injury: 7/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
10/02/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/14/15	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/28/16	PENALTIES	FOR DATE OF SERVICE 8/22/14	23.48
04/26/17	INTEREST	FOR DATE OF SERVICE 8/22/14	44.13
12/28/16	PENALTIES	FOR DATE OF SERVICE 10/2/14	37.50
04/26/17	INTEREST	FOR DATE OF SERVICE 10/2/14	70.50
12/28/16	PENALTIES	FOR DATE OF SERVICE 10/14/15	37.50
04/26/17	INTEREST	FOR DATE OF SERVICE 10/14/15	45.29
04/27/17	COSTS & SANC	COSTS & SANC	570.87
04/27/17	PMT BY CHECK	DOS 8/22/14-4/26/17* # 02780701	-1485.77

BALANCE 0.00

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

TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02780701
1246532-1
TWC3409243

DATE	AMOUNT
4/27/2017	$1,485.77

One Thousand Four Hundred Eighty-Five and 77/100s Dollars**********

PAY TO THE ORDER OF 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

⑈02780701⑈ ⑆021309379⑆ 6018775 33⑈

Check Number	02780701
Claim Number:	1246532-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3409243/Four N 20 Restaurant Inc
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/19/2014
Location:	5530 Van Nuys Blvd Shermon Oaks CA 91401 -
Examiner Code:	21528

PAID
MAY 02 2017
BY.....

Amount:	$1,485.77
Dates of Service:	8/22/2014-4/26/2017
Explanation:	Invoice # N/A
Category:	M22 - Settlement/multi bills/amt in dispute
Placement:	2 - Medical
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P. O. Box 89404
Cleveland, OH 44101

626-915-1951

MR

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

*** INVOICE ***

Date	NO#
12/21/16	69095

EAMS#(s):
ADJ10139134
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002979-059944-WC01

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

Case: vs CALIFORNIA ACCESS SCAFFOLD
Date Of Injury: 8/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/16	POST-OP	DR KONSTANTIN SALKINDER - LA	180.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
03/30/16	PR2/REEVAL	DR KONSTANTIN SALKINDER*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
04/25/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/03/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
05/11/16	PR2/REEVAL	DR SALKINDER @ LOS ANGELES*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
09/13/16	LIEN FIL FEE	LIEN FILING FEE	150.00
09/26/16	PENALTIES	FOR DATE OF SERVICE 4/25/16	23.48
12/07/16	INTEREST	FOR DATE OF SERVICE 4/25/16	9.62
09/26/16	PENALTIES	FOR DATE OF SERVICE 5/3/16	37.50
12/07/16	INTEREST	FOR DATE OF SERVICE 5/3/16	15.36
12/07/16	PENALTIES	FOR DATE OF SERVICE 03/23/16	27.00
12/07/16	INTEREST	FOR DATE OF SERVICE 03/23/16	11.06
12/07/16	PENALTIES	FOR DATE OF SERVICE 03/30/16	27.00
12/07/16	INTEREST	FOR DATE OF SERVICE 03/30/16	11.06
12/07/16	PENALTIES	FOR DATE OF SERVICE 05/11/16	27.00
12/07/16	INTEREST	FOR DATE OF SERVICE 05/11/16	11.06
12/21/16	COSTS & SANC	COSTS & SANC	1000.00
12/14/16	PMT BY CHECK	DOS 12/7/16* # 0133265397	-2296.64

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

*** INVOICE ***

Date	NO#
12/21/16	69095

EAMS#(s):
ADJ10139134
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002979-059944-WC01

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

Case: vs CALIFORNIA ACCESS SCAFFOLD
Date Of Injury: 8/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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THIS SERVES AS DEMAND FOR PAYMENT.

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

002979 PAGE 1 OF 1 004235

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

PAID DEC 20 2016

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

69095

CLAIM NO.: 002979 059944 WC 01 (1W0312001)
CLAIMANT:
DESCRIPTION: FULL AND FINAL

BRANCH NO.: 170
ACC DATE: 14Aug15

NO.: 0133265397
VN: 0002414153
DATE: 14Dec16

DATES OF SERVICE: 07Dec16 **THRU** 07Dec16
BENEFIT PERIOD: **THRU**

AMOUNT: 2296.64

**

FF.
CA
MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005262 006037 002 002

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

*** INVOICE ***

Date	NO#
12/20/16	59412

EAMS#(s):ADJ8691351
ADJ8940661
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
204953690-002

BILL TO:
GOLDEN EAGLE INS (L.A. 515099)
W. C. DEPARTMENT
ATTN: LEE ANN EMERY
P.O. BOX 515099
LOS ANGELES, CA 90051

Case: vs CAR AUDIO DEPOT DISTRIBUTIONS
Date Of Injury: 8/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/23/13	DEPO PREP	@ THE L/O OF HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/17/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/26/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/22/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/15/16	PENALTIES	FOR DATE OF SERVICE 8/5/13	23.48
09/30/16	INTEREST	FOR DATE OF SERVICE 8/5/13	55.87
09/15/16	PENALTIES	FOR DATE OF SERVICE 9/23/13	23.48
10/14/16	INTEREST	FOR DATE OF SERVICE 9/23/13	55.52
09/15/16	PENALTIES	FOR DATE OF SERVICE 10/17/13	37.50
10/14/16	INTEREST	FOR DATE OF SERVICE 10/17/13	86.49
09/15/16	PENALTIES	FOR DATE OF SERVICE 5/26/16	37.50
10/14/16	INTEREST	FOR DATE OF SERVICE 5/26/16	10.55
09/30/16	PMT BY CHECK	DOS 8/5/13-8/22/16* # 1010691757	-269.28
10/14/16	PMT BY CHECK	DOS 8/5/13-8/22/16* # 1010697544	-969.50
12/20/16	COSTS & SANC	COST & SANC	518.89
12/15/16	PMT BY CHECK	DOS 11/28/16* # 1010721873	-580.00

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

*** INVOICE ***

Date	NO#
12/20/16	59412

EAMS#(s):ADJ8691351
ADJ8940661
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
204953690-002

BILL TO:
GOLDEN EAGLE INS (L.A. 515099)
W. C. DEPARTMENT
ATTN: LEE ANN EMERY
P.O. BOX 515099
LOS ANGELES, CA 90051

Case: . vs CAR AUDIO DEPOT DISTRIBUTIONS
Date Of Injury: 8/10/12

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 Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 SERVES AS DEMAND FOR PAYMENT.

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
R07	1010691757	09/30/16
	CHECK AMOUNT ******$269.28	BLOCK NUMBER 001905

LOSS DATE 08/10/12

CASE # 204953690

AGENT NAME COOK DISHAROON & GREATHOUSE IN
AGENT NUMBER 4295002

PAYEE: JOYCE ALTMAN INTERPRETERS INC

CLAIM REP: LEEANN EMERY

CLAIM REP PHONE: 8009332453

PAYEE ADDRESS:
PO BOX 4165
TUSTIN CA 92781-4165

S9412

INSURED/CLAIMANT NAME	CASE #	PAYABLE	POLICY
	204953690	269.28	3217907

REMARKS: PENALTY & INTEREST
PENALTY = $96.95: INTEREST = $172.33
204953690
08/05/2013 THRU 08/22/2016

$269.28

TOTAL AMOUNT: $269.28

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
R07	1010697544	10/14/16
	CHECK AMOUNT ****$4,369.50	BLOCK NUMBER 001864

NAME	INVOICE #	CASE #	AMOUNT
	59412	204953690	969.50
REMARKS: INV#59412 204953690 08/05/2013 THRU 08/22/2016	$969.50		
	SETTLEMENT	305287940	3,400.00
REMARKS: FULL AND FINAL SETTLEMENT ALL DOS 305287940 ROSA ROMERO M ROMERO 09/20/2016 THRU 09/20/2016	$3400.00		
TOTAL PAYMENTS COMBINED: 2			4,369.50

F.F.
CA

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
R07	1010721873	12/15/16
	CHECK AMOUNT ***$580.00	BLOCK NUMBER 001254

AGENT NAME COOK DISHAROON & GREATHOUSE IN
AGENT NUMBER 4295002

LOSS DATE 08/10/12
CASE # 204953690
INVOICE # SETTLEMENT

PAYEE: JOYCE ALTMAN INTERPRETERS INC

CLAIM REP: LEEANN EMERY

PAYEE ADDRESS:
PO BOX 4165
TUSTIN CA 92781-4165

CLAIM REP PHONE: 8009332453

INVOICE #	INSURED/CLAIMANT NAME	CASE #	PAYABLE	POLICY
SETTLEMENT		204953690	580.00	3217907

REMARKS: FULL AND FINAL SETTLEMENT OK BB
204953690 $580.00
11/28/2016 THRU 11/28/2016

TOTAL AMOUNT: $580.00 ✓

F.F.
SW

PAID DEC 20 2016

MR

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/19/17 66104

EAMS#(s):
ADJ9770702
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y1939401

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

Case: vs CHROME HEARTS LLC
Date Of Injury: 11/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/28/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/11/16	PENALTIES	FOR DATE OF SERVICE 5/28/15	23.48
12/15/16	INTEREST	FOR DATE OF SERVICE 5/28/15	27.27
12/15/16	PMT BY CHECK	DOS 5/28/15* # 126723561 6	-156.50
01/11/17	COSTS & SANC	COSTS & SANC	799.25
01/13/17	PMT BY CHECK	DOS 1/11/17* # 126841733 5	-850.00

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
8664019222 x2304202

MB 01 002023 27289 B 10 A

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

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
10/15/2014	72WE GF8752 YMQC 37638	CHROME HEARTS INC		$156.50
Nature of Benefits: Other Medical		Nature of Payment: Payment Reason - Other Medical	Service Dates 05/28/2015 05/28/2015	$156.50

Claim Handler: STEPHANIE NONG
8664019222 x2304202
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	12/15/2016	Check Number	126723561 6	Total Check Amount	$156.50

Please keep the above information for your records.

112576994

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
12/20/16	68005

EAMS#(s):
ADJ9492581
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000891-095673-WC01

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

Case: vs GAS SECURE SOLUTIONS USA
Date Of Injury: 3/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/15	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/13/16	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/18/16	PENALTIES	FOR DATE OF SERVICE 12/3/15	23.48
07/18/16	INTEREST	FOR DATE OF SERVICE 12/3/15	9.57
07/18/16	PENALTIES	FOR DATE OF SERVICE 1/13/16	23.48
07/18/16	INTEREST	FOR DATE OF SERVICE 1/13/16	9.57
07/18/16	PMT BY CHECK	DOS 12/3/15-1/13/16* # 0129539762	-313.00
12/20/16	COSTS & SANC	COSTS & SANC	658.90
12/12/16	PMT BY CHECK	DOS 12/3/15-1/13/16* # 0133192119	-725.00

BALANCE 0.00

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

GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

000891 PAGE 1 OF 1 008276

MDG2009 00004626 1 MB 0419 1

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

GALLAGHER BASSETT SERVICES INC
FOR WACKENHUT CORPORATION

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

68005

CLAIM NO.: 000891 095673 WC 01 (001-RIV-1)
CLAIMANT:
DESCRIPTION: IN FULL AND FINAL SATISFACTION

DATES OF SERVICE: 03Dec15 **THRU** 13Jan16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 174
ACC DATE: 09Mar14

NO.: 0129539762
VN: 0001187387
DATE: 18Jul16
AMOUNT: 313.00

Pet 5811

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004626 005280 001 001

GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

000891 PAGE 1 OF 1 004253

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

PAID DEC 20 2016

GALLAGHER BASSETT SERVICES INC
FOR WACKENHUT CORPORATION

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

CLAIM NO.: 000891 095673 WC 01 (001-RIV-1)
CLAIMANT:
DESCRIPTION: FULL AND FINAL SETTLEMENT 12/3/15-1/13/16
DATES OF SERVICE: 03Dec15 **THRU** 13Jan16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 174
ACC DATE: 09Mar14

NO.: 0133192119
VN: 0001213379
DATE: 12Dec16
AMOUNT: 725.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005307 006118 002 003

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

*** INVOICE ***
Date NO#
05/08/17 64512

EAMS#(s):
ADJ9628536
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05991894

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

Case: ___ vs SHAWNEE CONSTRUCTIONS CO.
Date Of Injury: 11/11/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/13/16	LEGAL_WCAB	RATING MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/11/16	PMT BY CHECK	DOS 1/13/16* # CS-586453	-156.50
02/03/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (BLOCK SETTLEMENT)	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/30/16	PENALTIES	FOR DATE OF SERVICE 1/9/15	23.48
12/15/16	INTEREST	FOR DATE OF SERVICE 1/9/15	33.87
11/30/16	PENALTIES	FOR DATE OF SERVICE 1/29/15	37.50
12/15/16	INTEREST	FOR DATE OF SERVICE 1/29/15	52.54
11/30/16	PENALTIES	FOR DATE OF SERVICE 2/3/16	23.48
12/15/16	INTEREST	FOR DATE OF SERVICE 2/3/16	15.78
12/15/16	PMT BY CHECK	DOS 12/2/16* # CS-621779	-563.00
04/27/17	COSTS & SANC	COSTS * SANC	1613.35
05/05/17	PMT BY CHECK	DOS 1/9/15* =# CS-635334	-1800.00

BALANCE 0.00

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

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 #: **CS -586453**

Issue Date: 02/11/16
Doc #: 030721300

641512

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name				**Claim #:** 06040582		**Date of Injury:** 08/21/10		
SSN: XXX-XX-	Employer name: EXODUS POWER SWEEPING				Employer ID: 0000001852728100				
1	SF1-SPCA-199742	12/08/15	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
	Patient Name:				**Claim #:** 05952694		**Date of Injury:** 10/04/13		
SSN: XXX-XX	Employer name: BANH MI MY THO				Employer ID: 0000001725472130				
2	SF1-SPCA-199755	12/14/15	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
	Patient Name:				**Claim #:** 05991894		**Date of Injury:** 11/08/13		
SSN: XXX-XX	Employer name: SHAWNEE CONSTRUCTION COMPANY				Employer ID: 0000009078369130				
3	SF1-SPCA-200252	01/13/16	999Q9	Interpreter Deposit-	1	156.50	.00	375 G5	156.50
					Total Allowances:				**$469.50**

PAID FEB 15 2016

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

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

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID VOID VOID

State Compensation Insurance Fund
Inland Empire Claims Services
PO BOX 65005
Fresno, CA 93650-5005

CS -586453
Union Bank
Los Angeles, California

90-4150
1222

Medical
SK

Payee IRS Number: XXXXX6713

VOID VOID VOID

VOID After 365 Days

Check Date	Check Amount
February 11, 2016	$*******469.50

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

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

23264319

⑈5214586453⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

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

Provider Number: XXXXX6713

Check #: **CS-621779**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/15/16
Doc #: 031802856

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05991894		**Date of Injury:** 11/08/13		
SSN:	ployer name: SHAWNEE CONSTRUCTION COMPANY				Employer ID: 0000009078369130				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-17504316	12/02/16	MDO10	Payment By Order	1	563.00	.00	375 961 G5 G67	563.00
				Total Allowances:					**$563.00**

F.F.

PAID DEC 19 2016

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

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

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

01337609031802856001 2

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 #: **CS-635334**

Issue Date: 05/05/17
Doc #: 032239211

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05991894		**Date of Injury:** 11/08/13		
SSN: XXX-XX-	Employer name: SHAWNEE CONSTRUCTION COMPANY				Employer ID: 0000009078369130				
1	SF1-SPCA-286059	01/09/15	999Q9	Interpreter Deposit-	1	1,800.00	.00		1,800.00
2	SF1-SPCA-286059	02/03/16	999Q9	Interpreter Deposit-	1	.00	.00	375 G5	.00

Total Allowances: **$1,800.00**

FILED
MAY 08 2017
BY: .....

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

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

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

01342379032392110012

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

*** INVOICE ***

Date	NO#
06/09/16	37942

EAMS#(s):ADJ7346500
ADJ7346501
SS # : XXX-XX-
DOB :
Terms : Sent 60 days ago
Claim #(s):
WC648-440745

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: ALISHA DANIELS
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs IAN THOMAS GROUP/URBAN DVLPT
Date Of Injury: 7/15/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/10	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/05/10	INITIAL EXAM	DR RAHIMIAN* JOSE LUGO # 500049	230.00
09/14/10	PR2/REEVAL	DR RAHIMIAN* MARIA BARBOSA # 500267	180.00
11/02/10	PR2/REEVAL	DR RAHIMIAN* VINCENT MEJIA # 500309	180.00
12/30/10	P AND S	DR RAHIMIAN* AUGUSTO SALAZAR # 500286	230.00
06/01/11	DEPO PREP	@ THE L/O OF FLOYD, SEKEREN	156.50
/ /	INTERPRETER:	NANCY SILVA # 22056879	0.00
07/21/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL I)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/21/11	PENALTIES	FOR DATE OF SERVICE 7/15/10	34.50
05/19/16	INTEREST	FOR DATE OF SERVICE 7/15/10	142.03
09/21/11	PENALTIES	FOR DATE OF SERVICE 8/5/10	34.50
05/19/16	INTEREST	FOR DATE OF SERVICE 8/5/10	142.03
09/21/11	PENALTIES	FOR DATE OF SERVICE 12/30/10	34.50
05/19/16	INTEREST	FOR DATE OF SERVICE 12/30/10	142.03
09/21/11	PENALTIES	FOR DATE OF SERVICE 6/1/10	23.48
05/19/16	INTEREST	FOR DATE OF SERVICE 6/1/10	22.24
09/21/11	PENALTIES	FOR DATE OF SERVICE 7/21/11	37.50
05/19/16	INTEREST	FOR DATE OF SERVICE 7/21/11	34.50
09/25/12	PMT BY CHECK	DOS 6/1/11-7/21/11 # 97269286	-406.50
11/25/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/19/16	COSTS & SANC	COSTS & SANC	102.69
06/03/16	PMT BY CHECK	DOS 6/1/11-9/21/11* # 0029819433	-850.00

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

*** INVOICE ***

Date	NO#
06/09/16	37942

EAMS#(s):ADJ7346500
ADJ7346501
SS # : XXX-XX-
DOB :
Terms : Sent 60 days ago
Claim #(s):
WC648-440745

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: ALISHA DANIELS
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs IAN THOMAS GROUP/URBAN DVLPT
Date Of Injury: 7/15/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/03/16	PMT BY CHECK	DOS 7/15/10-12/30/10* # 0029818088	-1050.00

BALANCE 0.00

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

BRANCH OFFICE ADDRESS:
PO BOX 29073
GLENDALE, CA 91209
818-240-1234

Liberty Mutual. INSURANCE

B.CODE	CHECK NUMBER	CHECK DATE
189	97269286	09/25/12
	CHECK AMOUNT ****$406.50	BLOCK NUMBER 005170

OSN: EE3001092503-003603

CLAIM #: WC 648-440745
CONTRACT #: WC7-C61-065825-279-74

CONTROL #: 000001065 ID: C648A10

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/15/09
EMPLOYEE:

EMPLOYER: URBAN DEVELOPMENT AND INFRASTR
DATES OF SERVICE 06/01/11-06/01/11
LOCATION CODE: EX0810224.

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
07/21/11	07/21/11	EXPENSE		.00	250.00	250.00	
06/01/11	06/01/11	EXPENSE		.00	156.50	156.50	

NOTE: INVOICE NO 37942

TOTAL CHARGES	406.50
TOTAL PAYABLE:	406.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	406.50

PAID
OCT 01 2012
BY:_____

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
288	0029819433	06/03/16
	CHECK AMOUNT ****$850.00	BLOCK NUMBER 031738

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801060311-005178
BANK: 288
CHECK REF: 0029819433 DATE: 06/03/16 AMT: 850.00
INTERNAL BILL NO: 091623167 MSR: N0153716
CUST/EXTERNAL BILL NO: 26112720107202
BR PROVIDER #: 059330956713B0

CLAIM NO. WC 648-440745 HOD
CONTRACT NO: WC7-C61-065825-279-74
DOCUMENT NO: 3B2691100570003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #: 37942
SSN: XXX-XX [illegible]
DOI: 07/15/09
PATIENT:

F.F. WCDC

PAID JUN 09 2016

PROVIDER: JOYCE ALTMAN INTERPRETERS

AGENCY CLAIM #(BOARD COMM #): 201007221452424645431 4
DIAG CODES: 799.89

EMPLOYER: URBAN DEVELOPMENT AND INFRASTR
ADDRESS: 1709 STANDARD AVENUE
GLENDALE, CA 91201

LOCATION CODE: EX0810224.000008829

DATES OF SERVICE: 07/15/10-09/21/11
AUDIT DATE: 06/02/16

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
07/15/10	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	230.00	N/A	N/A	0.00	0.00 G56	U301
08/05/10	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	230.00	N/A	N/A	0.00	0.00 G56	U301
09/14/10	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	180.00	N/A	N/A	0.00	0.00 G56	U301
11/02/10	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	180.00	N/A	N/A	0.00	0.00 G56	U301
12/30/10	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	230.00	N/A	N/A	0.00	0.00 G56	U301
06/01/11	MDS10		LUMP SUM SETTLEMENT WHERE							
06/01/11	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	156.50	156.50	N/A	0.00	156.50 G2	Z652
07/21/11	MDS10		LUMP SUM SETTLEMENT WHERE							
07/21/11	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	250.00	250.00	N/A	0.00	250.00 G2	Z652
09/21/11	MDS10		LUMP SUM SETTLEMENT WHERE							
09/21/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	37.50	37.50	N/A	0.00	37.50 G2	Z652
09/21/11	MDS10		LUMP SUM SETTLEMENT WHERE							
09/21/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50 G2	Z652
09/21/11	MDS10		LUMP SUM SETTLEMENT WHERE							
09/21/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50 G2	Z652
09/21/11	MDS10		LUMP SUM SETTLEMENT WHERE							
09/21/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50 G2	Z652

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0029818088	06/03/16
CHECK AMOUNT	BLOCK NUMBER
***$1333.70	036806

OSN:MM0801060311-006982

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	07/15/10-12/30/10	WC 648-440745 HOD	1,050.00	1,050.00
	06/08/09-02/08/10	WC 604-A40488 HOD	463.70	283.70

37942

F-F.

PAID JUN 09 2016

N/C

TOTAL BILLS COMBINED: 2 1,333.70

MR

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

MPA * 005309
LIBERTY MUTUAL - WAUSAU
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual. INSURANCE

CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0029818088
62-20/311
38621945

CHECK DATE
06/03/16

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
288	949	COMBINED PAYMENT

$ **********1,333.70

VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

PAY ONE THOUSAND THREE HUNDRED THIRTY THREE AND 70/100 DOLLARS**********

TO THE ORDER OF
JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

TWO SIGNATURES REQUIRED IF OVER $150,000

⑈0029818088⑈ ⑆031100209⑆ 38621945⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0029819433	06/03/16
CHECK AMOUNT	BLOCK NUMBER
****$850.00	031738

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801060311-005178
BANK: 288
CHECK REF: 0029819433 DATE: 06/03/16 AMT: 850.00
INTERNAL BILL NO: 091623167 MSR: N0153716
CUST/EXTERNAL BILL NO: 26112720107202
BR PROVIDER #: 05933095671 3B0

CLAIM NO. WC 648-440745 HOD
CONTRACT NO: WC7-C61-065825-279-74
DOCUMENT NO: 3B2691100570003

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PAID JUN 09 2016

PROVIDER: JOYCE ALTMAN INTERPRETERS

PATIENT ACCT. #: 37942
SSN: XXX-XX-
DOI: 07/15/09
PATIENT:

FF.
WCDC

AGENCY CLAIM #(BOARD COMM #): 20100722145242464543 14
DIAG CODES: 799.89

EMPLOYER: URBAN DEVELOPMENT AND INFRASTR
ADDRESS: 1709 STANDARD AVENUE
GLENDALE, CA 91201

LOCATION CODE: EX0810224.000008829

DATES OF SERVICE: 07/15/10-09/21/11
AUDIT DATE: 06/02/16

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
07/15/10	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	230.00	N/A	N/A	0.00	0.00	G56 U301
08/05/10	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	230.00	N/A	N/A	0.00	0.00	G56 U301
09/14/10	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301
11/02/10	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	180.00	N/A	N/A	0.00	0.00	G56 U301
12/30/10	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	230.00	N/A	N/A	0.00	0.00	G56 U301
06/01/11	MDS10		LUMP SUM SETTLEMENT WHERE							
06/01/11	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	156.50	156.50	N/A	0.00	156.50	G2 Z652
07/21/11	MDS10		LUMP SUM SETTLEMENT WHERE							
07/21/11	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	250.00	250.00	N/A	0.00	250.00	G2 Z652
09/21/11	MDS10		LUMP SUM SETTLEMENT WHERE							
09/21/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	37.50	37.50	N/A	0.00	37.50	G2 Z652
09/21/11	MDS10		LUMP SUM SETTLEMENT WHERE							
09/21/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50	G2 Z652
09/21/11	MDS10		LUMP SUM SETTLEMENT WHERE							
09/21/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50	G2 Z652
09/21/11	MDS10		LUMP SUM SETTLEMENT WHERE							
09/21/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50	G2 Z652

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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*** INVOICE ***
Date NO#
06/13/16 57591

EAMS#(s):ADJ8392205
ADJ8312850
SS # : XXX-XX-
DOB :
Terms : 30 days
Claim #(s):
1090286-1

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: CRISTIN CAVAZOS
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs WORLD UNITY INTERNATIONAL
Date Of Injury: 2/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/13	.PR2/REEVAL	-DR ATIMIAN @ ADVANCE CARE* DOI: 2/11-2/12	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/09/13	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/01/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
02/06/13	PR2/REEVAL	DR MIRZABEIGI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/13	.PR2/REEVAL	-DR ATAMIAN* ARACELI RUBIO # 100359	180.00
01/11/13	PR2/REEVAL	DR ATAMIAN* DOI: 2/18/11	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
02/22/13	PR2/REEVAL	DR ATAMIAN*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
02/01/13	+DEPO PREP	@ L/O OF GLENN SILVERRII & ASSOCIATES	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
02/27/13	DEPO PREP	@ THE L/O OF GLENN SILVERII & ASSOCIATES	156.50
/ /	INTERPRETER:	CARMEN LERMA # 100698	0.00
03/01/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
03/29/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/04/13	DEPO PREP	@ THE L/O OF GLENN SILVERI (VOL II)	156.50
/ /	INTERPRETER:	TERESA WILSON-SUMMERVILLE # 100535	0.00
03/06/13	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00

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Case: vs WORLD UNITY INTERNATIONAL
Date Of Injury: 2/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
03/22/13	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
04/03/13	PR2/REEVAL	-DR MIZRABEIGI*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
04/05/13	PR2/REEVAL	DR ATAMIAN*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/22/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/01/13	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/03/13	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
05/17/13	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE (DOI CT 2/16/12)	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
05/31/13	PR2/REEVAL	DR ATAMIAN* (DOI: 2/18/11)	180.00
/ /	INTERPRETER:	ARACELIO RUBIO # 100359	0.00
06/06/13	PR2/REEVAL	-DR WILLIAMS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/26/13	PR2/REEVAL	-DR MIRZABEIGI @ ADVANCE CARE	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/28/13	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE* DOI: 2/18/11	180.00
/ /	INTERPRETER:	LUISA FERNANDEZ # 500215	0.00
07/24/13	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CAR* DOI: 2/18/11	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/01/13	PR2/REEVAL	DR WILLIAMS @ ADVANCE CARE*	180.00

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Case: vs WORLD UNITY INTERNATIONAL
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DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: 2/18/11	
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/02/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
		DOI: 2/18/11	
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/23/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
		DOI: CT 2/16/12	
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
08/30/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
		DOI: 2/18/11	
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
		DOI: 2/16/12	
09/20/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
09/12/13	PRP	PLATELET RICH PLASMA THERAPY	90.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
10/04/13	PR2/REEVAL	DR ELIAS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DHALIA AUREN # 500039	0.00
10/11/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
11/04/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/30/13	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/01/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/08/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/13/13	PRP	PLATELET RICH PLASMA THERAPY W/DR MIRZABEIGI*	90.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
11/22/13	PR2/REEVAL	-DR ATAMIAN @ ACS*	180.00

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Case: vs WORLD UNITY INTERNATIONAL
Date Of Injury: 2/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/27/13	LIEN FIL FEE	LIEN FILING FEE	150.00
12/06/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/18/13	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/27/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROBERTO VILLALTA # 301474	0.00
01/03/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	AMALIA SILVESTRI # 301467	0.00
01/24/14	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	AMALIA SILVESTRI # 301467	0.00
01/23/14	PR2/REEVAL	-DR WILLIAM & SELBY @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/31/14	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	AMALIA SILVESTRI # 301467	0.00
02/21/14	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/28/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/21/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	AMALIA SILVESTRI # 301467	0.00
04/04/14	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	LETTY JULIOA-GREEN # 301547	0.00
04/14/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LETTY JULIOA-GREEN # 301547	0.00
04/23/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONOLLY*	150.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
05/02/14	PR2/REEVAL	DR ATAMIAN @ ACS*	180.00

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CLEVELAND, OH 44101

Case: vs WORLD UNITY INTERNATIONAL
Date Of Injury: 2/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA SALINAS # 100982	0.00
05/12/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/23/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
08/11/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/20/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
07/07/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301731	0.00
07/18/14	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:	JORGE SANDOVAL # 05511585	0.00
10/13/14	PENALTIES	FOR DATE OF SERVICE 02/01/13	23.48
05/20/16	INTEREST	FOR DATE OF SERVICE 02/01/13	59.61
10/13/14	PENALTIES	FOR DATE OF SERVICE 02/27/13	23.48
05/20/16	INTEREST	FOR DATE OF SERVICE 02/27/13	58.33
10/13/14	PENALTIES	FOR DATE OF SERVICE 03/29/13	37.50
05/20/16	INTEREST	FOR DATE OF SERVICE 03/29/13	90.82
10/13/14	PENALTIES	FOR DATE OF SERVICE 04/04/13	23.48
05/20/16	INTEREST	FOR DATE OF SERVICE 04/04/13	56.56
10/13/14	PENALTIES	FOR DATE OF SERVICE 04/22/13	37.50
05/20/16	INTEREST	FOR DATE OF SERVICE 04/22/13	88.93
10/13/14	PENALTIES	FOR DATE OF SERVICE 11/04/13	23.48
05/20/16	INTEREST	FOR DATE OF SERVICE 11/04/13	46.00
10/13/14	PENALTIES	FOR DATE OF SERVICE 01/04/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 01/04/13	57.56
02/23/15	PENALTIES	FOR DATE OF SERVICE 01/09/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 01/09/13	57.56
02/23/15	PENALTIES	FOR DATE OF SERVICE 02/06/13	27.00

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Case: _ vs WORLD UNITY INTERNATIONAL
Date Of Injury: 2/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/16	INTEREST	FOR DATE OF SERVICE 02/06/13	57.56
02/23/15	PENALTIES	FOR DATE OF SERVICE 02/08/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 02/08/13	57.56
02/23/15	PENALTIES	FOR DATE OF SERVICE 01/11/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 01/11/13	57.56
02/23/15	PENALTIES	FOR DATE OF SERVICE 02/22/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 02/22/13	57.56
02/23/15	PENALTIES	FOR DATE OF SERVICE 03/01/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 03/01/13	57.56
02/23/15	PENALTIES	FOR DATE OF SERVICE 03/06/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 03/06/13	57.56
02/23/15	PENALTIES	FOR DATE OF SERVICE 03/22/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 03/22/13	57.56
02/23/15	PENALTIES	FOR DATE OF SERVICE 04/03/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 04/03/13	57.56
02/23/15	PENALTIES	FOR DATE OF SERVICE 04/05/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 04/05/13	57.56
02/23/15	PENALTIES	FOR DATE OF SERVICE 5/1/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 5/1/13	57.56
02/23/15	PENALTIES	FOR DATE OF SERVICE 5/3/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 5/3/13	56.66
02/23/15	PENALTIES	FOR DATE OF SERVICE 5/17/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 5/17/13	55.86
02/23/15	PENALTIES	FOR DATE OF SERVICE 5/31/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 5/31/13	55.07
02/23/15	PENALTIES	FOR DATE OF SERVICE 6/6/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 6/6/13	54.73
02/23/15	PENALTIES	FOR DATE OF SERVICE 6/26/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 6/26/13	53.59
02/23/15	PENALTIES	FOR DATE OF SERVICE 6/28/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 6/28/13	53.48

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DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/15	PENALTIES	FOR DATE OF SERVICE 7/24/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 7/24/13	52.01
02/23/15	PENALTIES	FOR DATE OF SERVICE 8/1/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 8/1/13	51.55
02/23/15	PENALTIES	FOR DATE OF SERVICE 8/2/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 8/2/13	51.49
02/23/15	PENALTIES	FOR DATE OF SERVICE 8/23/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 8/23/13	50.30
02/23/15	PENALTIES	FOR DATE OF SERVICE 8/30/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 8/30/13	49.91
02/23/15	PENALTIES	FOR DATE OF SERVICE 9/20/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 9/20/13	48.72
02/23/15	PENALTIES	FOR DATE OF SERVICE 9/12/13	13.50
01/22/16	INTEREST	FOR DATE OF SERVICE 9/12/13	24.58
02/23/15	PENALTIES	FOR DATE OF SERVICE 10/4/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 10/4/13	47.92
02/23/15	PENALTIES	FOR DATE OF SERVICE 10/11/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 10/11/13	47.52
02/23/15	PENALTIES	FOR DATE OF SERVICE 10/30/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 10/30/13	46.45
02/23/15	PENALTIES	FOR DATE OF SERVICE 11/1/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 11/1/13	46.33
02/23/15	PENALTIES	FOR DATE OF SERVICE 11/8/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 11/8/13	45.94
02/23/15	PENALTIES	FOR DATE OF SERVICE 11/13/13	13.50
01/22/16	INTEREST	FOR DATE OF SERVICE 11/13/13	22.83
02/23/15	PENALTIES	FOR DATE OF SERVICE 11/22/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 11/22/13	45.14
02/23/15	PENALTIES	FOR DATE OF SERVICE 12/6/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 12/6/13	44.35
02/23/15	PENALTIES	FOR DATE OF SERVICE 12/18/13	27.00

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DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/16	INTEREST	FOR DATE OF SERVICE 12/18/13	43.67
02/23/15	PENALTIES	FOR DATE OF SERVICE 12/27/13	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 12/27/13	43.16
02/23/15	PENALTIES	FOR DATE OF SERVICE 01/03/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 01/03/14	42.76
02/23/15	PENALTIES	FOR DATE OF SERVICE 01/24/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 01/24/14	41.57
02/23/15	PENALTIES	FOR DATE OF SERVICE 01/23/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 01/23/14	41.63
02/23/15	PENALTIES	FOR DATE OF SERVICE 01/31/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 01/31/14	41.17
02/23/15	PENALTIES	FOR DATE OF SERVICE 02/21/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 02/21/14	39.98
02/23/15	PENALTIES	FOR DATE OF SERVICE 02/28/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 02/28/14	39.59
02/23/15	PENALTIES	FOR DATE OF SERVICE 03/21/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 03/21/14	38.39
02/23/15	PENALTIES	FOR DATE OF SERVICE 04/04/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 04/04/14	35.05
02/23/15	PENALTIES	FOR DATE OF SERVICE 04/23/14	22.50
01/22/16	INTEREST	FOR DATE OF SERVICE 04/23/14	28.31
02/23/15	PENALTIES	FOR DATE OF SERVICE 05/02/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 05/02/14	33.46
02/23/15	PENALTIES	FOR DATE OF SERVICE 05/12/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 05/12/14	32.89
02/23/15	PENALTIES	FOR DATE OF SERVICE 05/23/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 05/23/14	32.27
02/23/15	PENALTIES	FOR DATE OF SERVICE 08/11/14	23.48
05/20/16	INTEREST	FOR DATE OF SERVICE 08/11/14	32.20
02/23/15	PENALTIES	FOR DATE OF SERVICE 06/20/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 06/20/14	30.68

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

*** INVOICE ***

Date	NO#
06/13/16	57591

EAMS#(s):ADJ8392205
ADJ8312850
SS # : XXX-XX-
DOB :
Terms : 30 days
Claim #(s):
1090286-1

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: CRISTIN CAVAZOS
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs WORLD UNITY INTERNATIONAL
Date Of Injury: 2/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/15	PENALTIES	FOR DATE OF SERVICE 07/07/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 07/07/14	29.72
02/23/15	PENALTIES	FOR DATE OF SERVICE 07/18/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 07/18/14	29.09
02/23/15	PENALTIES	FOR DATE OF SERVICE 08/04/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 08/04/14	28.13
08/31/15	PENALTIES	FOR DATE OF SERVICE 4/14/14	27.00
01/22/16	INTEREST	FOR DATE OF SERVICE 4/14/14	34.48
08/31/15	PENALTIES	FOR DATE OF SERVICE 2/1/13	23.48
01/22/16	INTEREST	FOR DATE OF SERVICE 2/1/13	50.05
06/08/16	PMT BY CHECK	DOS 2/18/11* # 00108771	-15000.00
06/13/16	BLCE OFF SET	BALANCE OFF SET	-214.53

BALANCE 0.00

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

SEQUOIA INSURANCE COMPANY
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
00108771
1090286-1
SWP20970901

DATE	AMOUNT
6/8/2016	$15,000.00

PAY Fifteen Thousand and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS INC

Requires 2 Signatures Over $9,999.00

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Barbara Baumgenhaus
SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00108771⑈ ⑆021000021⑆ 226733883⑈

Explanation Of Bill Review

Check Number	00108771	SEQUOIA INSURANCE COMPANY on behalf of Sequoia Insurance Company
Claim Number:	1090286-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	9145436	Cleveland, OH 44101
Invoice Number:	FP1-MSCA-359664	844-601-7760
Policy / Insured:	SWP20970901 /Anaya Mercedes (Partner)	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	2/18/2011 FP1-MSCA-359664	
Location:	UNKNOWN NORTH HOLLYWOOD CA 91601 -	
Examiner Code:	kcastillo	
Network/PPO Network:		

F.F.
CA
57591

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
2/18/2011	MDS10	SETTLEMENT FOR DISPUTE	1.00	23000.00	8000.00	0.00	15000.00	G67, 961
				23000.00	8000.00	0.00	15000.00	

G67 - PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.; 961 - ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.;

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

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

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

MR

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

*** INVOICE ***

Date	NO#
06/10/16	49727

EAMS#(s):ADJ8329668
ADJ8118892
SS # : XXX-XX-
DOB :
Terms : 30 days
Claim #(s):
494C2562846

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

Case: vs VALLEY CREST LANDSCAPE MAINT.
Date Of Injury: 6/14/10; 10/28/11*

DOS	SERVICE	DESCRIPTION	AMOUNT
11/08/11	INITIAL EXAM	DR DOMARACKI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
01/25/12	EMG TESTING	& NCV BY DR DI JULIO: L/E @ WILLOW MEDICAL *	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/13/12	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/14/12	PR2/REEVAL	DR SCHEELS @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
05/14/12	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/30/12	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
10/29/12	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
12/10/12	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
02/11/13	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
05/06/13	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/08/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/15/13	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/20/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00

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

*** INVOICE ***
Date NO#
06/10/16 49727

EAMS#(s):ADJ8329668
ADJ8118892
SS # : XXX-XX-
DOB :
Terms : 30 days
Claim #(s):
494C2562846

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

Case: vs VALLEY CREST LANDSCAPE MAINT.
Date Of Injury: 6/14/10; 10/28/11*

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/14/14	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
04/09/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/14/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500249	0.00
06/25/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/25/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/27/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/08/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/16/15	PR2/REEVAL	DR SCHEEL @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/02/16	PENALTIES	FOR DATE OF SERVICE 11/08/11	34.50
06/02/16	INTEREST	FOR DATE OF SERVICE 11/08/11	106.67
06/02/16	PENALTIES	FOR DATE OF SERVICE 01/25/12	22.50
06/02/16	INTEREST	FOR DATE OF SERVICE 01/25/12	69.57
06/02/16	PENALTIES	FOR DATE OF SERVICE 02/13/12	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 02/13/12	83.48
06/02/16	PENALTIES	FOR DATE OF SERVICE 02/14/12	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 02/14/12	83.48
06/02/16	PENALTIES	FOR DATE OF SERVICE 05/14/12	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 05/14/12	84.22
06/02/16	PENALTIES	FOR DATE OF SERVICE 07/30/12	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 07/30/12	79.85

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

*** INVOICE ***
Date NO#
06/10/16 49727

EAMS#(s):ADJ8329668
ADJ8118892
SS # : XXX-XX-
DOB :
Terms : 30 days
Claim #(s):
494C2562846

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

Case: vs VALLEY CREST LANDSCAPE MAINT.
Date Of Injury: 6/14/10; 10/28/11*

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/16	PENALTIES	FOR DATE OF SERVICE 10/29/12	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 10/29/12	74.69
06/02/16	PENALTIES	FOR DATE OF SERVICE 12/10/12	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 12/10/12	72.31
06/02/16	PENALTIES	FOR DATE OF SERVICE 02/11/13	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 02/11/13	68.74
06/02/16	PENALTIES	FOR DATE OF SERVICE 05/06/13	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 05/06/13	63.97
06/02/16	PENALTIES	FOR DATE OF SERVICE 11/08/13	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 11/08/13	53.42
06/02/16	PENALTIES	FOR DATE OF SERVICE 11/15/13	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 11/15/13	53.03
06/02/16	PENALTIES	FOR DATE OF SERVICE 01/20/14	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 01/20/14	49.28
06/02/16	PENALTIES	FOR DATE OF SERVICE 02/24/14	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 02/24/14	47.30
06/02/16	PENALTIES	FOR DATE OF SERVICE 02/14/14	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 02/14/14	47.87
06/02/16	PENALTIES	FOR DATE OF SERVICE 04/09/14	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 04/09/14	42.25
06/02/16	PENALTIES	FOR DATE OF SERVICE 05/14/14	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 05/14/14	40.27
06/02/16	PENALTIES	FOR DATE OF SERVICE 06/25/14	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 06/25/14	37.88
06/02/16	PENALTIES	FOR DATE OF SERVICE 08/25/14	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 08/25/14	34.42
06/02/16	PENALTIES	FOR DATE OF SERVICE 10/27/14	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 10/27/14	30.85
06/02/16	PENALTIES	FOR DATE OF SERVICE 12/08/14	27.00
06/02/16	INTEREST	FOR DATE OF SERVICE 12/08/14	28.47
06/02/16	PENALTIES	FOR DATE OF SERVICE 02/16/15	27.00

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

*** INVOICE ***

Date	NO#
06/10/16	49727

EAMS#(s):ADJ8329668
ADJ8118892
SS # : XXX-XX-
DOB :
Terms : 30 days
Claim #(s):
494C2562846

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

Case: vs VALLEY CREST LANDSCAPE MAINT.
Date Of Injury: 6/14/10; 10/28/11*

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/16	INTEREST	FOR DATE OF SERVICE 02/16/15	24.50
06/07/16	PMT BY CHECK	DOS 11/08/11-11/08/11 * # DA76242757	-5953.52

BALANCE 0.00

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

PDWLDMCD-001613-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/07/16

CHECK NO. **DA76242757**

STATEMENT

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

5900A11DA 00 00511 DA76242757
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C2562846

DOLLARS
$******5,953.52

* NOT NEGOTIABLE *

Invoice #
Agency Claim # 201112190843202148047S

FOR
11/08/11 THRU 11/08/11 F/F

CLAIMANT

DATE OF EVENT
10/28/11

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.

PAID
JUN 10 2016
BY:

49729

F&F ok
CA

PDWLDMCD-001613-01-01-00

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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/19/16	61084

EAMS#(s):
ADJ9263221
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
13-072838

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

Case: vs SYLMAR HEALTH & REHABILITATION
Date Of Injury: 10/28/13; 2/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/14	DEPO PREP	@ THE L/O OF DABBAH & HADDAD	156.50
/ /	INTERPRETER:	SUSANA SARDAS # 100498	0.00
04/02/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/21/15	LEGAL_WCAB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/18/15	PENALTIES	FOR DATE OF SERVICE 2/27/14	23.48
10/30/15	INTEREST	FOR DATE OF SERVICE 2/27/14	28.50
09/18/15	PENALTIES	FOR DATE OF SERVICE 4/2/14	37.50
01/21/16	INTEREST	FOR DATE OF SERVICE 4/2/14	51.99
09/18/15	PENALTIES	FOR DATE OF SERVICE 1/21/15	23.48
10/30/15	INTEREST	FOR DATE OF SERVICE 1/21/15	12.62
10/30/15	PMT BY CHECK	DOS 2/27/14-1/21/15* =# 6747	-270.00
01/21/16	PMT BY CHECK	DOS 2/27/14-1/21/15* =# 7310	-270.00
10/31/15	INTEREST	FOR DATE OF SERVICE 2/27/14	13.85
10/04/16	INTEREST	FOR DATE OF SERVICE 4/2/14	72.23
10/04/16	INTEREST	FOR DATE OF SERVICE 1/21/15	29.34
10/04/16	PMT BY CHECK	DOS 2/27/14-1/21/15* # 9068	-242.85
12/19/16	COSTS & SANC	COSTS & SANC	726.86
12/09/16	PMT BY CHECK	DOS 11/15/16* # 9621	-800.00

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

*** INVOICE ***

Date	NO#
12/19/16	61084

EAMS#(s):
ADJ9263221
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
13-072838

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

Case: vs SYLMAR HEALTH & REHABILITATION
Date Of Injury: 10/28/13; 2/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

P8528028003

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

201511020150

Electronic Service Requested

3-DIGIT 926

7512 0.5486 AT 0.413

Joyce Altman Interpeters 41
PO BOX 4165
TUSTIN, CA 92781-4165

Payee: Joyce Altman Interpeters
Company Name: California Healthcare Industry Progra
Facility: Golden State Health Centers, I
Policy ID: CHIP-4532-0015
IRS/SSN: XXXXX6713
Administrator: SApkarian
Claim #: 13-072838
Account #:
Check #: 6747
Check Total: $270.00 ←
Check Date: 10/30/2015
Injury Date: 10/28/2013
From/Through Date: 02/27/14-09/18/15
Claimant Name:
Invoice #: 61084
Description: Med-Other
Document #: 687398-01
Primary ICD-9: 959.9
Received Date: 10/21/2015
Reviewed Date: 10/16/2015
PPO Name:
Pharmacy #:
DRG Code:

1 OF 2

ENV 7512

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	02/27/14-02/27/14 Sign Lang/Oral Interpreter	T1013	100	156.50	T1013	90.00	0.00	90.00	G1
002	04/02/14-04/02/14 Sign Lang/Oral Interpreter	T1013	100	250.00	T1013	90.00	0.00	90.00	G1
003	01/21/15-01/21/15 Sign Lang/Oral Interpreter	T1013	100	156.50	T1013	90.00	0.00	90.00	G1
004	09/18/15-09/18/15 UNLISTED SPECIAL SERVICE PROCEDU	99199	100	23.48	99199	0.00	0.00	0.00	SS4
005	09/18/15-09/18/15 UNLISTED SPECIAL SERVICE PROCEDU	99199	100	26.38	99199	0.00	0.00	0.00	SS4
006	09/18/15-09/18/15 UNLISTED SPECIAL SERVICE PROCEDU	99199	100	37.50	99199	0.00	0.00	0.00	SS4
007	09/18/15-09/18/15 UNLISTED SPECIAL SERVICE PROCEDU	99199	100	42.14	99199	0.00	0.00	0.00	SS4
008	09/18/15-09/18/15 UNLISTED SPECIAL SERVICE PROCEDU	99199	100	23.48	99199	0.00	0.00	0.00	SS4
009	09/18/15-09/18/15 UNLISTED SPECIAL SERVICE PROCEDU	99199	100	10.50	99199	0.00	0.00	0.00	SS4
	Totals:			726.48		270.00	0.00	270.00	

Reason Code Description

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

2CS P.O. Box 358 Roseville, CA 95661 (800)281-8186

G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
SS4 No payment is being made, as none is necessarily owed.

PR5280128003

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

20160122011G

Electronic Service Requested

3-DIGIT 927

9558 0.3820 AT 0.413

Joyce Altman Interpeters 40
PO BOX 4165
TUSTIN, CA 92781-4165

Payee: Joyce Altman Interpeters
Company Name: California Healthcare Industry Progra
Facility: Golden State Health Centers. I
Policy ID: CHIP-4532-0015
IRS/SSN: XXXXX6713
Administrator: SApkarian
Claim #: 13-072838
Account #:
Check #: 7310
Check Total: $270.00 ← PAID JAN 27 2016
Check Date: 01/21/2016
Injury Date: 10/28/2013
From/Through Date: 02/27/14-01/21/15
Claimant Name:
Invoice #:
Description: Interpreter Fees - Medical Rel
Document #: 903011539311
Primary ICD-9:
Received Date: 12/04/2015
Reviewed Date: 01/06/2016
PPO Name:
Pharmacy #:
DRG Code:

61084

1 OF 1

ENV 9558

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	02/27/14-02/27/14 SIGN LANGUAGE OR ORAL INTERPRETE	T1013	001	156.50	T1013	90.00	0.00	90.00	GI
002	04/02/14-04/02/14 SIGN LANGUAGE/ORAL INTEPR SERVIC	T1013	001	250.00	T1013	90.00	0.00	90.00	GI
003	01/21/15-01/21/15 SIGN LANGUAGE/ORAL INTEPR SERVIC	T1013	001	156.50	T1013	90.00	0.00	90.00	GI
	Totals:			563.00		270.00	0.00	270.00	

Reason Code Description

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

Intermed P.O. Box 358 Roseville, CA 95661 (800)281-8186

GI The charge has been adjusted to OMFS

F-F-

5811

P8528028002

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

201610050113

Electronic Service Requested

MIXED AADC 926

24450 0.3820 MB 0.416

Joyce Altman Interpeters 275
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	California Healthcare Industry Progra
Facility:	Golden State Health Centers, I
Policy ID:	CHIP-4532-0015
IRS/SSN:	XXXXX6713
Administrator:	SApkarian
Claim Number:	13-072838
Check #:	9068
Check Total:	242.85
Check Date:	10/04/2016

ENV 24450 1 OF 1

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
10/28/2013	13-072838 Full & Final Satisfac	02/27/14-01/21/15		Interpreter: Non-Medical Relat 242.85

Totals: 242.85

PAID OCT 12 2016

P8528028002

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

201612120160

Electronic Service Requested

MIXED AADC 926
18908 0.5738 MB 0.416
Joyce Altman Interpeters 199
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	California Healthcare Industry Progra
Facility:	Golden State Health Centers, I
Policy ID:	CHIP-4532-0015
IRS/SSN:	XXXX
Administrator:	SApkarian
Claim Number:	13-072838
Check #:	9621
Check Total:	800.00
Check Date:	12/09/2016

1 OF 2

ENV 18908

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
10/28/2013	13-072838 Full & Final STIP 11	11/15/16-11/15/16		Medical Lien Payment 800.00
				Totals: 800.00

OK
BB

PAID DEC 19 2016

MR

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

*** INVOICE ***

Date	NO#
05/08/17	69453

EAMS#(s):ADJ10653861
ADJ10322154
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30153526472-0001

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

Case: vs COCA COLA ENTERPRISES
Date Of Injury: 2/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/17/16	LEGAL_WCAB	FULL DAY MSC @ WCAB LB	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 (AM)	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (PM)	0.00
07/27/16	PMT BY CHECK	DOS 5/17/16* # 0066565510	-313.00
07/20/16	LEGAL_PREP	DEPO PREP @ L/O SINGER & BENJUMEA	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
08/18/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/01/16	PMT BY CHECK	DOS 7/20/16* # 0068284473	-90.00
12/22/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/23/17	PENALTIES	FOR DATE OF SERVICE 07/20/16	9.98
03/16/17	INTEREST	FOR DATE OF SERVICE 07/20/16	4.78
02/23/17	PENALTIES	FOR DATE OF SERVICE 08/18/16	37.50
02/23/17	INTEREST	FOR DATE OF SERVICE 08/18/16	17.25
02/21/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/16/17	PENALTIES	FOR DATE OF SERVICE 12/22/16	23.48
03/16/17	INTEREST	FOR DATE OF SERVICE 12/22/16	4.78
03/24/17	PMT BY CHECK	DOS 3/1/17* # 0073339537	-697.17
04/25/17	COSTS & SANC	COSTS & SANC	619.90
05/05/17	PMT BY CHECK	DOS 5/17/16-2/21/17* # 0073818324	-650.00

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

*** INVOICE ***

Date	NO#
05/08/17	69453

EAMS#(s):ADJ10653861
ADJ10322154
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30153526472-0001

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

Case: vs COCA COLA ENTERPRISES
Date Of Injury: 2/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

P0005028006

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

2016072716 22

Electronic Service Requested

SINGLE PIECE

61 0.738? SP 0.465

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

1 OF 3 F

ENV 61

DATE	CHECK AMT	CHECK NO.
07/27/2016	313.00	0066565510

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
	02/19/2015	30153526472-0001

Amt Paid: 313.00 Description:
Amt Billed: 313.00 Invoice:
Dates: 05/17/2016-05/17/2016 Comment:

ICN: 301535264720001

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

P6905028006

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

201609011614

Electronic Service Requested

SINGLE PIECE

1101 0.5486 SP 0.465

JOYCE ALTMAN INTERPRETERS 3
P.O. BOX 4165
TUSTIN, CA 92781-4165

1 OF 2 F

ENV 1101

DATE	CHECK AMT	CHECK NO.
09/01/2016	90.00	0068284473

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

SCMS UNIT	PAGE
670 Sedgwick Claims Management Services, Inc	1 of 3

69453-1

Claimant Name	o	Loss Date	Claim Number
		02/19/2015	30153526472-0001

Amt Paid: ~~90.00~~ Description: Miscellaneous Medical
Amt Billed: 156.50 Invoice: ICN: 2044-760862
Dates: 07/20/2016-07/20/2016 Comment:

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

P6905028(406

Sedgwick Claims Management Services, Inc
P O Box 144 8
Lexington, KY 40512-4458

201703241621

Electronic Service Requested

SINGLE PIECE

2040 0.3820 SP 0.460

JOYCE ALTMAN INTERPRETERS 4
P.O. BOX 4165
TUSTIN, CA 92781-4165

1 OF 1

ENV 2040

DATE	CHECK AMT	CHECK NO.
03/24/2017	697.17	0073339537

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
	02/19/2015	30153526472-0001

Amt Paid: 697.17 Description:
Amt Billed: 697.17 Invoice: 69453
Dates: 03/01/2017-03/01/2017 Comment:

ICN: 301535264720001

PAID
MAR 28 2017

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



P6905028006

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

201705051615

Electronic Service Requested

1 OF 1

ENV 2074

SINGLE PIECE

2074 0.3820 SP 0.460

JOYCE ALTMAN INTERPRETERS 4
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
05/05/2017	650.00	0073818324

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
	02/19/2015	30153526472-0001

Amt Paid: 650.00 Description:
Amt Billed: 650.00 Invoice: ICN: 301535264720001
Dates: 05/17/2016-02/21/2017 Comment:

PAID
MAY 08 2017
BY: .....

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

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

*** INVOICE ***

Date	NO#
01/25/17	63223

EAMS#(s):ADJ6535800 ADJ6811228
ADJ6535726
SS # :
DOB :
Terms: 60 days
Claim #(s):
2008162541; 2008162552

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: BRANDON NOLIND
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs AMERICAN GRAPHIC /BROADWAY SOL
Date Of Injury: 10/30/08; 8/13/08;

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/10	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
07/20/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
02/22/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/02/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/11/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/01/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/15/13	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
10/09/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
02/19/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
05/28/14	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/08/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/30/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
12/09/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/15/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/18/16	PENALTIES	FOR DATE OF SERVICE 06/23/10	23.48
11/09/16	INTEREST	FOR DATE OF SERVICE 06/23/10	39.89
07/18/16	PENALTIES	FOR DATE OF SERVICE 07/20/11	23.48
11/09/16	INTEREST	FOR DATE OF SERVICE 07/20/11	39.89
07/18/16	PENALTIES	FOR DATE OF SERVICE 02/22/12	23.48
11/09/16	INTEREST	FOR DATE OF SERVICE 02/22/12	39.89
07/18/16	PENALTIES	FOR DATE OF SERVICE 07/02/12	23.48
11/09/16	INTEREST	FOR DATE OF SERVICE 07/02/12	39.89
07/18/16	PENALTIES	FOR DATE OF SERVICE 07/11/12	23.48
11/09/16	INTEREST	FOR DATE OF SERVICE 07/11/12	39.89

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

*** INVOICE ***
Date NO#
01/25/17 63223

EAMS#(s):ADJ6535800 ADJ6811228
ADJ6535726
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2008162541; 2008162552

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: BRANDON NOLIND
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs AMERICAN GRAPHIC /BROADWAY SOL
Date Of Injury: 10/30/08; 8/13/08;

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/16	PENALTIES	FOR DATE OF SERVICE 08/01/12	23.48
11/09/16	INTEREST	FOR DATE OF SERVICE 08/01/12	63.72
07/18/16	PENALTIES	FOR DATE OF SERVICE 05/15/13	23.48
11/09/16	INTEREST	FOR DATE OF SERVICE 05/15/13	39.89
07/18/16	PENALTIES	FOR DATE OF SERVICE 10/09/13	23.48
11/09/16	INTEREST	FOR DATE OF SERVICE 10/09/13	39.89
07/18/16	PENALTIES	FOR DATE OF SERVICE 02/19/14	23.48
11/09/16	INTEREST	FOR DATE OF SERVICE 02/19/14	39.89
07/18/16	PENALTIES	FOR DATE OF SERVICE 05/28/14	116.95
11/09/16	INTEREST	FOR DATE OF SERVICE 05/28/14	79.29
07/18/16	PENALTIES	FOR DATE OF SERVICE 04/08/15	23.48
11/09/16	INTEREST	FOR DATE OF SERVICE 04/08/15	28.01
07/18/16	PENALTIES	FOR DATE OF SERVICE 12/09/15	23.48
11/09/16	INTEREST	FOR DATE OF SERVICE 12/09/15	17.50
11/09/16	PENALTIES	FOR DATE OF SERVICE 06/15/16	23.48
11/09/16	INTEREST	FOR DATE OF SERVICE 06/15/16	7.84
11/30/16	PMT BY CHECK	DOS 6/23/10-9/15/16* # 270064440	-2384.50
01/14/17	PENALTIES_U	FOR UNPAID STLM'T 11/09/16	403.88
01/14/17	INTEREST_U	FOR UNPAID STLM'T 11/09/16	30.98
01/25/17	COSTS & SANC	COSTS	700.95
01/23/17	PMT BY CHECK	DOS 6/15/16* =# 270081638	-2050.00

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

*** INVOICE ***

Date	NO#
01/25/17	63223

EAMS#(s):ADJ6535800 ADJ6811228
ADJ6535726
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2008162541; 2008162552

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: BRANDON NOLIND
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs AMERICAN GRAPHIC /BROADWAY SOL
Date Of Injury: 10/30/08; 8/13/08;

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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 32036 Lakeland, FL 33802-2036

Check Date: 11/30/2016
Check Number: 270064440
Total Billed: $4,000.00
Total Paid: $2,384.50

63223

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2008162541		UN501303892405	06/23/2010	06/15/2016	4,000.00	2,384.50

PAID DEC 02 2016

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

EMPLOYERS®

Employers Compensation Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

WELLS FARGO BANK
56-382
412

270081638

DATE:01/23/2017

Pay Two Thousand Fifty Dollars And 00/100

AMOUNT

TO THE ORDER OF:

**********$2,050.00

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

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

⑈270081638⑈ ⑆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 32036 Lakeland, FL 33802-2036

PAID
JAN 25 2017
BY:

Check Date:	01/23/2017
Check Number:	270081638
Total Billed:	$6,030.00
Total Paid:	$2,050.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2008162541		UN501304033663	06/15/2016	06/15/2016	4,000.00	2,050.00
2015262758		UN501304012622	03/07/2016	11/08/2016	2,030.00	0.00

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

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

*** INVOICE ***
Date NO#
10/25/16 38709

EAMS#(s):ADJ7505727 ADJ7505737
ADJ7505758+ ADJ7505700
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
A5T2646; C136792; AB41969

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

Case: vs J & J SNACK FOOD
Date Of Injury: 9/04;8/7/07;2/25/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/10	MRI	-REF BY DR KOMBERG: L/S, BIL WRISTS, LT SHLDR*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/07/11	WCAB LB	STATUS CONFERENCE - JOYCE ALTMAN # 300624	156.50
10/24/11	PENALTIES	FOR DATE OF SERVICE 10/14/10	22.50
09/15/15	INTEREST	FOR DATE OF SERVICE 10/14/10	80.72
10/24/11	PENALTIES	FOR DATE OF SERVICE 3/7/11	23.48
09/15/15	INTEREST	FOR DATE OF SERVICE 3/7/11	81.75
12/05/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/12/12	MRI	-REF BY DR PAQUETTE: L/S @ CA IMG (3.5 HRS)	262.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
07/24/12	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/10/13	MRI	-REF BY DR KOMBERG: LT SHDR, BIL WRISTS @ CIN*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/09/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/18/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/16/15	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/21/15	PENALTIES	FOR DATE OF SERVICE 3/7/11	23.48
09/15/15	INTEREST	FOR DATE OF SERVICE 3/7/11	81.75
08/21/15	PENALTIES	FOR DATE OF SERVICE 12/5/11	23.48
09/15/15	INTEREST	FOR DATE OF SERVICE 12/5/11	68.29
08/21/15	PENALTIES	FOR DATE OF SERVICE 7/24/12	23.48
09/15/15	INTEREST	FOR DATE OF SERVICE 7/24/12	56.85
08/21/15	PENALTIES	FOR DATE OF SERVICE 2/9/15	23.48

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

*** INVOICE ***

Date	NO#
10/25/16	38709

EAMS#(s):ADJ7505727 ADJ7505737
ADJ7505758+ ADJ7505700
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
A5T2646; C136792; AB41969

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

Case: vs J & J SNACK FOOD
Date Of Injury: 9/04;8/7/07;2/25/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/15	INTEREST	FOR DATE OF SERVICE 2/9/15	11.00
08/21/15	PENALTIES	FOR DATE OF SERVICE 5/18/15	23.48
09/15/15	INTEREST	FOR DATE OF SERVICE 5/18/15	6.16
09/15/15	PMT BY CHECK	DOS 10/14/10-07/16/15* # 896D 86602731	-1237.36
12/02/15	PENALTIES	FOR DATE OF SERVICE 6/12/12	39.38
09/15/15	INTEREST	FOR DATE OF SERVICE 6/12/12	98.83
12/02/15	PENALTIES	FOR DATE OF SERVICE 1/10/13	22.50
09/15/15	INTEREST	FOR DATE OF SERVICE 1/10/13	46.46
12/02/15	PENALTIES	FOR DATE OF SERVICE 7/16/15	23.48
10/04/16	INTEREST	FOR DATE OF SERVICE 7/16/15	22.63
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
10/04/16	INTEREST	FOR DATE OF SERVICE 5/18/15	16.99
10/04/16	COSTS & SANC	COSTS & S ANC	615.69
10/21/16	PMT BY CHECK	DOS 10/4/16* # 896D 88482436	-1800.00

BALANCE 0.00

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

019252

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

SA09557

896D 86602731

TRAVELERS

DATE: 09/15/15
LOSS DATE: 08/07/07
FILE NUMBER: 152 CB CBC6792 P

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

EMPLOYEE

ACCOUNT NAME:
J & J SNACK FOODS CORP

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/14/2010 TO: 07/16/2015

TOTAL PAID: $1237.36
TAX INFO: 330956713596647 9Y
PAY MISC: 38709
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
BY: .....

FOR ADDITIONAL INFORMATION, CONTACT: RICK PARNELL AT (909)612-3000

258009695
DETACH CHECK

UNSUMM-111311
UVAPUNS2-121298
DETACH CHECK

012032

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

896D 88482436

TRAVELERS

DATE: 10/21/16
LOSS DATE: 08/07/07
FILE NUMBER: 152 CB CBC6792 P
REFERENCE #: 1013783745SW
EMPLOYEE

ACCOUNT NAME:
J & J SNACK FOODS CORP

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 10/04/16

TOTAL PAID: $1800.00

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

F. F. ok
AM

UR

FOR ADDITIONAL INFORMATION, CONTACT: JAZMIN BALLESTEROS AT (909)612-3856

295019660
DETACH CHECK

UNSHMM OVRPUNS2 1212
DETACH CHECK

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

*** INVOICE ***
Date NO#
11/15/16 58896

EAMS#(s):ADJ8836197 ADJ8836070
ADJ8836040
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30130271052-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14563)
W. C. DEPARTMENT
ATTN: JAMES MC ALLISTER
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
09/25/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/18/14	LEGAL_WCAB	MSC @ WCAB LBO - JOHANNA JORDAN # 301566	156.50
03/10/15	LEGAL_WCAB	TRIAL @ WCAB LBO (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/03/16	PENALTIES	FOR DATE OF SERVICE 10/3/16	23.48
10/03/16	INTEREST	FOR DATE OF SERVICE 10/3/16	35.80
10/03/16	PENALTIES	FOR DATE OF SERVICE 1/22/15	23.48
10/03/16	INTEREST	FOR DATE OF SERVICE 1/22/15	31.95
10/03/16	PENALTIES	FOR DATE OF SERVICE 3/23/15	49.95
10/03/16	INTEREST	FOR DATE OF SERVICE 3/23/15	57.99
10/11/16	PMT BY CHECK	DOS 9/25/14-12/18/14* # 3166462	-626.00
11/09/16	COSTS & SANC	COSTS & SANC	602.35
11/10/16	PMT BY CHECK	DOS 5/22/13-3/10/15* # 3182805	-825.00

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

*** INVOICE ***

Date	NO#
11/15/16	58896

EAMS#(s):ADJ8836197 ADJ8836070
ADJ8836040
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30130271052-0001

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

Case: vs RALPHS
Date Of Injury: 2/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Sedgwick Claims Management Services, Inc
P O Box 14563
Lexington, KY 40512-4563

DATE	CHECK AMT	CHECK NO.
07/12/2013	156.50	0002447318

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

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services	001

004964 0002447318 00002 OF 00002 0AM 130712 1100

PAID JUL 16 2013

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN
	02/16/2013	30130271052-0001	

Amt Paid: 156.50
Amt Billed: 156.50
Dates: 05/22/2013 - 05/22/2013
Description:
Invoice: 58896
Comment:
ICN: 301302710520001

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

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 0PM 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.PRM (02-28-01)

DATE	CHECK AMOUNT	CHECK NUMBER
10/11/2016	626.00	3166462

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services, Inc	1

Sedgwick Claims Management Services, Inc
P O Box 14563
Lexington, KY 40512-4563

CHK0001
000 0003298 00000000 0001 0002 02096 INS: 0 0
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

CLAIMANT NAME	LOSS DATE	CLAIM NUMBER	SSN
	02/16/2013	30130271052-0001	

Amount Paid: 626.00
Amount Billed: 626.00
Dates: 09/25/2014 – 12/18/2014
Description:
Invoice:
Comment: per Order
ICN: 301302710520001

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

CHK0001 v1.56

F. F.
pel 5811

DATE	CHECK AMOUNT	CHECK NUMBER
11/10/2016	825.00	3182805

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services, Inc	1

Sedgwick Claims Management Services, Inc
P O Box 14563
Lexington, KY 40512-4563

CHK0001
000 0000179 00000000 0001 0001 00179 INS: 0 0
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

CLAIMANT NAME	LOSS DATE	CLAIM NUMBER	SSN
	02/16/2013	30130271052-0001	

Amount Paid: 825.00
Amount Billed: 825.00
Dates: 05/22/2013 – 03/10/2015

Description:
Invoice: ICN: 301302710520001
Comment: Full and Final Settlement of Lien all DOS 11/09/16

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

CHK0001 v1.56

I.F.

PAID NOV 15 2016

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/15/16 68579

EAMS#(s):
ADJ10125077
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710969119

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LARA AVENDANO
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs TAG FORCE SECURITY PATROL SVCS
Date Of Injury: 5/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
03/08/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/14/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/23/16	PMT BY CHECK	DOS 4/21/16* # 30380080	-156.56
04/21/16	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
06/10/16	PMT BY CHECK	DOS 2/22/16-4/21/16* =# 30615642	-90.00
10/31/16	PENALTIES	FOR DATE OF SERVICE 2/22/16	23.48
10/31/16	INTEREST	FOR DATE OF SERVICE 2/22/16	11.93
10/31/16	PENALTIES	FOR DATE OF SERVICE 3/8/16	23.48
10/31/16	INTEREST	FOR DATE OF SERVICE 3/8/16	11.93
10/31/16	PENALTIES	FOR DATE OF SERVICE 4/14/16	37.50
10/31/16	INTEREST	FOR DATE OF SERVICE 4/14/16	16.46
11/09/16	PMT BY CHECK	DOS 10/31/16* # 31313801	-900.00
11/21/16	COSTS & SANC	COSTS	302.28

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P-000026001

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201604250143

Electronic Service Requested

1 OF 1

ENV 25154

MIXED AADC 926
25154 0.3820 MB 0.416

JOYCE ALTMAN INTERPRETERS INC 210
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 30380080
RFP No.: 596808
Check Date: 04/23/2016
Check Amount: 156.56
Insured: TAG FORCE SECURITY & PATROL IN
Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

68579

PAID APR 26 2016

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000065255571	00969119	001	05/25/2015	EXP	O	156.56
					Total Amount	156.56

Reason for Payment
042116-042116 P

Use File # 710/00969119 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

20166104008

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

SINGLE PIECE
35 1.7220 SP 0.675

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

6 OF 8 F

ENV 35

Check No.: 30615642
RFP No.: 697269
Check Date: 06/10/2016
Check Amount: 90.00
Insured: TAG FORCE SECURITY & PATROL IN
Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID JUN 13 2016

68579

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000065255571	00969119	001	05/25/2015	MED	C	90.00
					Total Amount	90.00

Reason for Payment
ORG: 719.50 ACT: 68579 022216-042116

Use File # 710/00969119 on all correspondence for prompt processing.
For check information call: 877-802-5246

P400028001

20161109613

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

ENV 2547 3 OF 3 F

MIXED AADC 926
2547 0.7389 MB 0.416

JOYCE ALTMAN INTERPRETERS INC 137
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 31313801
RFP No.: 988704
Check Date: 11/09/2016
Check Amount: 900.00
Insured: TAG FORCE SECURITY & PATROL IN
Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000065255571	00969119	001	05/25/2015	MED	C	~~900.00~~
					Total Amount	900.00

Reason for Payment
103116-103116 P

Use File # 710/00969119 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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/22/16	52165

EAMS#(s):
ADJ8082535
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
008089-000198-WC01

BILL TO:
GALLAGHER BASSETT/CHUBB SVCS
W. C. DEPARTMENT
ATTN: OFELIA MITCHELL
P.O. BOX 2934
CLINTON, IA 52733

Case vs FOREVER 21 LOGISTICS
Date Of Injury: 10/12/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
07/11/12	PMT BY CHECK	DOS 3/13/12 # 7626467	-156.50
11/09/12	DEPO PREP	@ THE L/O OF WEITZMAN & ESTES	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/19/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
10/14/15	PENALTIES	FOR DATE OF SERVICE 11/9/12	23.48
12/03/15	INTEREST	FOR DATE OF SERVICE 11/9/12	54.63
10/14/15	PENALTIES	FOR DATE OF SERVICE 3/19/15	23.48
12/03/15	INTEREST	FOR DATE OF SERVICE 3/19/15	12.18
10/08/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 52165	0.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
12/07/15	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LB	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/03/15	PMT BY CHECK	DOS 3/13/12-10/14/15* # 0123824076	-578.34
02/10/16	PENALTIES	FOR DATE OF SERVICE 12/7/15	46.95
09/07/16	INTEREST	FOR DATE OF SERVICE 12/7/15	27.61
07/11/12	PENALTIES	FOR DATE OF SERVICE 3/13/12	23.48
07/11/12	INTEREST	FOR DATE OF SERVICE 3/13/12	4.19
09/13/16	PMT BY CHECK	DOS 9/13/16* # 0130962756	-1520.00
11/21/16	COSTS & SANC	COSTS	999.84

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/22/16	52165

EAMS#(s):
ADJ8082535
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
008089-000198-WC01

BILL TO:
GALLAGHER BASSETT/CHUBB SVCS
W. C. DEPARTMENT
ATTN: OFELIA MITCHELL
P.O. BOX 2934
CLINTON, IA 52733

Case: vs FOREVER 21 LOGISTICS
Date Of Injury: 10/12/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 #: 022611015650
Policy: 000071603793
Occurence: 000649
Date of Loss: 10/12/2011

SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Forever 21, Inc.

Page: 1 of 1
Check Number: 7626467
Print Date: 07/12/2012
Issue Date: 07/11/2012
Invoice Number: 52165
Invoice Date:

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
03/13/2012-		Translator	156.50	0.00	156.50

PAID
JUL 17 2012
BY:

CHECK TOTAL:	156.50	0.00	156.50

Comments: dos 3/13/12 inv# 52165 invdate 5/7/12

Claim Representative: DELLENER REECE

Phone:

GALLAGHER BASSETT-GLENDALE WC
505 N. BRAND BOULEVARD
4TH FLOOR
GLENDALE CA 91203-3944

008089 PAGE 1 OF 1 003847

MDG2009 00005082 1 MB 0439 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID DEC 10 2015

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 818-638-2330
GALLAGHER BASSETT-GLENDALE WC
505 N. BRAND BOULEVARD
4TH FLOOR
GLENDALE CA 91203-3944

52165

CLAIM NO.: 008089 000198 WC 01 (CAFCAHQLA)

CLAIMANT:

DESCRIPTION: INV#52165

DATES OF SERVICE: 13Mar12 **THRU** 14Oct15

BENEFIT PERIOD: **THRU**

BRANCH NO.: 482

ACC DATE: 12Oct11

NO.: 0123824076

VN: 0000046427

DATE: 03Dec15

AMOUNT: 578.34

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005082 005738 001 002

GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

008089 PAGE 1 OF 1 006393

MDG2009 00005165 1 MB 0419 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

52165

CLAIM NO.: 008089 000198 WC 01 (CAFCAHQLA)
CLAIMANT:
DESCRIPTION: FULL/FINAL ALL DOS

DATES OF SERVICE: 13Sep16 **THRU** 13Sep16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 12Oct11

NO.: 0130962756
VN: 0000048672
DATE: 13Sep16
AMOUNT: 1520.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005165 005889 001 001

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/21/16	63942

EAMS#(s):
ADJ8990828
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BYWC337624-006

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: BETHANY CIAVARELLA
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs AMERICAN MOBILE WASH
Date Of Injury: 6/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/09/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/15/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/12/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/14/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/02/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/22/14	DEPO PREP	@ THE L/O OF BRADFORD & BARTHEL	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/21/14	LIEN FIL FEE	LIEN FILING FEE	150.00
10/06/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/27/15	PENALTIES	FOR DATE OF SERVICE 06/02/14	23.48
10/28/16	INTEREST	FOR DATE OF SERVICE 06/02/14	37.03
08/27/15	PENALTIES	FOR DATE OF SERVICE 07/22/14	23.48
10/28/16	INTEREST	FOR DATE OF SERVICE 07/22/14	37.03
08/27/15	PENALTIES	FOR DATE OF SERVICE 10/6/14	37.50
10/28/16	INTEREST	FOR DATE OF SERVICE 10/6/14	58.60
05/11/15	LEGAL_WCAB	MSC @ WCAB LBO (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/27/15	PENALTIES	FOR DATE OF SERVICE 5/11/15	46.95
10/28/16	INTEREST	FOR DATE OF SERVICE 5/11/15	52.37
12/09/15	PENALTIES	FOR DATE OF SERVICE 08/05/13	27.00
11/07/16	INTEREST	FOR DATE OF SERVICE 08/05/13	43.16

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/21/16 63942

EAMS#(s):
ADJ8990828
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BYWC337624-006

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: BETHANY CIAVARELLA
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: AMERICAN MOBILE WASH
Date Of Injury: 6/18/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/15	PENALTIES	FOR DATE OF SERVICE 09/09/13	27.00
11/07/16	INTEREST	FOR DATE OF SERVICE 09/09/13	43.16
12/09/15	PENALTIES	FOR DATE OF SERVICE 10/15/13	27.00
11/07/16	INTEREST	FOR DATE OF SERVICE 10/15/13	43.16
12/09/15	PENALTIES	FOR DATE OF SERVICE 11/12/13	27.00
11/07/16	INTEREST	FOR DATE OF SERVICE 11/12/13	43.16
12/09/15	PENALTIES	FOR DATE OF SERVICE 01/14/14	27.00
11/07/16	INTEREST	FOR DATE OF SERVICE 01/14/14	43.16
10/28/16	PMT BY CHECK	DOS 10/28/16* # 009216059 GUARD INS	-875.00
11/07/16	COSTS & SANC	COSTS & SANC	581.76
11/15/16	PMT BY CHECK	DOS 11/7/16* # 009219996 GUARD INS	-2300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

009216059

129

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

66840
63942

10/28/2016 330956713-0000 JOYCE ALTMAN INTERPRETERS INC
875.00 BYWC337624-006 DOL:05/31/2013
:05/31/2013

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009216059

DATE 10/28/2016

AMOUNT ********$875.00

⇨⇨⇨⇨⇨PAY ONLY $875.00

DOLLAR EIGHT SEVEN FIVE PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ EIGHT HUNDRED SEVENTY-FIVE DOLLARS AND 00 CENTS**********

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID OVER $875.00

⑈009216059⑈ ⑆121000248⑆ 2000519407927⑈

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: AMGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Bill: GUA-GUCA-448372

Provider

JOYCE ALTMAN INTERPRETERS INC
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Claimant

NPI:
Rendering NPI:
Tax ID: 33-0956713 **Type:** OM **Specialty (1):** AO
License: A999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386
Invoice Date: 11-05-2016

Claim Number: BYWC337624-006
DOI/DOL: 05-31-2013
External Claim Number: BY337624006

Payment Status Code: 1

Bill Details

Dates of Service: 05-31-2013
Post Date: 11-11-2016

Reviewer: DH/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: JASONV

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	Rev./Proc. Code	Dx.	Charges	Units	BR	Description	Network	NGD	Other	Explanation Code(s) Allow.
1	05-31-2013	99	MDS10	A	2,300.00	1		SETTLEMENT FOR DISPUTE				G67, 961 2,300.00

Totals

Total Charges: 2,300.00
Recommended Allowance: **2,300.00**

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

GUARD INSURANCE GROUP, PO BOX 1368, WILKES-BARRE, PA 18703, (800) 673 - 2465

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DCN Number: MN-111020160134

GDCH10161115816.000584.02.02.000000

009219996

584

66840
63942

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

I. F.
CA

Please see attached documentation.

PAID

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

AmGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009219996

DATE 11/15/2016

AMOUNT ******$2,300.00

⇨⇨⇨⇨⇨PAY ONLY $2,300.00
DOLLAR TWO COMMA THREE ZERO ZERO PERIOD ZERO ZERO

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

■ TWO THOUSAND THREE HUNDRED DOLLARS AND 00 CENTS**********

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID OVER $2,300.00

⑈009219996⑈ ⑆121000218⑆ 2000519107927⑈

MF

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/11/16 51179

EAMS#(s):8086966,8551751 ADJ8395906
ADJ8086955; 8086871 ADJ8551749
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
B152302012; 3011153338; B

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: BRETT DOWNUM
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs McDONALD'S
Date Of Injury: 5/08;5/10;11/11;10/1

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/02/12	MRI	REF BY DR RODRIGUEZ: C/S, L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
02/10/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/13/12	PMT BY CHECK	DOS 1/20/12-2/10/12 # 0032009918	-556.50
03/14/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/27/12	PMT BY CHECK	DOS 3/14/12 # 0032010514	-156.50
03/27/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
08/27/13	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/18/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMA # 100585	0.00
05/06/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/30/15	LEGAL_WCAB	TRIAL @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/11/15	PENALTIES	FOR DATE OF SERVICE 3/27/13	23.48
03/22/16	INTEREST	FOR DATE OF SERVICE 3/27/13	54.04
09/11/15	PENALTIES	FOR DATE OF SERVICE 8/27/13	23.48
03/22/16	INTEREST	FOR DATE OF SERVICE 8/27/13	46.50
09/11/15	PENALTIES	FOR DATE OF SERVICE 2/18/15	23.48
02/08/16	INTEREST	FOR DATE OF SERVICE 2/18/15	17.16
09/11/15	PENALTIES	FOR DATE OF SERVICE 5/6/15	23.48
02/08/16	INTEREST	FOR DATE OF SERVICE 5/6/15	14.10
09/11/15	PENALTIES	FOR DATE OF SERVICE 6/30/15	23.48

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/11/16 51179

EAMS#(s):8086966,8551751 ADJ8395906
ADJ8086955; 8086871 ADJ8551749
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
B152302012; 3011153338; B

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: BRETT DOWNUM
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs McDONALD'S
Date Of Injury: 5/08;5/10;11/11;10/1

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/16	INTEREST	FOR DATE OF SERVICE 6/30/15	11.49
02/08/16	PMT BY CHECK	DOS 2/18/15-6/30/15* # 0061702238	-469.50
03/22/16	PMT BY CHECK	DOS 3/27/13-8/27/13* # 0062851917	-313.00
03/22/16	COSTS & SANC	COSTS & SANC	1000.00
04/07/16	PMT BY CHECK	DOS 1/20/12-6/30/15* # 0062852629	-1260.69

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
03/13/2012	556.50	0032009918

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*005145 0032009918 00001 OF 00002 OPM 120312 1432

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN
	10/15/2011	30111153338-0001	

Amt Paid: 556.50 Description:
Amt Billed: 556.50 Invoice: 51179 ICN: 30111153338O001
Dates: 01/20/2012 - 02/10/2012 Comment:

MAR 16 2012

BY:

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

EI991.FRM (02-28-01)

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
03/27/2012	156.50	0032010514

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*002006 0032010514 00001 OF 00001 0AM 120327 1033

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

51179

Claimant Name	Loss Date	Claim Number	SSN
	10/15/2011	30111153338-0001	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 51179 ICN: 301111533380001
Dates: 01/20/2012 - 03/14/2012 Comment:

PAID
MAR 30 2012
BY:

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

E1991.FRM (02-28-01)

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

201602081616

Electronic Service Requested

PAID FEB 11 2016

1 OF 2

ENV 2410

SINGLE PIECE

2410 0.5738 SP 0.485

JOYCE ALTMAN INTERPRETERS 4
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
02/08/2016	469.50	0061702238

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services, Inc	1 of 1

51179

Claimant Name	Loss Date	Claim Number
	10/15/2011	30111153338-0001

Amt Paid:	469.50	Description:	
Amt Billed:	469.50	Invoice:	ICN: 185450371.338
Dates:	02/18/2015-06/30/2015	Comment:	

F.T.

Ref 5811

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

P69050280006

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

20160322161619

Electronic Service Requested

1 OF 2

ENV 2392

SINGLE PIECE

2392 0.5738 SP 0.485

JOYCE ALTMAN INTERPRETERS 4
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
03/22/2016	313.00	0062851917

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	10/15/2011	30111153338-0001

Amt Paid: 313.00 Description:
Amt Billed: 313.00 Invoice:
Dates: 03/27/2013-08/27/2013 Comment:

ICN: 187267816.338

51179

PAID MAR 28 2016

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

20160407161414

Electronic Service Requested

SINGLE PIECE

1096 0.5486 SP 0.485

JOYCE ALTMAN INTERPRETERS INC 3
PO BOX 4165
TUSTIN, CA 92781-4165

1 OF 2 F

ENV 1096

DATE	CHECK AMT	CHECK NO.
04/07/2016	1,260.69	0062852629

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS INC	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services, Inc	1 of 3

Claimant Name	Loss Date	Claim Number
	10/15/2011	30111153338-0001

Amt Paid: 630.34 Description: Miscellaneous Medical
Amt Billed: 786.84 Invoice: ICN: 2900-138706
Dates: 01/20/2012-01/20/2012 Comment:

Amt Paid: 630.35 Description: Miscellaneous Medical
Amt Billed: 786.85 Invoice: ICN: 2900-138706
Dates: 06/30/2015-06/30/2015 Comment:

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/22/16 64052

EAMS#(s):
ADJ9533638
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
4727878

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W. C. DEPARTMENT
ATTN: ROSIE VALLERDANES
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs VALPRO INC
Date Of Injury: 4/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/14	LEGAL_PREP	DEPO PREP @ L/O PRINDLE, AMARO & GOETZ	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/06/15	PMT BY CHECK	DOS 10/29/14* # 0000001716	-156.50
12/16/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/12/15	PMT BY CHECK	DOS 12/16/14* # 0000001994	-250.00
02/09/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/07/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/06/16	PMT BY CHECK	DOS 10/29/14-2/9/16* # 00000005236	-156.50
05/06/16	PENALTIES	FOR DATE OF SERVICE 02/09/16	23.48
05/06/16	INTEREST	FOR DATE OF SERVICE 02/09/16	4.63
08/03/16	PENALTIES	FOR DATE OF SERVICE 04/07/16	23.48
08/03/16	INTEREST	FOR DATE OF SERVICE 04/07/16	4.63
08/17/16	PMT BY CHECK	DOS 10/29/14-8/3/16* # 0000006229	-212.72

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Claim: 4727878 / , Accident date: 04/16/2014, Jurisdiction State: California.
Insured: Val Pro Inc, Policy: ZAWCI1016000.

The payment is for Language Interpreter paid under Expense from 10/29/2014 to 10/29/2014.
Check: 0000001716, issued: 01/06/2015, for: $156.50, for: Expense, Invoice 64052

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Rosie Valladares, telephone: (714) 202-2010 in CA \ Orange Orange CA, email: Rosie.Valladares@yorkrsg.com, if you have questions regarding this payment.

PAID JAN 09 2015

U.S. Mail

0005254639

THIS CHECK IS VOID WITHOUT A RED BACKGROUND WITH AN ARTIFICIAL FINGERPRINT SEAL ON THE BACK THAT DISAPPEARS WHEN HEAT IS APPLIED

York Risk Services Group, Inc
Client Escrow Account on Behalf of
Arch Insurance Company - AGG CAP Program 1
5000 Bradenton Ave
Dublin OH 43017

JPMorgan Chase Bank, N.A.
Baton Rouge, LA
84-13/654

Check Number 0000001716
Issue Date: 01/06/2015
VOID After 60 Days

For Expense from 10/29/2014 to 10/29/2014. 64052
Claim: 4727878 / . Language Interpreter - paid under Expense

One hundred fifty six and 50/100 Dollars $ *******156.50

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tahuk
Authorized Signature

0005370925

Claim: 4727878 / , Accident date: 04/16/2014, Jurisdiction State: California.
Insured: Val Pro Inc, Policy: ZAWCI1016000.

The payment is for Language Interpreter - paid under Expense from 12/16/2014 to 12/16/2014.
Check: 0000001994, issued: 02/12/2015, for: $250.00, for: Expense, Invoice: 64052

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

64052

Please contact Rosie Valladares, telephone: (714) 202-2010 in CA \ Orange Orange CA, email: Rosie.Valladares@yorkrsg.com, if you have questions regarding this payment.

PAID FEB 18 2015

U.S. Mail

0005370925

THIS CHECK IS VOID WITHOUT A RED BACKGROUND WITH AN ARTIFICIAL FINGERPRINT SEAL ON THE BACK THAT DISAPPEARS WHEN HEAT IS APPLIED

York Risk Services Group, Inc
Client Escrow Account on Behalf of
Arch Insurance Company - AGG CAP Program 1
5000 Bradenton Ave
Dublin OH 43017

JPMorgan Chase Bank, N.A.
Baton Rouge, LA
84-13/654

Check Number 0000001994
Issue Date: 02/12/2015
VOID After 60 Days

For Expense from 12/16/2014 to 12/16/2014. 64052
Claim: 4727878 / Language Interpreter - paid under Expense

Two hundred fifty Dollars $ *******250.00

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuchi
Authorized Signature

Claim: 4727878 / , Accident date: 04/16/2014, Jurisdiction State: California.
Insured: Val Pro Inc, Policy: ZAWCI1016000.

The payment is for Language Interpreter - paid under Medical from 10/29/2014 to 02/09/2016.
Check: 0000005236, issued: 05/06/2016, for: $156.50, for: Medical, Invoice: 64052

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Evonne Lucero, telephone: (714) 620-1394 in CA \ Orange Orange CA, email: evonne.lucero@yorkrsg.com, if you have questions regarding this payment.

PAID MAY 11 2016

U.S. Mail

0100253535

THIS DOCUMENT CONTAINS A VOID PANTOGRAPH AND IS NOT VALID IF THE WORD "VOID" APPEARS

York Risk Services Group, Inc
Client Escrow Account on Behalf of
Arch Insurance Company - AGG CAP Program 1
5000 Bradenton Ave
Dublin OH 43017

JPMorgan Chase Bank, N.A.
Baton Rouge, LA
84-13/654

Check Number 0000005236
Issue Date: 05/06/2016
VOID After 60 Days

For Medical from 10/29/2014 to 02/09/2016. 64052
Claim: 4727878 / . Language Interpreter - paid under Medical

$ *******156.50

One Hundred Fifty-Six and 50/100 Dollars

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuchi
Authorized Signature

⑈0000005236⑈ ⑆065400137⑆ 583967778⑈

0006614451

Claim: 4727878 / Accident date: 04/16/2014, Jurisdiction State: California.
Insured: Val Pro Inc, Policy: ZAWCI1016000.

The payment is for Defense - Legal Fees from 10/29/2014 to 08/03/2016.
Check: 0000006229, issued: 08/17/2016, for: $212.72, for: Expense, Invoice: 64052

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Evonne Lucero, telephone: (714) 620-1394 in CA \ Orange Orange CA, email: evonne.lucero@yorkrsg.com, if you have questions regarding this payment.

MR

U.S. Mail

0006614415

THIS DOCUMENT CONTAINS A VOID PANTOGRAPH AND IS NOT VALID IF THE WORD "VOID" APPEARS

York Risk Services Group, Inc
Client Escrow Account on Behalf of
Arch Insurance Company - AGG CAP Program 1
5000 Bradenton Ave
Dublin OH 43017

JPMorgan Chase Bank, N.A
Baton Rouge, LA
84-13/654

Check Number 0000006229
Issue Date: 08/17/2016
VOID After 60 Days

For Expense from 10/29/2014 to 08/03/2016. 64052
Claim: 4727878 / Defense - Legal Fees

Two Hundred Twelve and 72/100 Dollars

$ *******212.72

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuchi
Authorized Signature

⑈0000006229⑈ ⑆065400137⑆ 583967778⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/19/16	52411

EAMS#(s):ADJ10447624
ADJ8071809
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
186246690-001

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: JULIE IRWIN
P.O. BOX 14352
LEXINGTON, KY 40512

Case: vs RIVERSIDE AUTO AUCTION
Date Of Injury: CT 1/1/09-6/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/12	MRI	REF BY DR WEESIES: C/S, T/S, L/S @ CALIF IMAG*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/08/12	DEPO PREP	@ THE L/O OF DIETZ, GILMOR & ASSOCIATES	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
08/17/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/25/16	PENALTIES	FOR DATE OF SERVICE 06/08/12	23.48
07/06/16	INTEREST	FOR DATE OF SERVICE 06/08/12	72.48
06/25/16	PENALTIES	FOR DATE OF SERVICE 08/17/12	37.50
07/06/16	INTEREST	FOR DATE OF SERVICE 08/17/12	111.30
08/03/16	COSTS & SANC	COSTS & SANC	398.74
08/15/16	PMT BY CHECK	DOS 8/12/16* # 2640929622	-1300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	08/15/2016
Check Amount	:	$1300.00
Check Number	:	5640929622

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186246690-001 FRESNO Lump Sum Settlement, Medical	06/23/2011 $1300.00 $1300.00	Julie L. Irwin full&final	 08/12/2016-08/12/2016

F. F.
LA OK

PAID AUG 10 2016

MP

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/17/16 58197

EAMS#(s):
ADJ8656553
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-12-06712

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ATHEN ACREE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs EDINGER MATERIALS
Date Of Injury: 10/16/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/13	DEPO PREP	@ THE L/O OF PREMIER BUSINESS CENTER	156.50
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
03/07/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/11/13	PMT BY CHECK	DOS 2/15/13 # 0000202644	-156.50
09/04/13	PMT BY CHECK	DOS 3/7/13 # 0000204194	-250.00
08/04/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/24/15	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/10/16	PENALTIES	FOR DATE OF SERVICE 3/7/13	37.50
09/04/13	INTEREST	FOR DATE OF SERVICE 3/7/13	11.66
03/10/16	PENALTIES	FOR DATE OF SERVICE 8/4/15	23.48
05/06/16	INTEREST	FOR DATE OF SERVICE 8/4/15	14.25
03/10/16	PENALTIES	FOR DATE OF SERVICE 9/24/15	23.48
05/06/16	INTEREST	FOR DATE OF SERVICE 9/24/15	11.83
05/06/16	PMT BY CHECK	DOS 2/15/13-3/10/16* # 220730	-429.58
07/11/13	PENALTIES	FOR DATE OF SERVICE 2/15/13	23.48
07/11/13	INTEREST	FOR DATE OF SERVICE 2/15/13	4.59
08/10/16	COSTS & SANC	COSTS & SANC	966.31
08/10/16	PMT BY CHECK	DOS 2/15/13-5/10/16* # 221820	-1000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/17/16	58197

EAMS#(s):
ADJ8656553
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-12-06712

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ATHEN ACREE
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs EDINGER MATERIALS
Date Of Injury: 10/16/12

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 Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explorer Insurance Company
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 07/11/2013
Check Number: 0000202644
Check Amount: $156.50

EGYS1F

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, EGYS1F

00200 JOP1ZS01 1Z 6300016468-6300533209

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID JUL 16 2013

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-12-06712		10/16/2012	58197	43	02/15/2013	02/15/2013	$156.50

Cat	SubPC	Stub Notes	Stub Amount
43		MISC EXPENSE	$156.50
			$156.50

Explorer Insurance Company
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 09/04/2013
Check Number: 0000204194
Check Amount: $250.00

K0YT1F

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, K0YT1F

00012 JOP1ZS01 1Z 6300016506-6300548391

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID SEP 09 2013

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-12-06712		10/16/2012	NO#58197	43	03/07/2013	03/07/2013	$250.00

Cat	SubPC	Stub Notes	Stub Amount
43		NO#58197	$250.00
			$250.00

Explorer Insurance Company
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 05/06/2016
Check Number: 220730
Check Amount: $429.58

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JoparIPay to speed payments directly to your bank account. Visit https://rg.joparl.net and sign up by entering your registration code,Z2MM4V

3/8/16 11:37 AM 4 0001003 20160508 LE727103 CHECK 1 oz DOM LE7271000O* 161281 CK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

PAID MAY 12 2016

Payment Summary

10101206712	0/16/2012	58197	492	02/15/2013	03/10/2016	$429.58

FF ?
Pd 5811

Explorer Insurance Company
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 08/10/2016
Check Number: 221820
Check Amount: $1,000.00

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,WNSY4V

WNSY4V

3/8/16 11:37 AM 4 0001746 20160810 LH4P6104 CHECK 1 oz DOM LH4P610000* 181281 CK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

G
PAID AUG 17 2016

Payment Summary

Claim				From	Through	Check Amount
10101206712	10/16/2012	492		02/15/2013	05/10/2016	$1,000.00

Category	Stub Notes	Stub Amount
492	Per Stip and Order	$0.00

F.F.
LA

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/17/16 64894

EAMS#(s):
ADJ8210771
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710770298

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: LINYAN CHEN
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs CRITERIAN SUPPLY INC
Date Of Injury: 6/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/03/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/22/15	LEGAL_WCAB	MSC @ WCAB ANA	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
01/18/16	PENALTIES	FOR DATE OF SERVICE 2/3/15	37.50
08/04/16	INTEREST	FOR DATE OF SERVICE 2/3/15	41.27
01/18/16	PENALTIES	FOR DATE OF SERVICE 6/22/15	23.48
07/27/15	INTEREST	FOR DATE OF SERVICE 6/22/15	20.36
07/27/16	PMT BY CHECK	DOS 6/22/15* =# 30848278	-90.00
08/04/16	INTEREST	FOR DATE OF SERVICE 6/22/15	8.82
08/04/16	COSTS & SANC	COSTS & SANC	377.07
08/10/16	PMT BY CHECK	DOS 8/4/16* # 30918648	-825.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P40000280000

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201607271614

Electronic Service Requested

MIXED AADC 926
1324 0.548b MB 0.416
JOYCE ALTMAN INTERPRETERS INC 130
PO BOX 4165
TUSTIN, CA 92781-4165

1 OF 2 F
ENV 1324

Check No.: 30848278
RFP No.: 796614
Check Date: 07/27/2016
Check Amount: 90.00
Insured: CRITERION SUPPLY, INC.

Claimant:

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS

64894

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000014770668	00770298	001	06/14/2011	MED	C	90.00
					Total Amount	90.00

Reason for Payment
ORG: 406.50 ACT: N/A 020315-062215

Use File # 710/00770298 on all correspondence for prompt processing.
For check information call: 877-802-5246

P400002800I1

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201608100139

Electronic Service Requested

1 OF 3 F

ENV 5624

MIXED AADC 926
5624 0.7130 MB 0.416

JOYCE ALTMAN INTERPRETERS INC 196
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 30918648
RFP No.: 824123
Check Date: 08/10/2016
Check Amount: 825.00
Insured: CRITERION SUPPLY, INC.

Claimant:

Claim Office: 710
Insuring Company: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH
Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID AUG 17 2016

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000014770668	00770298	001	06/14/2011	EXP	C	825.00
					Total Amount	825.00

Reason for Payment
080416-080416

F.F. SP

Use File # 710/00770298 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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/16/16	60090

EAMS#(s):
ADJ9103551
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CAWC463769-002

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: HARRY O'NEILL
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs CAMELEON PAINTING, INC.
Date Of Injury: 8/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/09/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/14/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/09/13	DEPO PREP	@ THE L/O OF BRADFORD & BARTHEL	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/12/13	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/22/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/05/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/22/14	PMT BY CHECK	DOS 3/5/14* # 0347365	-180.00
04/16/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/21/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/18/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/23/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/31/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/08/15	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/14/15	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LB	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/13/16	LIEN FIL FEE	LIEN FILING FEE	150.00
05/18/16	PENALTIES	FOR DATE OF SERVICE 12/9/13	23.48
06/22/16	INTEREST	FOR DATE OF SERVICE 12/9/13	42.48

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/16/16	60090

EAMS#(s):
ADJ9103551
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
CAWC463769-002

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W. C. DEPARTMENT
ATTN: HARRY O'NEILL
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs CAMELEON PAINTING, INC.
Date Of Injury: 8/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/18/16	PENALTIES	FOR DATE OF SERVICE 8/18/14	23.48
06/22/16	INTEREST	FOR DATE OF SERVICE 8/18/14	33.48
05/18/16	PENALTIES	FOR DATE OF SERVICE 9/23/14	37.50
06/22/16	INTEREST	FOR DATE OF SERVICE 9/23/14	50.65
05/18/16	PENALTIES	FOR DATE OF SERVICE 8/31/15	23.48
06/22/16	INTEREST	FOR DATE OF SERVICE 8/31/15	14.84
05/18/16	PENALTIES	FOR DATE OF SERVICE 10/8/15	23.48
06/22/16	INTEREST	FOR DATE OF SERVICE 10/8/15	12.97
05/18/16	PENALTIES	FOR DATE OF SERVICE 12/14/15	46.95
06/22/16	INTEREST	FOR DATE OF SERVICE 12/14/15	19.33
08/10/16	COSTS & SANC	COSTS & SANC	1028.88
08/10/16	PMT BY CHECK	DOS 8/13/13* # 009280360	-3800.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/22/2014
Check Number : 0347365
Check Amount : $180.00

Y4FR15

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

5vy5a
00092

PAID APR 28 2014

PAID APR 28 2014

Payment Summary

22023528	08/13/2013 60090	Interpreter Fees -	03/05/2014	03/05/2014	$180.00

92-92
4014

Explanation of Review

BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES

Carrier

Carrier No:
Carrier: NORGUARD INSURANCE COMPANY
P.O. BOX A-H / 16 S. RIVER STREET
WILKES-BARRE, PA 18703-0020

Bill: GUA-GUCA-409911

Provider

JOYCE ALTMAN INTERPRETERS INC
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Claimant

NPI: **Rendering NPI:**
Tax ID: 33-0956713 **Type:** OM **Specialty (1):** AO
License: A99999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS
External ID: 5386
Invoice Date: 07-29-2016

Claim Number: CAWC463769-002
DOI/DOL: 08-13-2013
External Claim Number: CA463769002

Payment Status Code: 1

Bill Details

Dates of Service: 08-13-2013
Post Date: 08-08-2016
Reviewer: DH/
Pay Auth: 0
Client Type of Bill: LIEN
Adjuster: JASONV
File: 00000000/00000000/00000000

Bill ICD Version: 9
Dx A: 959.9 INJURY-SITE NOS

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx.	Units	Description	Explanation Code(s)
						BR	Network	NGD / Other	Allow.
1	08-13-2013	99		MDS10	3,800.00	A	1	SETTLEMENT FOR DISPUTE	G67, 961 3,800.00

Totals

Total Charges: 3,800.00
Recommended Allowance: 3,800.00

Messages

961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE SEND THE BILL AND THE ANALYSIS TO:

GUARD INSURANCE GROUP, PO BOX 1368, WILKES-BARRE, PA 18703, (800) 673 - 2465

CPT Copyright 1995-2015 American Medical Association. All rights reserved.

DCN Number: MN-080320160221

009280360

866

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

60090

Please see attached documentation.

F.F.
LA✓
F&F
OK

PAID AUG 16 2016

MP

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company

16 South River Street
Wilkes-Barre, PA 18703-0020

Wells Fargo Bank, N.A.

11-24
1210

009280360

DATE
08/10/2016

AMOUNT
******$3,800.00 ✓

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10000

➪➪➪➪➪PAY ONLY $3,800.00
DOLLAR THREE COMMA EIGHT ZERO ZERO PERIOD ZERO ZERO

■ THREE THOUSAND EIGHT HUNDRED DOLLARS AND 00 CENTS**********

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

VOID OVER $3,800.00

MP

⑈009280360⑈ ⑆121000248⑆ 2000519409116⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/14/16 55923

EAMS#(s):
ADJ8527568
SS # : XXX-XX-
DOB :
Terms : 30 days
Claim #(s):
608-A33350

BILL TO:
LIBERTY MUTUAL (ROCKLIN779008)
W. C. DEPARTMENT
ATTN: LINDA WILLIAMS
P.O. BOX 779008
ROCKLIN, CA 95677

Case: Vs OLD CASTLE BLDG., ENVELOPE CO.
Date Of Injury: 12/15/11 - 4/20/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/12	MRI	-REF BY DR KATZEN: R/WRIST,	187.50
		U/S INGUINAL (2H 25M	0.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	156.50
11/08/12	DEPO PREP	@ THE OFFICE OF HUTCHINGS	
		COURT REPORTS	0.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	-202.50
02/01/13	PMT BY CHECK	DOS 10/15/12-11/8/12	
		=# 0026023073	250.00
01/29/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	0.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	156.50
06/05/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/11/14	LEGAL_WCAB	MSC @ WCAB LBO	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	156.50
08/20/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	-156.50
08/26/15	PMT BY CHECK	DOS 08/20/15-08/20/15*	
		# 00757963	9.98
10/08/15	PENALTIES	FOR DATE OF SERVICE 11/8/12	24.16
02/16/16	INTEREST	FOR DATE OF SERVICE 11/8/12	37.50
10/08/15	PENALTIES	FOR DATE OF SERVICE 1/29/13	88.06
02/16/16	INTEREST	FOR DATE OF SERVICE 1/29/13	23.48
10/08/15	PENALTIES	FOR DATE OF SERVICE 6/5/14	30.87
02/16/16	INTEREST	FOR DATE OF SERVICE 6/5/14	23.48
10/08/15	PENALTIES	FOR DATE OF SERVICE 12/11/14	20.31
02/16/16	INTEREST	FOR DATE OF SERVICE 12/11/14	150.00
10/09/15	LIEN FIL FEE	LIEN FILING FEE	11.25
02/25/16	PENALTIES	FOR DATE OF SERVICE 10/15/12	27.25
02/16/16	INTEREST	FOR DATE OF SERVICE 10/15/12	-1085.47
02/16/16	PMT BY CHECK	DOS 2/25/16* # 01178237	434.63
06/10/16	COSTS & SANC	COSTS & SANC	-500.00
06/10/16	PMT BY CHECK	DOS 11/19/15* # 01456970	

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/14/16	55923

EAMS#(s):
ADJ8527568
SS # : XXX-XX
DOB :
Terms : 30 days
Claim #(s):
608-A33350

BILL TO:
LIBERTY MUTUAL (ROCKLIN779008)
W. C. DEPARTMENT
ATTN: LINDA WILLIAMS
P.O. BOX 779008
ROCKLIN, CA 95677

Case: vs OLD CASTLE BLDG., ENVELOPE CO.
Date Of Injury: 12/15/11 - 4/20/12

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 Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
288	0026023073	02/01/13
	CHECK AMOUNT ****$202.50	BLOCK NUMBER 016582

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7071
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0301020105-002430
BANK: 288
CHECK REF: 0026023073 DATE: 02/01/13 AMT: 202.50
INTERNAL BILL NO: 098258062 MSR: N0116087
CUST/EXTERNAL BILL NO: 26130170820300
BR PROVIDER #: 059330956713B0

CLAIM NO. WC 608-A33350 HOD
CONTRACT NO: WA7-C8D-004095-021-74
DOCUMENT NO: 0I0141301730000

PAYEE: JOYCE ALTMAN INTERPRETERS
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #: 55923
SSN:
DOI: 04/20/12
PATIENT:

PAID FEB 05 2013

PROVIDER: JOYCE ALTMAN INTERPRETERS

EMPLOYER: OLDCASTLE BUILDINGENVELOPE
ADDRESS: 5631 FERGUSON DR
LOS ANGELES, CA 90022

AGENCY CLAIM#(BOARD COMM#): 201208091653121215333 9
IDC-9 CODES: 799.89

DATES OF SERVICE: 10/15/12-11/08/12
AUDIT DATE: 01/30/13

LOCATION CODE: GLR00023

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
10/15/12	T1013		SIGN LANGUAGE/ORAL INTEPR	10.00	187.50	112.50	N/A	0.00	112.50	ZC93 ZC93
11/08/12	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	156.50	90.00	N/A	0.00	90.00	ZC93 ZC93

TOTAL CHARGES:	344.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	202.50
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	202.50

EXPLANATION CODE DESCRIPTIONS:
ZC93 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE. (ZC93)
ZCA1 THE PAYMENT STATUS CODE REFLECTS THE RECOMMENDED ALLOWANCE AS A RESULT OF OUR BILL REVIEW ANALYSIS. THE ACTUAL PAYMENT WILL BE DETERMINED BY THE PAYOR. (ZCA1)
ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB. (ZC72)

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	00757963 ✓	✓ 08/26/15
	CHECK AMOUNT ✓	BLOCK NUMBER
	****$156.50	002953

OSN: EE2801082603-002612

CLAIM #: WC 608-A33350
CONTRACT #: WA7-C8D-004095-021-74

CONTROL #: 000002061 ID: C608A41

PAYEE: JOYCE ALTMAN INTERPRETING

PAID

BY: .....

DATE OF INJURY: 04/20/12
EMPLOYEE:

EMPLOYER: OLDCASTLE BUILDINGENVELOPE
DATES OF SERVICE 08/20/15-08/20/15
LOCATION CODE: GLR00023

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
				.00	156.50	156.50	
08/20/15	08/20/15	EXPENSE					

NOTE: PAYS FOR DOS 08/20/15

TOTAL GROSS	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

#55923

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	01178237	02/16/16
	CHECK AMOUNT ***$1085.47	BLOCK NUMBER 003394

OSN: EE2801021603-002943

CLAIM #: WC 608-A33350
CONTRACT #: WA7-C8D-004095-021-74

CONTROL #: 000001061 ID: C608C38

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 04/20/12
EMPLOYEE:

EMPLOYER: OLDCASTLE BUILDINGENVELOPE
DATES OF SERVICE 02/25/16-02/25/16
LOCATION CODE: GLR00023

SS923

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
02/25/16	02/25/16	EXPENSE		.00	1085.47	1,085.47	

NOTE: PAYS INTERPRETING FOR UPCOMING HEARING 02/25/16

TOTAL GROSS	1085.47
TOTAL PAYABLE:	1085.47
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	1085.47

PAID FEB 22 2016

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
P O BOX 4555
PORTLAND, OR 97208
916-564-1792

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	01456970	06/10/16
	CHECK AMOUNT ****$500.00	BLOCK NUMBER 003798

OSN: EE2801061003-003571

CLAIM #: WC 608-A33350
CONTRACT #: WA7-C8D-004095-021-74

CONTROL #: 000005177 ID: C608C38

PAYEE: JOYCE ALTMAN INTERPRETING

PAID JAN 14 2016

DATE OF INJURY: 04/20/12
EMPLOYEE:

EMPLOYER: OLDCASTLE BUILDINGENVELOPE
DATES OF SERVICE 11/19/15-11/19/15
LOCATION CODE: GLR00023

55923

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
11/19/15	11/19/15	EXPENSE		.00	500.00	500.00	

NOTE: PAYS INTERPRETING FEES PER ORDER SIGNED 11/19/15

TOTAL GROSS	500.00
TOTAL PAYABLE:	500.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	500.00

F.F.

LA

MR

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/12/16 64262

EAMS#(s):
ADJ9125200
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
10101306421

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W. C. DEPARTMENT
ATTN: ALMA QUINN
P.O. BOX # 509039
SAN DIEGO, CA 92150

Case: vs BREWER CLIFTON
Date Of Injury: 8/5/13

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/14	INITIAL EXAM	DR ATAMIAN @ SPECIALTY CARE*	230.00
		(SCC)	0.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	150.00
10/22/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR	
		CONNOLLY @ ACS* INTL	0.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	180.00
10/16/14	PR2/REEVAL	DR ATAMIAN @ SPECIALTY CARE*	0.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	180.00
11/13/14	PR2/REEVAL	DR ATAMIAN @ SPEACIALTY CARE*	0.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	150.00
11/15/14	EMG TESTING	& NCV BY DR SCHILLING:B/L/E @	
		ADVANCE CARE*	0.00
/ /	INTERPRETER:	GLADYS REYNA # 500257	150.00
01/29/16	LIEN FIL FEE	LIEN FILING FEE	34.50
05/25/16	PENALTIES	FOR DATE OF SERVICE 9/18/14	33.26
05/25/16	INTEREST	FOR DATE OF SERVICE 9/18/14	250.00
07/12/16	PENALTIES_U	FOR UNPAID STLM'T 05/25/16	30.82
08/03/16	INTEREST	FOR UNPAID STLM'T 05/25/16	-1388.58
08/05/16	PMT BY CHECK	DOS 5/25/16* # 221755	
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explorer Insurance Company
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 08/05/2016
Check Number: 221755
Check Amount: $1,388.58

Sign up today for Electronic Funds Transfer (EFT). Insurance Company of the West now uses JopariPay to speed payments directly to your bank account. Visit https://rg.jopari.net and sign up by entering your registration code,JF8Y47

JF8Y47

3/8/16 11:37 AM 4 0000939 20160805 LH2R5102 CHECK 1 oz DOM LH2R510000* 161281 CK

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Payment Summary

Claim #	Claimant	Date of Injury	Payment Type	From	Through	Total Amount
0101306421		08/05/2013	492	05/25/2016	05/25/2016	$1,388.58

Category	Stub Notes	Stub Amount
492	FOR FULL AND FINAL SATISFACTION OF LIEN with penalty	$0.00

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/09/16 68290

EAMS#(s):ADJ9998060
ADJ9998057
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ50367C

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: FRANCISCA JURANDO
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs GENISIS HARBOR PIPE & STEEL
Date Of Injury: 2/2/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/16/16	PMT BY CHECK	DOS 1/25/16-1/25/16 * # 126070293 6	-156.50
07/16/16	PENALTIES	FOR DATE OF SERVICE 1/25/16	23.48
07/16/16	INTEREST	FOR DATE OF SERVICE 1/25/16	8.43
08/03/16	PMT BY CHECK	DOS 7/16/16* # 126150169 1	-31.91

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Def



Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303788

PAID
JUN 21 2016
BY: .....

SP 01 000133 01113 E 1 BSNGLP

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

000133 1/1

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
68290 02/12/2015	72WE DW7473 YMQC 50367	HARBOR PIPE AND STEEL, INC		$156.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 01/25/2016 01/25/2016	$156.50

Claim Handler: FRANCISCA JURADO
8664019222 x2303788
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	07/16/2016 ✓	Check Number	126070293 6 ✓	Total Check Amount	$156.50 ✓

Please keep the above information for your records.

111975283

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303788

PAID AUG 09 2016

001040 1/1

MB 01 001040 16621 B 5 C

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

68290

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
ADJ9998057 02/12/2015	72WE DW7473 YMQC 50367	HARBOR PIPE AND STEEL, INC		$31.91
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 07/16/2016 07/16/2016	$31.91

Claim Handler: FRANCISCA JURADO
8664019222 x2303788
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	08/03/2016	Check Number	126150169 1	Total Check Amount	$31.91

Please keep the above information for your records.

112103482

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/12/16	61354

EAMS#(s):
ADJ9113359
SS # :
DOB :
Terms: 60 days
Claim #(s):
WC10092606

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: LUCAS MILLER
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs SUPER ANTOJITOS #3
Date Of Injury: 6/30/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/01/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/29/14	PMT BY CHECK	DOS 4/1/14* # 8814823363	-250.00
05/17/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/04/16	PENALTIES	FOR DATE OF SERVICE 05/17/16	23.48
08/04/16	INTEREST	FOR DATE OF SERVICE 05/17/16	4.88
08/09/16	PMT BY CHECK	DOS 5/17/16* # 88160000165	-184.86

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

TRUCK INSURANCE EXCHANGE

Check Number: 8814823363
Date: 05/29/2014

Amount: $250.00******

01 01 000486 R5$4B45ZN1 CE0529P1 02 [ ] 000834

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

61354

Claimant/Patient:
Insured:
Date of Loss: 06/30/2013
Claim Number: WC10092606
Correspondence Reference: R5$4B45ZN

Claim Representative: MISTY BEUTLER
Office Phone Number: 8185402220

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.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
04/01/14 - 04/01/14	Other Specified Indemnity	$250.00		$250.00
TOTAL Benefits Paid To Date :	Other Specified Indemnity	$1734.00		

PAID MAY 30 2014

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS INSURANCE

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

August 9, 2016

TRUCK INSURANCE EXCHANGE

Check Number: 8816000165
Date: 08/09/2016

Amount: $184.86******

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

6
PAID AUG 12 2016

61354

Claimant/Patient:
Insured:
Date of Loss: 06/30/2013
Claim Number: WC10092606
Correspondence Reference: WSBHS4LDN

Claim Representative: LUCAS MILLER
Office Phone Number: 8185402250
Applicable Coverage: Workers' Compensation

Additional Information:
Invoice 61354, includes P&I 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
05/17/16 - 05/17/16	Other Specified Indemnity	$184.86		$184.86

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$2668.86
Permanent Partial Disability	$4830.00
Temporary Total Disability (Ex. TX)	$3257.10
Claimant Attorney Fee - PD	$3000.00

MR

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000420 WSBHS4LDN1 CE0810P1 02 [ ] 000539

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/17/16	63013

EAMS#(s):
ADJ9511498
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
14-076545

BILL TO:
INTERCARE INS (PASADENA)
W. C. DEPARTMENT
ATTN: ARAKS JERKARAPETY
P.O. BOX # 7111
PASADENA, CA 91109

Case: HITEX DYEING & FINISHING INC.
Date Of Injury: 5/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/14	INITIAL EXAM	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/30/14	INITIAL EXAM	W/ACUPUNCTURIST A. LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/03/14	F.C.E. TEST	FUNCT. CAPACITY EVAL @ AMERI W/DR RODRIGUEZ* INIT	150.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
08/20/14	PR2-RE/EVAL	W/ACUPUNCTURIST ALEX LEE*	180.00
/ /	INTERPRETER:	ALBERTO VILAGOMEZ # 500341	0.00
08/15/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/26/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/10/15	PMT BY CHECK	DOS 6/27/14-8/20/14* # 3068139	-450.00
11/07/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/01/15	PMT BY CHECK	DOS 11/7/14* # 3080352	-90.00
03/12/15	P AND S	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/11/14	F.C.E. TEST	FUNCT. CAPACITY EVAL @ AMERI W/DR KHAN FINAL	168.75
/ /	INTERPRETER:	SANDRA TALANCON # 100802 (2h 15 MIN)	0.00
12/19/14	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/16/15	PMT BY CHECK	DOS 9/26/14-3/12/15* =# 3095009	-180.00
02/03/15	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/17/16 63013

EAMS#(s):
ADJ9511498
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
14-076545

BILL TO:
INTERCARE INS (PASADENA)
W. C. DEPARTMENT
ATTN: ARAKS JERKARAPETY
P.O. BOX # 7111
PASADENA, CA 91109

Case: vs HITEX DYEING & FINISHING INC.
Date Of Injury: 5/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/15	R.O.M.	RANGE OF MOTION W/DR SHARMA @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/04/15	PMT BY CHECK	DOS 06/27/14-03/12/15* =# 3105553	-270.00
08/12/15	PMT BY CHECK	DOS 06/27/14-03/12/15* =# 3107545	-180.00
08/13/15	PMT BY CHECK	DOS 06/27/14-03/12/15* =# 3107751	-90.00
08/22/16	LIEN FIL FEE	LIEN FILING FEE	150.00
02/10/15	PENALTIES	FOR DATE OF SERVICE 6/27/14	34.50
02/10/15	INTEREST	FOR DATE OF SERVICE 6/27/14	7.61
09/12/16	PENALTIES	FOR DATE OF SERVICE 6/30/14	1.50
09/12/16	INTEREST	FOR DATE OF SERVICE 6/30/14	2.16
09/12/16	PENALTIES	FOR DATE OF SERVICE 3/12/15	7.50
09/12/16	INTEREST	FOR DATE OF SERVICE 3/12/15	8.32
10/07/16	PMT BY CHECK	DOS 3/12/15* # 3175098	-1128.75
10/17/16	BLCE OFF SET	BALANCE OFF SET	-61.59

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P8528028002

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

20150210109

Electronic Service Requested

3-DIGIT 926

12247 0.3820 AT 0.403

Joyce Altman Interpeters 56
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Combined
Policy ID:	
IRS/SSN:	XXXX)
Administrator:	
Claim Number:	Multiple
Check #:	3068139
Check Total:	856.50
Check Date:	02/10/2015

1 OF 1

ENV 12247

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
5/28/2014	14-076545 63013	06/27/14-08/20/14		Interpreter Fees - Medical Rel 450.00
7/31/2014	14-077866 64312	11/17/14-12/09/14		Interpreter: Non-Medical Relat 406.50

Totals: 856.50

PAID FEB 18 2015

P8528028002

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

63013

20150402011O

Electronic Service Requested

3-DIGIT 926

6337 0.3820 AT 0.403

Joyce Altman Interpeters 36
PO BOX 4165
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	A's Match Dyeing Co., Inc.
Policy ID:	WGCCWC000035802
IRS/SSN:	XXXXX
Administrator:	ATerkarape
Claim Number:	14-076545
Check #:	3080352
Check Total:	90.00
Check Date:	04/01/2015

1 OF 1

ENV 6337

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
5/28/2014	14-076545 JoyceAltman-Ameri	11/07/14-11/07/14		Interpreter Fees - Medical Rel 90.00
			Totals:	**90.00**

PAID
APR 10 2015

BY: .....

P8528028002

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

20150617011O

Electronic Service Requested

3-DIGIT 926

11651 0.3820 AT 0.413

Joyce Altman Interpeters 51
PO BOX 4165
TUSTIN, CA 92781-4165

PAID JUN 24 2015

Payee:	Joyce Altman Interpeters
Company Name:	Companion Property and Casualty Insu
Facility:	Combined
Policy ID:	
IRS/SSN:	XXXXX
Administrator:	
Claim Number:	Multiple
Check #:	3095009
Check Total:	180.00
Check Date:	06/16/2015

1 OF 1

ENV 11651

63013

Explanation of Benefits

Incident Date	Claim Number / Invoice Number	Account Number / From/Through Date	Claimant Name / Document Number	Description / Amount
5/28/2014	14-076545 dos 09-26-14	09/26/14-09/26/14		Interpreter Fees - Medical Rel 90.00
5/28/2014	14-076545 dos 03-12-15	03/12/15-03/12/15		Interpreter Fees - Medical Rel 90.00
			Totals:	**180.00**

P#5280280003

20150805030120

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

Electronic Service Requested

3-DIGIT 926

6553 1.2288 AT 0.413

Joyce Altman Interpeters 41
PO BOX 4165
TUSTIN, CA 92781-4165

Payee: Joyce Altman Interpeters
Company Name: Companion Property and Casualty Insu
Facility: A's Match Dyeing Co., Inc.
Policy ID: WGCCWC000035802
IRS/SSN: XXXXX
Administrator: ATerkarape
Claim #: 14-076545
Account #:
Check #: 3105553 ✓ #63013
Check Total: $270.00 ✓
Check Date: 08/04/2015 ✓
Injury Date: 05/28/2014
From/Through Date: 06/27/14-03/12/15
Claimant Name:
Invoice #:
Description: Med-Other
Document #: 586164-01
Primary ICD-9: 959.9
Received Date: 07/10/2015
Reviewed Date: 07/08/2015
PPO Name:
Pharmacy #:
DRG Code:

ENV 6553 5 OF 6

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	06/27/14-06/27/14 Sign Lang/Oral Interpreter Pr	99199	100	230.00	T1013	0.00	0.00	0.00	G56
002	06/30/14-06/30/14 Sign Lang/Oral Interpreter Pr	99199	100	230.00	T1013	0.00	0.00	0.00	G56
003	07/03/14-07/03/14 Sign Lang/Oral Interpreter Pr	99199	100	150.00	T1013	0.00	0.00	0.00	G56
004	08/20/14-08/20/14 Sign Lang/Oral Interpreter Pr	99199	100	180.00	T1013	0.00	0.00	0.00	G56
005	08/15/14-08/15/14 Sign Lang/Oral Interpreter Pr	99199	100	180.00	T1013	0.00	0.00	0.00	G56
006	09/26/14-09/26/14 Sign Lang/Oral Interpreter Pr	99199	100	180.00	T1013	0.00	0.00	0.00	G56
007	11/07/14-11/07/14 Sign Lang/Oral Interpreter Pr	99199	100	180.00	T1013	0.00	0.00	0.00	G56
008	03/12/15-03/12/15 Sign Lang/Oral Interpreter	99199	100	230.00	T1013	90.00	0.00	90.00	G1
009	12/11/14-12/11/14 Sign Lang/Oral Interpreter	99199	100	168.75	T1013	90.00	0.00	90.00	G1
010	12/19/14-12/19/14 Sign Lang/Oral Interpreter	99199	100	180.00	T1013	90.00	0.00	90.00	G1
	Totals:			1,908.75		270.00	0.00	270.00	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

2CS P.O. Box 358 Roseville, CA 95661 (800)281-8186

PAID
AUG 1 [illegible]

BY: .....

P8528028003

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201508130115

Electronic Service Requested

3-DIGIT 926

5417 0.5486 AT 0.413

Joyce Altman Interpeters 35
PO Box 4165
TUSTIN, CA 92781-4165

PAID

BY: .....

Payee: Joyce Altman Interpeters
Company Name: Companion Property and Casualty Insu
Facility: A's Match Dyeing Co., Inc.
Policy ID: WGCCWC000035802
IRS/SSN: XXXX)
Administrator: ATerkarape
Claim #: 14-076545
Account #:
Check #: 3107545
Check Total: $180.00
Check Date: 08/12/2015
Injury Date: 05/28/2014
From/Through Date: 06/27/14-03/12/15
Claimant Name:
Invoice #: 63013
Description: Interpreter Fees - Medical Rel
Document #: 618353-01
Primary ICD-9: 959.9
Received Date: 08/05/2015
Reviewed Date: 08/04/2015
PPO Name:
Pharmacy #:
DRG Code:

1 OF 2

ENV 5417

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	06/27/14-06/27/14 Sign Lang/Oral Interpreter	T1013	100	1,368.75	T1013	90.00	0.00	90.00	G1
002	08/20/14-08/20/14 Sign Lang/Oral Interpreter Du	T1013	100	180.00	T1013	0.00	0.00	0.00	G56
003	09/26/14-09/26/14 Sign Lang/Oral Interpreter Du	T1013	100	180.00	T1013	0.00	0.00	0.00	G56
004	08/15/14-08/15/14 Sign Lang/Oral Interpreter Du	T1013	100	180.00	T1013	0.00	0.00	0.00	G56
005	06/30/14-06/30/14 Sign Lang/Oral Interpreter Du	T1013	100	230.00	T1013	0.00	0.00	0.00	G56
006	07/03/14-07/03/14 Sign Lang/Oral Interpreter Du	T1013	100	150.00	T1013	0.00	0.00	0.00	G56
007	11/07/14-11/07/14 Sign Lang/Oral Interpreter Du	T1013	100	180.00	T1013	0.00	0.00	0.00	G56
008	03/12/15-03/12/15 Sign Lang/Oral Interpreter Du	T1013	100	230.00	T1013	0.00	0.00	0.00	G56
009	12/11/14-12/11/14 Sign Lang/Oral Interpreter Du	T1013	100	168.75	T1013	0.00	0.00	0.00	G56
010	12/19/14-12/19/14 Sign Lang/Oral Interpreter Du	T1013	100	180.00	T1013	0.00	0.00	0.00	G56
011	02/03/15-02/03/15 Sign Lang/Oral Interpreter	T1013	100	180.00	T1013	90.00	0.00	90.00	G1
	Totals:			3,227.50		180.00	0.00	180.00	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

2CS P.O. Box 358 Roseville, CA 95661 (800)281-8186

G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a "balance forward bill" containing a duplicate charge
G56 and billing for a new service.

P8528028003

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201508140127

Electronic Service Requested

3-DIGIT 926

6341 1.2288 AT 0.413

34

Joyce Altman Interpeters
PO BOX 4165
TUSTIN, CA 92781-4165

Payee: Joyce Altman Interpeters
Company Name: Companion Property and Casualty Insu
Facility: A's Match Dyeing Co., Inc.
Policy ID: WGCCWC000035802
IRS/SSN: XXXXX
Administrator: ATerkarape
Claim #: 14-076545
Account #:
Check #: 3107751
Check Total: $90.00
Check Date: 08/13/2015
Injury Date: 05/28/2014
From/Through Date: 06/27/14-03/12/15
Claimant Name:
Invoice #: 63013
Description: Interpreter Fees - Medical Rel
Document #: 620488-01
Primary ICD-9: 959.9
Received Date: 08/07/2015
Reviewed Date: 08/05/2015
PPO Name:
Pharmacy #:
DRG Code:

ENV 6341 1 OF 6

PAID

BY: .....

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	06/27/14-06/27/14 Sign Lang/Oral Interpreter Du	T1013	100	1,518.75	T1013	0.00	0.00	0.00	G56
002	06/30/14-06/30/14 Sign Lang/Oral Interpreter Du	T1013	100	230.00	T1013	0.00	0.00	0.00	G56
003	07/03/14-07/03/14 Sign Lang/Oral Interpreter Du	T1013	100	150.00	T1013	0.00	0.00	0.00	G56
004	08/20/14-08/20/14 Sign Lang/Oral Interpreter Du	T1013	100	180.00	T1013	0.00	0.00	0.00	G56
005	08/15/14-08/15/14 Sign Lang/Oral Interpreter Du	T1013	100	180.00	T1013	0.00	0.00	0.00	G56
006	09/26/14-09/26/14 Sign Lang/Oral Interpreter Du	T1013	100	180.00	T1013	0.00	0.00	0.00	G56
007	11/07/14-11/07/14 Sign Lang/Oral Interpreter Du	T1013	100	180.00	T1013	0.00	0.00	0.00	G56
008	12/19/14-12/19/14 Sign Lang/Oral Interpreter Du	T1013	100	180.00	T1013	0.00	0.00	0.00	G56
009	02/03/15-02/03/15 Sign Lang/Oral Interpreter Du	T1013	100	180.00	T1013	0.00	0.00	0.00	G56
010	03/12/15-03/12/15 Sign Lang/Oral Interpreter Du	T1013	100	230.00	T1013	0.00	0.00	0.00	G56
011	12/11/14-12/11/14 Sign Lang/Oral Interpreter Du	T1013	100	168.75	T1013	0.00	0.00	0.00	G56
012	02/10/15-02/10/15 Sign Lang/Oral Interpreter	T1013	100	150.00	T1013	90.00	0.00	90.00	G1
	Totals:			3,527.50		90.00	0.00	90.00	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

2CS P.O. Box 358 Roseville, CA 95661 (800)281-8186

G1 The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.
G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a "balance forward bill" containing a duplicate charge
G56 and billing for a new service.

8528028003

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

Electronic Service Requested

MIXED AADC 926

23871 0.5738 MB 0.416

Joyce Altman Interpeters 315
PO BOX 4165
TUSTIN, CA 92781-4165

Payee: Joyce Altman Interpeters
Company Name: Sussex Insurance
Facility: A's Match Dyeing Co., Inc.
Policy ID: WGCCWC000035802
IRS/SSN: XXXXX
Administrator: CAVASQUEZ
Claim #: 14-076545
Account #:
Check #: 3175098
Check Total: $1,128.75
Check Date: 10/07/2016
Injury Date: 05/28/2014
From/Through Date: 03/12/15-03/12/15
Claimant Name:
Invoice #:
Description: Medical Lien Payment
Document #: PAL91CA66692
Primary ICD-9: 959.9
Received Date: 09/28/2016
Reviewed Date: 10/06/2016
PPO Name:
Pharmacy #:
DRG Code:

2 OF 2

ENV 23871

63013

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	03/12/15-03/12/15	MDO10	001	1,190.34	MDO10	1,128.75	0.00	1,128.75	MCA-961
	PAYMENT BY ORDER								
	Totals:			1,190.34		1,128.75	0.00	1,128.75	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

Paladin Managed Care Services 1100 W. Town & Country Rd Ste., 1500 Orange, CA 92868

MCA- ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.

F.F. OK
WC

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/09/16	66469

EAMS#(s):
ADJ9862410
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
08017330

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: SHAUNNA NEWBY
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs JUDYS HOUSE CLEANING
Date Of Injury: 1/28/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/03/15	LEGAL_PREP	DEPO PREP @ L/O KEGEL, TOBIN & TRUCE	156.50
/ /	INTERPRETER:	DIANA DEL OLMO # 301577	0.00
09/02/15	PMT BY CHECK	DOS 7/9/15-8/3/15* # 297415	-313.00
09/17/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JASON RAMIREZ # 301665	0.00
03/17/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/07/16	PENALTIES	FOR DATE OF SERVICE 9/17/15	12.75
05/12/16	INTEREST	FOR DATE OF SERVICE 9/17/15	15.75
05/12/16	PMT BY CHECK	DOS 7/9/15-9/17/15* # 331660	-165.00
07/20/16	INTEREST	FOR DATE OF SERVICE 9/17/15	7.20
07/20/16	PENALTIES	FOR DATE OF SERVICE 3/17/16	37.50
07/20/16	INTEREST	FOR DATE OF SERVICE 3/17/16	10.24
07/20/16	COSTS & SANC	COSTS & SANC	231.56
08/04/16	PMT BY CHECK	DOS 7/9/15-9/30/15* =# 342531	-650.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/09/16	66469

EAMS#(s):
ADJ9862410
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
08017330

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: SHAUNNA NEWBY
P.O BOX 85251
SAN DIEGO, CA 92186

Case: . vs JUDYS HOUSE CLEANING
Date Of Injury: 1/28/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Everest National Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 297415

DATE
09/02/2015

$**********313.00

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Three Hundred Thirteen Dollars And 00/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0000297415⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-X

Check Number: 297415

Check Date: 09/02/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
08017330		01/28/2015	Interpreter Fees - Depo / WCAB Only	07/09/2015	08/03/2015	08/31/2015	66469	313.00

PAID SEP 04 2015

REORDER 901 - U.S. PATENT NO 5538290, 5575508, 5641183, 5765353, 5984364, 6030000

Everest National Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 331660

DATE
05/12/2016

$**********165.00

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay One Hundred Sixty Five Dollars And 00/100

TO THE ORDER OF

VOID VOID

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈0000331660⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters Inc

Check Number: 331660

Check Date: 05/12/2016

IRS/SSN:

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
08017330		01/28/2015	Interpreter Fees - Depo / WCAB Only	07/09/2015	09/17/2015	04/04/2016		165.00

Comments: Reissue of Check 329961

66469 -1

PAID MAY 6 2016

REORDER 901 • U.S. PATENT NO. 5538290, 5575506, 5641183, 5785353, 5984364, 6030000

Everest National Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 342531

DATE
08/04/2016

California Workers' Compensation Payment

$**********650.00

Pay Six Hundred Fifty Dollars And 00/100

TO THE ORDER OF VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈000034253⑈ ⑆122235821⑆ 153495464635⑈

EXPLANATION OF REVIEW

Payer: Everest National Insurance Company
P.O. Box 85251
San Diego, CA 92186
FEIN: 22-2660372

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 342531
Pmt Date: 08/04/2016
Pay Sts Code: 1

Review Date: 07/27/2016
NPI/License #: 9999999999
Jurisdiction: California
PPO Name: NRU
PPO ID #: 1719
ICD9 Codes: 959.9

Document #: CCS0000842574-01
Patent Name:
Patient SSN: XXX-XX-
Patient DOB:
Patient Acct #: 66469
Employer Name: Juarez, Judith
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 08017330
Rec. Date: 07/13/2016
Accident Date: 01/28/2015
Bill Type: RB
DRG Code:
Employer ID: 7600012849141
Rendering NPI: 0000000000

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
7/9/2015	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	156.50	70.36	0.00	86.14	G4 NRU002
8/3/2015	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	156.50	70.36	0.00	86.14	G4 NRU002
9/17/2015	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	250.00	112.39	0.00	137.61	G4 NRU002
9/30/2015	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	250.00	112.39	0.00	137.61	G4 NRU002
9/30/2015	99199	99199	00 00 00	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	00000 01.00	1.00	37.50	16.86	0.00	20.64	G4 NRU002
9/30/2015	99199	99199	00 00 00	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	00000 01.00	1.00	15.36	6.91	0.00	8.45	G4 NRU002
9/30/2015	99199	99199	00 00 00	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	00000 01.00	1.00	315.00	141.59	0.00	173.41	G4 NRU002
				Totals:			1,180.86	530.86	0.00	650.00	

F-F. OK NC

Reason Code Description

G4 This Charge was Adjusted to Comply with the Rate and Rules of the Contract Indicated.

NRU002 Special negotiated rate.

ORDER 901 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/05/17	66249

EAMS#(s):
ADJ9623173
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
605727

BILL TO:
ZENITH INSURANCE (VAN NUYS)
W. C. DEPARTMENT
ATTN: MILAGROS PALACIOS
P.O. BOX # 9055
VAN NUYS, CA 91409-9055

Case: vs CHEUNGS SW RESTAURANT
Date Of Injury: CT 3/1/13-7/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/03/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/05/16	PENALTIES	FOR DATE OF SERVICE 6/3/15	23.48
01/09/17	INTEREST	FOR DATE OF SERVICE 6/3/15	26.43
12/28/16	COSTS & SANC	COSTS & SANC	168.59
12/29/16	PMT BY CHECK	DOS 6/3/15* # 520799	-375.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.
THIS SERVES AS DEMAND FOR PAYMENT.

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

December 29, 2016
Our Ref : 605727
Your Ref : LIEN AGREEMENT

RE: (CHEUNG'S S.W. RESTAURANT, INC. [A CORP.]) DOI:07/16/14

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
06/03/15	FEE	375.00	375.00	0.00	
	TOTAL $	375.00	375.00	0.00	

Please find attached our check # 520799 for $375.00.
This check covers bills from June 3, 2015 through June 3, 2015.

If you have any questions, please address them to the undersigned.

Sincerely,
Milagros Palacios
Claims Examiner

FAXED
JAN 05 20

BY: .....

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/20/16 63960

EAMS#(s):
ADJ9404813
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2691968969

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: ROBIN GEBREYESUS
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs WORLD VARIETY PRODUCE
Date Of Injury: CT 3/18/13-3/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/14	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCK	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/11/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/30/14	PMT BY CHECK	DOS 10/10/14-10/10/14* # 42772	-156.50
01/09/15	PMT BY CHECK	DOS 11/11/14* # 43066	-250.00
06/16/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/22/15	PENALTIES	FOR DATE OF SERVICE 6/16/15	23.48
05/02/16	INTEREST	FOR DATE OF SERVICE 6/16/15	16.07
05/02/16	PMT BY CHECK	DOS 6/16/15* # 56750	-156.50
06/03/16	COSTS & SANC	COSTS & SANC	660.45
06/16/16	PMT BY CHECK	DOS 10/10/14-6/16/15* =# 57875	-700.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XXX

Check Number: 42772

Check Date: 12/30/2014

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
17002678		03/13/2014	Interpreter Fees - Depo / WCAB Only	10/10/2014	10/10/2014	12/23/2014	63960	156.50

PAID JAN 06 2015

REORDER 901 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

Zurich-American Insurance Group
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 43066

DATE
01/09/2015

$**********250.00

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Two Hundred Fifty Dollars And 00/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈000043066⑈ ⑆122235821⑆ 153495561216⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XXX

Check Number: 43066

Check Date: 01/09/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
17002678		03/13/2014	Interpreter Fees - Depo / WCAB Only	11/11/2014	11/11/2014	12/29/2014	63960	250.00

PAID JAN 13 2015

RECORDER 90 - U.S. PATENT NO. 6636290, 5675508, 5641183, 5785353, 5954364, 6039000

Zurich-American Insurance Group
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 56750

DATE
05/02/2016

$**********156.50

California Workers' Compensation Payment

Pay One Hundred Fifty Six Dollars And 50/100

TO THE ORDER OF

VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈0000056750⑈ ⑆122235821⑆ 153495561216⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XX

Check Number: 56750

Check Date: 05/02/2016

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
17002678		03/13/2014	Interpreter Fees - Depo / WCAB Only	06/16/2015	06/16/2015	04/26/2016	63960	156.50

PAID MAY 04 2016

REORDER 901 - U.S. PATENT NO. 5530280, 5575508, 5641193, 5785353, 5884364, 6030000

Zurich-American Insurance Group
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 57875

DATE
06/16/2016

$**********700.00

California Workers' Compensation Payment

Pay Seven Hundred Dollars And 00/100

TO THE ORDER OF VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

PAID JUL 20 2016 VOID

⑈000057875⑈ ⑆122235821⑆ 153495561216⑈

EXPLANATION OF REVIEW

Payer: Zurich-American Insurance Group
P.O. Box 85251
San Diego, CA 92186
FEIN: 36-6071400

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX

Pmt Method: CK# 57875
Pmt Date: 06/16/2016
Pay Sts Code: 1

Review Date: 06/13/2016
NPI/License #: 9999999999
Jurisdiction: California
PPO Name: NRU
PPO ID #: 1821
ICD9 Codes: 959.9

Document #: CCS0000629371-01
Patent Name:
Patient SSN: XXX-XX
Patient DOB:
Patient Acct #: 63960
Employer Name: World Variety Produce Inc
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 17002678
Rec. Date: 07/08/2015
Accident Date: 03/13/2014
Bill Type: RB
DRG Code:
Employer ID: WC965900602
Rendering NPI: 0000000000

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
6/16/2015	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	156.50	69.76	0.00	86.74	G4 NRU002
10/10/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	156.50	69.76	0.00	86.74	G4 NRU002
11/11/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	250.00	111.44	0.00	138.56	G4 NRU002
11/11/2014	99199	99199	00 00 00	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	00000 01.00	1.00	700.00	312.04	0.00	387.96	G4 NRU002
				Totals:			1,263.00	563.00	0.00	700.00	

Reason Code Description

G4 This Charge was Adjusted to Comply with the Rate and Rules of the Contract Indicated.

NRU002 Special negotiated rate.

F.F OK CA

MR

ORDER NO. - U.S. PATENT NO. 5538250, 5575508, 5641183, 5785353, 5984364, 6030000

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/09/16 60693

EAMS#(s):ADJ9171032
ADJ9171030
SS # : XXX-XX-N/A
DOB :

Claim #(s):
2013189134

BILL TO:
EMPLOYERS INS (HENDERSON)
W. C. DEPARTMENT
ATTN: TANISHA WHITE
P.O. BOX # 539004
HENDERSON, NV 89053

Case: vs M.J. TEXTILES
Date Of Injury: 1/24/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/04/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/27/14	PMT BY CHECK	DOS 1/16/14-3/4/14* # 260137782	-180.00
02/12/16	PENALTIES	FOR DATE OF SERVICE 03/04/14	6.23
04/27/16	INTEREST	FOR DATE OF SERVICE 03/04/14	10.34
02/04/16	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/09/16	PENALTIES	FOR DATE OF SERVICE 2/4/16	37.50
05/09/16	INTEREST	FOR DATE OF SERVICE 2/4/16	7.88
04/27/16	PMT BY CHECK	DOS 1/16/14-2/4/16* # 260559877	-185.00
05/19/16	PMT BY CHECK	DOS 5/9/16-5/9/16* # 260568301	-1000.00
07/05/16	COSTS & SANC	COSTS	646.55

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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: 260137782
Check Date: 03/27/2014

Claim Number: 2013189134
Injured Employee:

Payment Description: Interpreter
Billed Date: 03/08/2014
Service Period: 01/16/2014 through 03/04/2014
Invoice Number: 60693
Billed Amount: $180.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $180.00

Check Total: **$180.00**

PAID MAR 31 2014

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

WELLS FARGO BANK
260559877

56-382
412

DATE:04/27/2016

Pay One Hundred Eighty Five Dollars And 00/100
TO THE ORDER OF:

AMOUNT
**********$185.00

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 92781-4165

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000
VOID AFTER 6 MONTHS

⑈260559877⑈ ⑆041203824⑆ 963748151 7⑈

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

PAID APR 29 2016

Check Date:	04/27/2016
Check Number:	260559877
Total Billed:	$1,331.98
Total Paid:	$185.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2013189134		60693 UN501303199791	01/16/2014	02/04/2016	741.98	185.00
2014270649		UN501303277115	12/07/2015	02/23/2016	590.00	0.00

The Explanation of Review (EOR) will be sent under separate cover.

MP

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

Check Date: 05/19/2016
Check Number: 260568301
Total Billed: ~~$1,000.00~~
Total Paid: $1,000.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2013189134		UN501303322308	05/09/2016	05/09/2016	1,000.00	1,000.00

#60093

PAID
MAY 23 2016

BY: .....

The Explanation of Review (EOR) will be sent under separate cover.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/24/16	55392

EAMS#(s):ADJ8067329 ADJ8630667
ADJ8067328
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
05773268; 05773544

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LIEN UNIT
P.O. BOX # 65005
FRESNO, CA 93650

Case: 's BELL BLDG. MAINT/JORGE CARPIO
Date Of Injury: 4/13/11; 7/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/16/16	PENALTIES	FOR DATE OF SERVICE 9/14/12	23.48
10/04/16	INTEREST	FOR DATE OF SERVICE 9/14/12	72.34
10/04/16	COSTS & SANC	COSTS & SANC	377.68
10/20/16	PMT BY CHECK	DOS 6/16/16* # CU-315703	-730.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-315703**

Issue Date: 10/20/16
Doc #: 031621186

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 05773544		**Date of Injury:** 07/06/11		
SSN: XXX-X	Employer name: GEORGE MAINTENANCE				Employer ID: 0000001939229100				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-17323144	06/16/16	MDO10	Payment By Order	1	730.00	.00	375 961 G5 G67	730.00
					Total Allowances:				**$730.00**

FF.

ER

PAID 10 24 16

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

MR

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

01335816031621186001 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/24/16	64513

EAMS#(s):ADJ9490635
ADJ9490691
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
648A29370;WC604-A21247

BILL TO:
LIBERTY MUTUAL (GLEND-29073)
W. C. DEPARTMENT
ATTN: JAQUELINE GUTIERREZ
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs OVERHILL FARMS
Date Of Injury: 3/7/14; CT 3/17/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
10/03/16	PENALTIES	FOR DATE OF SERVICE 12/16/14	37.50
10/03/16	INTEREST	FOR DATE OF SERVICE 12/16/14	48.36
10/03/16	COSTS & SANC	COSTS & SANC	250.00
10/18/16	PMT BY CHECK	DOS 10/11/16* # 0030114862	-585.86

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Liberty Mutual. INSURANCE

B. CODE
288

CHECK REFERENCE	CHECK DATE
0030114862	10/18/16
CHECK AMOUNT	BLOCK NUMBER
****$585.86	002878

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801101802-001434
BANK: 288
CHECK REF: 0030114862 DATE: 10/18/16 AMT: 585.86
INTERNAL BILL NO: 114516155 MSR: N0077377
CUST/EXTERNAL BILL NO: 06162880250500
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-A29370 HOD
CONTRACT NO: WC5-Z91-461315-013-92
DOCUMENT NO:

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PAID OCT 24 2016

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

PATIENT ACCT. #: NA
SSN: XXX-XX-[illegible]
DOI:
PATIENT:

F.F.
CA

AGENCY CLAIM #(BOARD COMM #): 201404161553221647819 1
DIAG CODES: R68.89

EMPLOYER: BELLISIO FOODS INC
ADDRESS: 2727 EAST VERNON AVE.
LOS ANGELES, CA 90058

LOCATION CODE: OVR103

DATES OF SERVICE: 10/11/16-10/11/16
AUDIT DATE: 10/14/16

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
10/11/16	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	585.86	585.86	N/A	0.00	585.86 G5	Z473

TOTAL CHARGES:	585.86
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	585.86
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	585.86

EXPLANATION CODE DESCRIPTIONS:

G5 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.

Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)

ZCA1 THE PAYMENT STATUS CODE REFLECTS THE RECOMMENDED ALLOWANCE AS A RESULT OF OUR BILL REVIEW ANALYSIS. THE ACTUAL PAYMENT WILL BE DETERMINED BY THE PAYOR. (ZCA1)

ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB.

MK

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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/01/16	64335

EAMS#(s):
ADJ9167322
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30130714432-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: PANYA JONES
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs ENER-TECH METALS INC.
Date Of Injury: 6/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/02/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
01/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/10/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/23/15	PMT BY CHECK	DOS 12/2/14-9/10/15* # 0060846183	-563.00
11/10/15	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/11/16	PENALTIES	FOR DATE OF SERVICE 12/2/14	23.48
09/23/15	INTEREST	FOR DATE OF SERVICE 12/2/14	13.41
07/11/16	PENALTIES	FOR DATE OF SERVICE 1/13/15	37.50
09/23/15	INTEREST	FOR DATE OF SERVICE 1/13/15	17.17
07/11/16	PENALTIES	FOR DATE OF SERVICE 11/10/15	23.48
07/11/16	INTEREST	FOR DATE OF SERVICE 11/10/15	12.87
07/11/16	COSTS & SANC	COSTS & SANC	715.59
07/27/16	PMT BY CHECK	DOS 12/2/14-9/10/15* =# 0070398185	-1000.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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
P O Box 14442
Lexington, KY 40512-4442

20150923160O4

Electronic Service Requested

PAID SEP 28 2015

1 OF 1

ENV 4622

SINGLE PIECE

4622 0.3820 SP 0.485

JOYCE ALTMAN INTERPRETERS 8
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
09/23/2015	563.00	0060846183

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	06/14/2013	30130714432-0001

Amt Paid: 563.00 Description: Miscellaneous Medical
Amt Billed: 563.00 Invoice: 64335 ICN: 125578999.6
Dates: 12/02/2014-09/10/2015 Comment:

Questions about other Sedgwick CMS payments? Visit Sedgwick.com. Point to Technology and click viaOne. Under the left-hand viaOne menu, click for providers. Click the Click here link.

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

Electronic Service Requested

SINGLE PIECE

61 0.7389 SP 0.465

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

64335

2 OF 3 F

ENV 61

DATE	CHECK AMT	CHECK NO.
07/27/2016	1,000.00	0070398185

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS INC	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 3

Claimant Name	Loss Date	Claim Number
	06/14/2013	30130714432-0001

Amt Paid:	500.00	Description: Miscellaneous Medical	
Amt Billed:	781.50	Invoice:	ICN: 5201-12953996
Dates:	12/02/2014-12/02/2014	Comment:	
Amt Paid:	500.00	Description: Miscellaneous Medical	
Amt Billed:	781.50	Invoice:	ICN: 5201-12953996
Dates:	09/10/2015-09/10/2015	Comment:	

F-F, OK
CA

PAID AUG 01 2016

MP

For additional information about this payment or other bills, visit us at https://vlaoneselfservice.sedgwickcms.net/User/Login

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/30/17	64916

EAMS#(s):
ADJ9670668
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
7534F4617

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W. C. DEPARTMENT
ATTN: ROBERT GAMBOA
P.O. BOX 52298
PHOENIX, AZ 85072

Case: vs MALLORY ZHANG WALTER CHANG
Date Of Injury: 1/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/10/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/27/16	PENALTIES	FOR DATE OF SERVICE 2/19/15	23.48
07/06/16	INTEREST	FOR DATE OF SERVICE 2/19/15	23.17
06/27/16	PENALTIES	FOR DATE OF SERVICE 3/10/15	37.50
07/06/16	INTEREST	FOR DATE OF SERVICE 3/10/15	36.39
06/02/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 64916	0.00
07/06/16	PMT BY CHECK	DOS 2/19/15-3/10/15* # 1 23 233382 K	-406.50
01/13/17	PENALTIES	FOR DATE OF SERVICE 6/2/16	23.48
03/20/17	INTEREST	FOR DATE OF SERVICE 6/2/16	13.56
03/20/17	COSTS & SANC	COSTS & SANC	1000.00
03/27/17	PMT BY CHECK	DOS 3/20/17* # 1 23 646879 K	-1314.08

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PAYMENT NO 1 23 233382 K
PAYMENT AMOUNT $406.50
ISSUE DATE 07-06-2016
AUTHORIZED BY HARRISON, LARRY
PHONE (800) 749-9703

CLAIM NO 75-34F4-617
LOSS DATE 01-01-2014
POLICY NO 75-CDE588-2
INSURED ZHANG, MALLORY &

64916

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

FF Pet 5811

BB

REMARKS 5811 Costs on ADJ9670668

COVERAGE DESCRIPTION
WORK COMP - MEDICAL - NON-HOSPITAL

ON BEHALF OF

AMOUNT
406.50

PAID JUL 08 2016

HR

RETAIN STUB FOR RECORDS

StateFarm STATE FARM GENERAL INSURANCE COMPANY
CALIFORNIA
CA WC STEWARD W P12PCL232

JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH 43240

1 23 233382 K

DATE 07-06-2016 MM DD YYYY

CLAIM NO 75-34F4-617
LOSS DATE 01-01-2014

INSURED ZHANG, MALLORY &

**********EXACTLY FOUR HUNDRED SIX AND 50/100 DOLLARS $*******406.50

Pay to the Order of: JOYCE ALTMAN INTERPRETERS INC

Thomas Conley
PRESIDENT

Jon C Farney
TREASURER

VOID IF GREEN COLORED BACKGROUND IS MISSING

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈ 2 3 1 2 2 3 3 3 8 2 ⑈ ⑆ 0 4 4 1 1 5 4 4 3 ⑆ 7 7 7 1 4 5 2 2 8 ⑈

PAYMENT NO 1 23 646879 K
PAYMENT AMOUNT $1,314.08
ISSUE DATE 03-27-2017
AUTHORIZED BY GAMBOA, ROBERT
PHONE (844) 866-5190

CLAIM NO 75-34F4-617
LOSS DATE 01-01-2014
POLICY NO 75-CDE588-2
INSURED ZHANG, MALLORY &

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

FILED

START DATE 03-27-2017
END DATE 03-27-2017

REMARKS Settlement Any "& All Dates of Service #STF-SFCA-236256
Stipulation & Order

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL		1,314.08

MP

RETAIN STUB FOR RECORDS

STATE FARM GENERAL INSURANCE COMPANY
JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

1 23 646879 K

FIRE
WORK COMP ASSIST P12PCL244

DATE 03-27-2017 MM DD YYYY

CLAIM NO 75-34F4-617
LOSS DATE 01-01-2014
INSURED ZHANG, MALLORY &

*****EXACTLY ONE THOUSAND THREE HUNDRED FOURTEEN AND 08/100 DOLLARS $*****1,314.08

Pay to the Order of: JOYCE ALTMAN INTERPRETERS INC

Thomas Conley PRESIDENT
Jon C Farney TREASURER

VOID IF GREEN COLORED BACKGROUND IS MISSING

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈231264687⑈ ⑆044115443⑆ 777145228⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/28/17 69915

EAMS#(s):ADJ9967737
ADJ9967739
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
710961271

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: TERESA YEO
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs ILM EMPLOYMENT GP, INC.
Date Of Injury: 8/15/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
02/24/17	PENALTIES	FOR DATE OF SERVICE 7/6/16	23.48
03/21/17	INTEREST	FOR DATE OF SERVICE 7/6/16	11.98
03/16/17	PMT BY CHECK	DOS 7/6/16-3/21/17* # 31787470	-191.96
03/28/17	COSTS & SANC	COSTS & SANC	468.04
03/22/17	PMT BY CHECK	DOS 3/21/17* # 31806286	-468.04

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien.
THIS SERVES AS DEMAND FOR PAYMENT.

P4000028001

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

20170316163

Electronic Service Requested

1 OF 1

ENV 10774

MIXED AADC 926
10774 0.3820 MB 0.420
JOYCE ALTMAN INTERPRETERS INC 215
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 31787470
RFP No.: 227418
Check Date: 03/16/2017
Check Amount: 191.96
Insured: ILM EMPLOYMENT GROUP, INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001613325	00961271	001	08/15/2014	MED	O	191.96
				Total Amount		191.96

Reason for Payment
070616-032117

Use File # 710/00961271 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028001

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201703221606

Electronic Service Requested

MIXED AADC 926
6406 0.3820 MB 0.420
JOYCE ALTMAN INTERPRETERS INC 193
PO BOX 4165
TUSTIN, CA 92781-4165

1 OF 1

ENV 6406

Check No.: 31806286
RFP No.: 234474
Check Date: 03/22/2017
Check Amount: 468.04
Insured: ILM EMPLOYMENT GROUP, INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001613325	00961271	001	08/15/2014	MED	O	468.04
					Total Amount	468.04

Reason for Payment
FULL AND FINAL

Use File # 710/00961271 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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/28/17	67714

EAMS#(s):
ADJ9958897
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154059711-0001

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: MIKE GUERRERO
P.O. BOX 14779
LEXINGTON, KY 40512

Case: vs LINCOLN CAR WASH
Date Of Injury: 4/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/12/17	PENALTIES	FOR DATE OF SERVICE 10/15/15	23.48
04/06/17	INTEREST	FOR DATE OF SERVICE 10/15/15	24.51
03/28/17	COSTS & SANC	COSTS & SANC	678.51
03/24/17	PMT BY CHECK	DOS 10/14/15* # 344678	-883.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

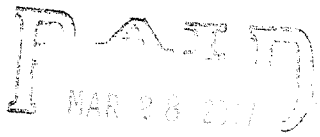
DATE	CHECK AMOUNT	CHECK NUMBER
03/24/2017	883.00	344678

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services, Inc	1

Sedgwick Claims Management Services, Inc
PO Box 14779
Lexington, KY 40512

CHK0001
000 0001550 00000000 0001 0002 01500 INS: 0 0
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781





CLAIMANT NAME	LOSS DATE	CLAIM NUMBER	SSN
	04/30/2015	30154059711-0001	

Amount Paid: 883.00
Amount Billed: 883.00
Dates: 10/14/2015 – 10/14/2015

Description: Miscellaneous Medical
Invoice:
Comment:

ICN: 202563498.338

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

CHK0001 v1.56

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/17/16	47403

EAMS#(s):ADJ9360458 ADJ9415765
ADJ7473020
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080221490

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JOHN COWERA
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: . vs T & L LEASING
Date Of Injury: 1/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/11	MRI	REF BY DR SAMEER: R/WRIST @ CAL IMG *	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA # 100741	0.00
03/20/14	WCAB SA	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
04/17/14	PMT BY CHECK	DOS 3/20/14* # 1100271587	-156.50
10/28/14	WCAB SA	MSC - MARIA SEARS # 100795	156.50
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/10/16	PENALTIES	FOR DATE OF SERVICE 10/28/14	23.48
09/29/16	INTEREST	FOR DATE OF SERVICE 10/28/14	34.76
09/29/16	COSTS & SANC	COSTS & SANC	485.26
10/12/16	PMT BY CHECK	DOS 9/29/19* # 1100079176	-950.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORPORATION

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

06281

PAID APR 21 2014

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0221490 001 IN	WC 3808518	47403		01/04/10	03/20/14-03/20/14

Check Number	1100271587	Date Issued	04/17/14	Amount	$*****156.50
Customer	Dart Entities				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Deepika CG-Amaithi				
File Supervisor	Imelda Nicolas	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	156.50		
TOTAL	$156.50		

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

05693

PAID OCT 17 2016

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0221490 001 ZQ	WC 3808518			01/04/10	09/29/16-09/29/16
Check Number	1100079076	Date Issued	10/12/16	Amount	$***950.00
Customer	Dart Entities				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	Marcos Ferrando	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	950.00		
TOTAL	$950.00		

F&F OK
SP
MP

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/17/17	64922

EAMS#(s):ADJ9772294
ADJ9771704
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-14-005113

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: MORGAN LARSIN
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES
Date Of Injury: 6/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/11/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/23/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/12/16	PENALTIES	FOR DATE OF SERVICE 2/24/15	23.48
01/05/17	INTEREST	FOR DATE OF SERVICE 2/24/15	32.00
10/12/16	PENALTIES	FOR DATE OF SERVICE 3/11/15	37.50
01/05/17	INTEREST	FOR DATE OF SERVICE 3/11/15	51.12
10/12/16	PENALTIES	FOR DATE OF SERVICE 4/23/15	23.48
01/05/17	INTEREST	FOR DATE OF SERVICE 4/23/15	30.77
01/05/17	COSTS & SANC	COSTS & SANC	1738.65
01/10/17	PMT BY CHECK	DOS 1/5/17* # 7942838	-2500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7942838	01/10/17

******$2,500.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Two thousand five hundred and 00/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0007942838⑈ ⑆121000248⑆ 4121 514012⑈

PAID
JAN 17 2017

BY: .....

'ACH HERE

DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
BB-14-001997	05/29/2014		01/05/2017	01/05/2017	FULL AND FINAL SETTLEMENT FOR ALL DOS******	$2,500.00

F.F.
CA

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/04/17 68820

EAMS#(s):
ADJ10091912
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
188085968

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: ANGELINA AMEZCUA
P.O. BOX # 14352
LEXINGTON, KY 40512

Case: vs 99 CENTS ONLY STORES
Date Of Injury: CT 6/5/14 - 6/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/03/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
12/27/16	PENALTIES	FOR DATE OF SERVICE 3/15/16	23.48
12/27/16	INTEREST	FOR DATE OF SERVICE 3/15/16	13.71
12/30/16	COSTS & SANC	COSTS & SANC	99.81
12/30/16	PMT BY CHECK	DOS 3/15/16-11/3/16* # 5643019125	-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 Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 SERVES AS DEMAND FOR PAYMENT.

Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	12/30/2016
Check Amount	:	$450.00
Check Number	:	5643019125

JOYCE ALTMAN INTERPETING
P.O. BOX 4165
TUSTIN CA 92781-4165

68820

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
188085968-001 WC BREA Professional Service	06/14/2015 $450.00 $450.00	Angelina A. Amezcua	714-989-4901 03/15/2016-11/03/2016

PAID
JAN 05 2017
BY: .....

F.F. OK
NJJ

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/17/16 60594

EAMS#(s):ADJ9083641
ADJ9083640
SS # : XXX-XX-
DOB :

Claim #(s):
30130412736

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: JENNIFER ECKSTROM
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs PRECISION CAST PARTS CORP
Date Of Injury: 2/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/13	DEPO PREP	@ THE L/O OF MERRILL LEGAL CORP.	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/13/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/26/14	PMT BY CHECK	DOS 12/17/13-1/13/14* # 0047781194	-406.50
01/15/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/18/15	PENALTIES	FOR DATE OF SERVICE 1/15/15	23.48
12/07/15	INTEREST	FOR DATE OF SERVICE 1/15/15	14.45
12/07/15	PMT BY CHECK	DOS 1/15/15* # 0064289173	-156.50
06/14/16	PMT BY CHECK	DOS 6/10-16* # 0068710700	-200.00
07/01/16	COSTS & SANC	COST AND SANCTIONS	162.07

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

201403261615

Electronic Service Requested

1 OF 1

ENV 2911

MIXED AADC 926
2911 0.3820 MB 0.432

JOYCE ALTMAN INTERPRETERS 142
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
03/26/2014	406.50	0047781194

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
225 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	02/15/2013	30130412736-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: ICN: 301304127360001
Dates: 12/17/2013-01/13/2014 Comment:

60594

PAID APR 01 2014

D

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose eClaimsPay for Providers

P0000028006

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

201512071614

Electronic Service Requested

SINGLE PIECE

2214 0.3820 SP 0.485

JOYCE ALTMAN INTERPRETERS 4
P.O. BOX 4165
TUSTIN, CA 92781-4165

PAID DEC 10 2015

DATE	CHECK AMT	CHECK NO.
12/07/2015	156.50	0064289173

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
225 Sedgwick Claims Management Services, Inc	1 of 1

1 OF 1

ENV 2214

Claimant Name	Loss Date	Claim Number
	02/15/2013	30130412736-0001

Amt Paid:	156.50	Description:	ICN: 301304127360001
Amt Billed:	156.50	Invoice:	
Dates:	01/15/2015-01/15/2015	Comment:	

60594

F.F.

5811

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

P69050126006

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

20160614618

Electronic Service Requested

SINGLE PIECE

86 0.7389 SP 0.465

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

60594

DATE	CHECK AMT	CHECK NO.
06/14/2016	200.00	0068710700

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
225 Sedgwick Claims Management Services, Inc	1 of 1

1 OF 3 F ENV 86

Claimant Name	Loss Date	Claim Number
	02/15/2013	30130412736-0001

Amt Paid: 200.00 Description:
Amt Billed: 200.00 Invoice: ICN: 301304127360001
Dates: 06/10/2016-06/10/2016 Comment:

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/17/16 61091

EAMS#(s):ADJ8587854 ADJ9069036
ADJ8586970
SS # : XXX-XX-
DOB :

Claim #(s):
710-890637

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: KYLIE RANDALL
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs AMERICAN PADEX
Date Of Injury: 7/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/08/15	PENALTIES	FOR DATE OF SERVICE 3/7/14	23.48
08/15/15	INTEREST	FOR DATE OF SERVICE 3/7/14	22.29
07/30/15	PMT BY CHECK	DOS 03/07/14-03/07/14* # 28946782	-90.00
08/15/15	PMT BY CHECK	DOS 06/09/15-06/09/15* # 29054159	-90.00
06/14/16	PMT BY CHECK	DOS 7/4/12-6/16/13* # 30629567	-284.26
07/05/16	COSTS & SANC	COST & SANCTIONS	261.99

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P4000028001

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

201507301621

Electronic Service Requested

MIXED AADC 926
1331 0.7648 MB 0.436

JOYCE ALTMAN INTERPRETERS INC 131
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 1331 1 OF 3

Check No.: 28946782
RFP No.: 018253
Check Date: 07/30/2015
Check Amount: 90.00
Insured: AMERICAN PAD EX INC (A CORP)

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001041184	00870632	001	07/04/2012	MED	C	90.00
					Total Amount	90.00

Reason for Payment
030714-030714

#61091

PAID
AUG 05 2015

Use File # 710/00870632 on all correspondence for prompt processing
For check information call: 877-802-5246

BY: .....

P4000028001

201508174006

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

SINGLE PIECE

82 1.5596 SP 0.705

JOYCE ALTMAN INTERPRETERS INC 1
PO BOX 4165
TUSTIN, CA 92781-4165

7 OF 7 F

ENV 82

Check No.: 29054159
RFP No.: 063216
Check Date: 08/15/2015
Check Amount: 90.00
Insured: AMERICAN PAD EX INC (A CORP)

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

PAID

BY: .....

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001041184	00728618	001	11/12/2010	MED	C	90.00
					Total Amount	90.00

Reason for Payment
060915-060915

61091

[redacted]

Use File # 710/00728618 on all correspondence for prompt processing.
For check information call: 877-802-5246

P40000280011

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

[redacted]

2016061416011

Electronic Service Requested

MIXED AADC 926
2483 0-3820 MB 0-416
JOYCE ALTMAN INTERPRETERS INC 150
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 2483 1 OF 1

Check No.: 30629567
RFP No.: 703312
Check Date: 06/14/2016
Check Amount: 284.26
Insured: AMERICAN PAD EX INC (A CORP)

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000001041184	00870632	001	07/04/2012	MED	C	284.26
					Total Amount	284.26

Reason for Payment
070412-061316/ LIEN SETTLEMENT

Use File # 710/00870632 on all correspondence for prompt processing.
For check information call: 877-802-5246

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/17/16 63084

EAMS#(s):ADJ9519755
ADJ9519665
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30142224150

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: COURTNEY CAMPOS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs HALLIN AND HERRERA
Date Of Injury: 5/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/14	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/25/14	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/18/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/29/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/12/15	LEGAL_PREP.	DEPO PREP @ L/O KEGEL, TOBIN, TRUCE	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/15/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/09/15	PMT BY CHECK	DOS 9/15/15* # 0060849178	-156.50
05/27/16	LIEN FIL FEE	LIEN FILING FEE	150.00
06/07/16	PENALTIES	FOR DATE OF SERVICE 11/18/14	23.48
10/03/16	INTEREST	FOR DATE OF SERVICE 11/18/14	31.95
06/07/16	PENALTIES	FOR DATE OF SERVICE 1/29/15	37.50
10/03/16	INTEREST	FOR DATE OF SERVICE 1/29/15	31.59
06/07/16	PENALTIES	FOR DATE OF SERVICE 1/12/15	23.48
10/03/16	INTEREST	FOR DATE OF SERVICE 1/12/15	19.77
10/03/16	PENALTIES	FOR DATE OF SERVICE 06/11/14	34.50
10/03/16	INTEREST	FOR DATE OF SERVICE 06/11/14	46.96
10/03/16	PENALTIES	FOR DATE OF SERVICE 06/25/14	27.00
10/03/16	INTEREST	FOR DATE OF SERVICE 06/25/14	36.75
10/03/16	COSTS & SANC	COSTS & S ANC	800.00
10/13/16	PMT BY CHECK	DOS 6/11/14-9/15/16* # 0073977495	-2235.98

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/17/16	63084

EAMS#(s):ADJ9519755
ADJ9519665
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30142224150

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: COURTNEY CAMPOS
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs HALLIN AND HERRERA
Date Of Injury: 5/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

201510091604

Electronic Service Requested

SINGLE PIECE

9788 0.3820 SP 0.485

JOYCE ALTMAN INTERPRETERS 15
P.O. BOX 4165
TUSTIN, CA 92781-4165

1 OF 1

ENV 9788

DATE	CHECK AMT	CHECK NO.
10/09/2015	156.50	0060849178

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	05/21/2014	30142224150-0001

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 63084
Dates: 09/15/2015-09/15/2015 Comment:

ICN: 301422241500001

63984

PAID OCT 14 2015

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

20161013162O

Electronic Service Requested

SINGLE PIECE
48 0.7389 SP 0.465

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

2 OF 3 F
ENV 48

DATE	CHECK AMT	CHECK NO.
10/13/2016	2,235.98	0073977495

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS INC	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 3

Claimant Name	Loss Date	Claim Number
	05/21/2014	30142224150-0001

63084

Amt Paid:	1,117.99	Description: Miscellaneous Medical	
Amt Billed:	1,117.99	Invoice:	ICN: 5201-12981468
Dates:	06/11/2014-06/11/2014	Comment:	
Amt Paid:	1,117.99	Description: Miscellaneous Medical	
Amt Billed:	1,117.99	Invoice:	ICN: 5201-12981468
Dates:	09/15/2015-09/15/2015	Comment:	

F.F.
CA 9W

WR

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/24/16	69501

EAMS#(s):ADJ9421935
ADJ9356571
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10099306

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: JENNIFER BRUCE
P.O. BOX 108843
OKLAHOMA CITY, OK 73101

Case: vs JJ GOURMET FOOD
Date Of Injury: 2/7/13-2/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/14	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* DOI: CT 2/27/14	230.00
/ /	INTERPRETER:	DANIEL FATTORI # 36586781	0.00
05/29/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE* DOI: 12/1/13	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
06/10/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE* DOI: 12/1/13	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/25/14	CHIRO TX	INITIAL CHIRO TREATMENT W/ DR GHODS @ ACS*	90.00
/ /	INTERPRETER:	PATRICIA HERNANDEZ # 301690	0.00
07/18/14	INITIAL EXAM	W/ACUPUNCTURIST PARK @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
07/31/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE* DOI: 12/1/13	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
03/24/15	PENALTIES	FOR DATE OF SERVICE 4/10/14	34.50
06/30/16	INTEREST	FOR DATE OF SERVICE 4/10/14	47.10
03/24/15	PENALTIES	FOR DATE OF SERVICE 5/29/14	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 5/29/14	10.55
03/24/15	PENALTIES	FOR DATE OF SERVICE 6/10/14	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 6/10/14	10.55
03/24/15	PENALTIES	FOR DATE OF SERVICE 6/25/14	13.50
03/24/15	INTEREST	FOR DATE OF SERVICE 6/25/14	5.27
03/24/15	PENALTIES	FOR DATE OF SERVICE 7/18/14	34.50
06/30/16	INTEREST	FOR DATE OF SERVICE 7/18/14	47.10
03/24/15	PENALTIES	FOR DATE OF SERVICE 7/31/14	27.00
03/24/15	INTEREST	FOR DATE OF SERVICE 7/31/14	10.55
12/22/15	LIEN FIL FEE	LIEN FILING FEE	150.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/24/16	69501

EAMS#(s):ADJ9421935
ADJ9356571
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10099306

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: JENNIFER BRUCE
P.O. BOX 108843
OKLAHOMA CITY, OK 73101

Case: vs JJ GOURMET FOOD
Date Of Injury: 2/7/13-2/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/21/16	PMT BY CHECK	DOS 4/10/14-12/22/15* # 8816103600 FARMERS	-1534.62

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

MID-CENTURY INSURANCE COMPANY

Check Number: 8816103600
Date: 10/21/2016

Amount: $1,534.62****

01 01 000468 D5$RH8SON1 CE1021P2 02[ ] 000871

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS
PO Box 1465
Tustin CA 92781

69501 - 62133

Claimant/Patient:			
Insured:	J J GOURMET FOOD CORPORATION		
Date of Loss:	07/19/2013	Claim Representative:	Jennifer Bruce
Claim Number:	WC10099306	Office Phone Number:	8185402218
Correspondence Reference:	D5$RH8S0N	Applicable Coverage:	Workers' Compensation

Additional Information:
inv#69501 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
04/10/14 - 12/22/15	Interpreter	$1534.62

PAID in Full

MR

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

FARMERS INSURANCE

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

October 21, 2016

01 01 000871 D5$RH8SON1 CE1021P2 02[] 000871

000871

JOYCE ALTMAN INTERPRETERS
PO Box 1465
Tustin CA 92781

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/08/17	46929

EAMS#(s):ADJ8035171 ADJ8602988
ADJ8035210
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
62404941319274

BILL TO:
ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: ROSETTE KIRONDE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs NORTHGATE GONZALEZ MARKET
Date Of Injury: 6/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/11	INITIAL EXAM	-DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
08/08/11	INITIAL EXAM	-W/ ACUPUCNTURIST ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/23/11	MRI	REF BY DR RAHIMIAN: L/S, RT WRIST, LT ELBOW*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
09/13/11	PR2/REEVAL	-DR RAHIMIAN* JESUS CASTILLO # 500358	180.00
09/23/11	PR2/REEVAL	-W/ ACUPUNCTURIST LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/12/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR SADIGHPOUR*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
10/27/11	PR2/REEVAL	-DR RAHIMIAN* SANDRA TALANCON # 100802	180.00
11/07/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/28/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/08/11	DEPO PREP	@ THE L/O OF GLEN SILVERII	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 100656	0.00
12/21/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/05/12	P AND S	DR RAHIMIAN*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
02/29/12	DEPO PREP	@ THE L/O OF GLENN SILVERII VOL II (AMENDED)	156.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/08/17	46929

EAMS#(s):ADJ8035171 ADJ8602988
ADJ8035210
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
62404941319274

BILL TO:
ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: ROSETTE KIRONDE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs NORTHGATE GONZALEZ MARKET
Date Of Injury: 6/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
04/19/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/27/16	PENALTIES	FOR DATE OF SERVICE 11/28/11	23.48
04/24/17	INTEREST	FOR DATE OF SERVICE 11/28/11	95.16
06/27/16	PENALTIES	FOR DATE OF SERVICE 12/08/11	23.48
04/24/17	INTEREST	FOR DATE OF SERVICE 12/08/11	95.16
06/27/16	PENALTIES	FOR DATE OF SERVICE 12/21/11	37.50
04/24/17	INTEREST	FOR DATE OF SERVICE 12/21/11	152.02
06/27/16	PENALTIES	FOR DATE OF SERVICE 02/29/12	23.48
04/24/17	INTEREST	FOR DATE OF SERVICE 02/29/12	93.00
06/27/16	PENALTIES	FOR DATE OF SERVICE 04/19/12	37.50
04/24/17	INTEREST	FOR DATE OF SERVICE 04/19/12	144.70
08/01/16	PENALTIES	FOR DATE OF SERVICE 07/21/11	34.50
04/24/17	INTEREST	FOR DATE OF SERVICE 07/21/11	139.89
08/01/16	PENALTIES	FOR DATE OF SERVICE 08/08/11	34.50
04/24/17	INTEREST	FOR DATE OF SERVICE 08/08/11	139.86
08/01/16	PENALTIES	FOR DATE OF SERVICE 08/23/11	22.50
04/24/17	INTEREST	FOR DATE OF SERVICE 08/23/11	91.21
08/01/16	PENALTIES	FOR DATE OF SERVICE 09/13/11	27.00
04/24/17	INTEREST	FOR DATE OF SERVICE 09/13/11	109.45
08/01/16	PENALTIES	FOR DATE OF SERVICE 09/23/11	27.00
04/24/17	INTEREST	FOR DATE OF SERVICE 09/23/11	109.45
08/01/16	PENALTIES	FOR DATE OF SERVICE 10/12/11	22.50
04/24/17	INTEREST	FOR DATE OF SERVICE 10/12/11	91.21
08/01/16	PENALTIES	FOR DATE OF SERVICE 10/27/11	27.00
04/24/17	INTEREST	FOR DATE OF SERVICE 10/27/11	109.45
08/01/16	PENALTIES	FOR DATE OF SERVICE 11/07/11	22.50
04/27/17	INTEREST	FOR DATE OF SERVICE 11/07/11	91.21

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/08/17	46929

EAMS#(s):ADJ8035171 ADJ8602988
ADJ8035210
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
62404941319274

BILL TO:
ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: ROSETTE KIRONDE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs NORTHGATE GONZALEZ MARKET
Date Of Injury: 6/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/16	PENALTIES	FOR DATE OF SERVICE 01/05/12	34.50
04/24/17	INTEREST	FOR DATE OF SERVICE 01/05/12	137.32
04/24/17	COSTS & SANC	COSTS & SANC	776.99
05/04/17	PMT BY CHECK	DOS 6/28/11-4/24/17* # FE60530105	-5523.02

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PDWDDMCD-000769-01-01-00

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 05/04/17
CHECK NO. **FE60530105**

STATEMENT

ESIS®

5900C13FE 00 00174 FE60530105

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID	DOLLARS
6240494131927	$******5,523.02

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201107181246558545O104

FOR
06/28/11 THRU 04/24/17 F&F

CLAIMANT

DATE OF EVENT
06/28/11

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PAID
MAY 08 201

BY:

BOA10B (07/2016)

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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/05/16	41531

EAMS#(s):ADJ807287
ADJ1604690+
SS # :
DOB :
Terms: 60 days
Claim #(s):
SA419438

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: EVANGELINE YERRO
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs KUSTOM STEEL PRODUCTS
Date Of Injury: 3/22/01

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/28/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
11/15/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/13/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/26/13	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
07/18/13	PENALTIES	FOR DATE OF SERVICE 1/11/11	23.48
09/23/16	INTEREST	FOR DATE OF SERVICE 1/11/11	102.22
07/18/13	PENALTIES	FOR DATE OF SERVICE 6/28/11	23.48
09/23/16	INTEREST	FOR DATE OF SERVICE 6/28/11	94.62
07/18/13	PENALTIES	FOR DATE OF SERVICE 11/15/11	23.48
09/23/16	INTEREST	FOR DATE OF SERVICE 11/15/11	87.72
07/18/13	PENALTIES	FOR DATE OF SERVICE 03/13/12	23.48
09/23/16	INTEREST	FOR DATE OF SERVICE 03/13/12	81.85
07/18/13	PENALTIES	FOR DATE OF SERVICE 3/26/13	23.48
09/23/16	INTEREST	FOR DATE OF SERVICE 3/26/13	63.21
07/30/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/13/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/03/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/18/14	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO* FUTURE MED AWARD	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/11/14	PMT BY CHECK	DOS 9/13/13-10/3/13* # 103088820 CNA	-406.50
11/18/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/12/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH (AMENDED)	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/05/16	41531

EAMS#(s):ADJ807287
ADJ1604690+
SS # :
DOB :
Terms: 60 days
Claim #(s):
SA419438

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: EVANGELINE YERRO
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs KUSTOM STEEL PRODUCTS
Date Of Injury: 3/22/01

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/25/16	PMT BY CHECK	DOS 3/18/14* # CU-271317 SCIF	-180.00
03/17/16	PENALTIES	FOR DATE OF SERVICE 9/13/13	23.48
06/11/14	INTEREST	FOR DATE OF SERVICE 9/13/13	13.86
03/17/16	PENALTIES	FOR DATE OF SERVICE 10/3/13	37.50
06/11/14	INTEREST	FOR DATE OF SERVICE 10/3/13	20.24
03/17/16	PENALTIES	FOR DATE OF SERVICE 3/18/14	27.00
02/25/16	INTEREST	FOR DATE OF SERVICE 3/18/14	37.37
03/17/16	PENALTIES	FOR DATE OF SERVICE 11/18/14	23.48
09/23/16	INTEREST	FOR DATE OF SERVICE 11/18/14	33.53
03/17/16	PENALTIES	FOR DATE OF SERVICE 11/12/15	23.48
09/23/16	INTEREST	FOR DATE OF SERVICE 11/12/15	15.83
03/17/16	PENALTIES	FOR DATE OF SERVICE 1/20/16	23.48
09/23/16	INTEREST	FOR DATE OF SERVICE 1/20/16	12.43
05/23/16	PENALTIES	FOR DATE OF SERVICE 7/30/13	23.48
09/23/16	INTEREST	FOR DATE OF SERVICE 7/30/13	57.00
07/17/13	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
09/22/16	PMT BY CHECK	DOS 6/3/03-1/20/16* # 105041037 CNA	-1190.00
09/23/16	COSTS & SANC	COSTS & SANC	1072.32
10/03/16	PMT BY CHECK	DOS 5/10/16* # CU-312941 SCIF	-2310.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/05/16	41531

EAMS#(s):ADJ807287
ADJ1604690+
SS # :
DOB :
Terms: 60 days
Claim #(s):
SA419438

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: EVANGELINE YERRO
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs KUSTOM STEEL PRODUCTS
Date Of Injury: 3/22/01

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000000202E2008690331030888200000000001081

001081

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

PAID JUN 17 2014

* To expedite handling of your claim, please include our claim number on all future correspondence to us.

Claim Number *
E2 869033W7

Insured/Client
UNITED STEEL AND METALS INC

Claimant

ATT
06/11/14

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
08/27/02		09/13/13-10/03/13	IND	26	TR		$406.50
							$406.50

41531, 60113, 60114

Reason
INV 60115 DEPO PREP&REVIEW 9/13/13 &10/3/13

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:
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD

103088820
Date Issued
06/11/14

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. No.
E2 869033	W7	UNITED STEEL AND METALS INC	2J
Prefix & Contract No. WC -2057350275		Claimant	Date of Loss 08/27/02
From-thru (Dates) 09/13/13	In Payment of 10/03/13	INV 60115 DEPO PREP&REVIEW 9/13/13 &10/3/13	

PAY FOUR HUNDRED SIX AND 50/100THS Dollars

********$406.50

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

Wells Fargo Bank, N.A

L137648E

⑈103088820⑈ ⑆053101561⑆ 4759628092⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals - 1888STATEFUND

Provider Number: XXXXX6713

60115
60114
60113
41531R-1

Check #: **CU-271317**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/25/16
Doc #: 030770294

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** SA419438		**Date of Injury:** 03/22/01		
SSN: XXX-XX-	Employer name: KUSTOM STEEL PRODUCTS				Employer ID: 00000015773530l0				
	ICD-9 Code: 959.9 INJURY-SITE NOS								
1	SF1-SFCA-16373888	03/18/14	999Q2	Interpreter Treatmen	1	180.00	.00	723 A01 B03 G67	180.00
					Total Allowances:				**$180.00**

PAID FEB 29 2016

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

0132783203070294001 2

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000779

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

60115
411531 ✓

0000020E2008690331050410370000000000779

* To expedite handling of your claim, please include our claim number on all future correspondence to us.

Claim Number * E2 869033W7

Insured/Client: UNITED STEEL AND METALS INC

Claimant

ATT

09/22/16

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
08/27/02		06/03/03-01/20/16	MED	21		MI	$1,190.00
							$1,190.00

Reason
FULL AND FINAL SETTLEMENT OF ALL LIENS

To ensure timely delivery of your check, please verify that the address on this check is complete and correct. If not, please notify your claims representative with the correct information. Thank you.

ACCIWF 02.28.13

PLEASE DETACH BEFORE CASHING

CNA
Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD

105041037
Date Issued
09/22/16

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.
E2 869033	W7	UNITED STEEL AND METALS INC	2C
Prefix & Contract No.		Claimant	Date of Loss
WC 2057350275			08/27/02
From-thru (Dates)	In Payment of		
06/03/03	01/20/16	FULL AND FINAL SETTLEMENT OF ALL LIENS	

PAY ONE THOUSAND ONE HUNDRED NINETY AND NO/100THS Dollars

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

******$1,190.00

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0105041037⑈ ⑆053101561⑆ 4759628092⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERP
Po Box 4165
Tustin CA 92781

Check #: **CU-312941**

Issue Date: 10/03/16
Doc #: 031559183

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** SA419438		**Date of Injury:** 03/22/01		
Employer name: KUSTOM STEEL PRODUCTS					Employer ID: 0000001577353010				
ICD-10 Code:T14.90 INJURY, UNSPECIFIED									
1	SF1-SFCA-17250707	05/10/16	MDO10	Payment By Order	1	5,000.00	2,690.00	375 961 G5 G67	2,310.00
					Total Allowances:				**$2,310.00**

0

PAID OCT 05 2016

F.F.
AMOK

MP

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/21/16 57507

EAMS#(s):
ADJ8158466
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
011975-070182-WC-01

BILL TO:
GALLAGHER BASSETT (SACRAMENTO)
W. C. DEPARTMENT
ATTN: ANA ARICA
P.O. BOX # 4040
SACRAMENTO, CA 95812-4040

Case: vs PALO VERDE
Date Of Injury: 8/12/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
04/16/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/04/13	PMT BY CHECK	DOS 1/24/13-4/16/132 # 0103982156	-406.50
02/12/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/15/14	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/14/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/14/15	PENALTIES	FOR DATE OF SERVICE 2/12/14	23.48
06/29/15	INTEREST	FOR DATE OF SERVICE 2/12/14	25.00
04/14/15	PENALTIES	FOR DATE OF SERVICE 9/15/14	37.50
06/29/15	INTEREST	FOR DATE OF SERVICE 9/15/14	23.00
06/29/15	PMT BY CHECK	DOS 2/12/14-1/14/15* # 0119801750	-563.00
09/04/13	PENALTIES	FOR DATE OF SERVICE 1/24/13	23.48
09/04/13	INTEREST	FOR DATE OF SERVICE 1/24/13	4.09
09/04/13	PENALTIES	FOR DATE OF SERVICE 4/16/13	23.48
09/04/13	INTEREST	FOR DATE OF SERVICE 4/16/13	6.54
06/29/15	PENALTIES	FOR DATE OF SERVICE 1/14/15	23.48
06/29/15	INTEREST	FOR DATE OF SERVICE 1/14/15	8.43
03/09/16	COSTS & SANC	COSTS & SANCT	801.52
03/14/16	PMT BY CHECK	DOS 3/10/16* # 0126380611	-1000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/21/16	57507

EAMS#(s):
ADJ8158466
SS # : XXX-XX
DOB :
Terms : 45 days
Claim #(s):
011975-070182-WC-01

BILL TO:
GALLAGHER BASSETT (SACRAMENTO)
W. C. DEPARTMENT
ATTN: ANA ARICA
P.O. BOX # 4040
SACRAMENTO, CA 95812-4040

Case: vs PALO VERDE
Date Of Injury: 8/12/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 003700

PAID SEP 09 2013

MDG2009 00004599 1 MB 0405 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 070182 WC 01 (6613897P)
CLAIMANT: . –
DESCRIPTION: INV #57507 DOS 01/24/13 - 04/16/13

DATES OF SERVICE: 24Jan13 **THRU** 16Apr13
BENEFIT PERIOD: **THRU**

BRANCH NO.: 176
ACC DATE: 12Aug11

NO.: 0103982156
VN: 0001621442
DATE: 04Sep13
AMOUNT: 406.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004599 005198 001 003

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

011975 PAGE 1 OF 1 003818

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID JUL 0 6 2015

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

57507

CLAIM NO.: 011975 070182 WC 01 (6613897P)
CLAIMANT:
DESCRIPTION: DOS: 02/12/14; 09/15/14; 01/14/15

BRANCH NO.: 176
ACC DATE: 12Aug11

NO.: 0119801750
VN: 0001921457
DATE: 29Jun15

DATES OF SERVICE: 12Feb14 **THRU** 14Jan15
BENEFIT PERIOD: **THRU**

AMOUNT: 563.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005115 005811 002 004

GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

011975 PAGE 1 OF 1 004792

MDG2009 00004781 1 MB 0439 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID MAR 21 2016

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

57507

CLAIM NO.: 011975 070182 WC 01 (6613897P) **BRANCH NO.:** 502 **NO.:** 0126380611

CLAIMANT: **ACC DATE:** 12Aug11 **VN:** 0002038000

DESCRIPTION: FULL AND FINAL PAYMENT FOR ANY AND ALL DATES OF SERVICE **DATE:** 14Mar16

DATES OF SERVICE: 10Mar16 **THRU** 10Mar16 **AMOUNT:** 1000.00

BENEFIT PERIOD: **THRU**

F.F.
CA
AL
BB

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE C 0004781 005375 001 001

HR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/28/17	37377

EAMS#(s):ADJ7652134 ADJ7369317
ADJ7369221
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SCA900065197

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: TRACEY BONFILS
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs TW SERVICES, INC.
Date Of Injury: 4/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/10	INITIAL EXAM	-DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/07/10	EMG TESTING	-BY DR ARANT: L/E @ AMERI CHIRO*	125.00
05/07/10	NCV	-DIAGNOSTIC STUDY INTERP: L/E	125.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/08/10	PR2/REEVAL	-DR RAHIMIAN* BLANCA MEJIA #100741	180.00
09/09/10	PENALTIES	FOR DATE OF SERVICE 04/22/10	34.50
03/14/17	INTEREST	FOR DATE OF SERVICE 04/22/10	180.80
09/09/10	PENALTIES	FOR DATE OF SERVICE 05/07/10	37.50
03/14/17	INTEREST	FOR DATE OF SERVICE 05/07/10	196.52
03/14/11	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
06/30/15	PENALTIES	FOR DATE OF SERVICE 3/14/11	23.48
03/14/17	INTEREST	FOR DATE OF SERVICE 3/14/11	122.09
07/13/15	PENALTIES	FOR DATE OF SERVICE 06/08/10	27.00
03/14/17	INTEREST	FOR DATE OF SERVICE 06/08/10	140.42
12/11/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/28/17	COSTS & SANC	COSTS & SANC	521.19
03/22/17	PMT BY CHECK	DOS 3/14/17* # 71143053 FIRST COMP	-2200.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/28/17	37377

EAMS#(s):ADJ7652134 ADJ7369317
ADJ7369221
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SCA900065197

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: TRACEY BONFILS
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs TW SERVICES, INC.
Date Of Injury: 4/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.



FIRST COMP
MARKEL Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-3188

62784
37377

Claims Disbursement

CLAIM #: SCA900065197
PAYEE: JOYCE ALTMAN INTERPRETERS INC

CHECK NUMBER: 71143053
CHECK DATE: 03/22/2017
CHECK AMOUNT: $2,200.00

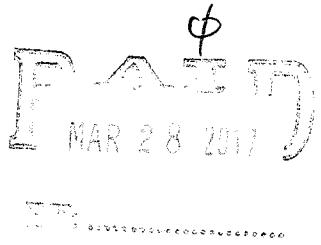
Check Information



CLAIMANT NAME:
POLICY #: WSI0022929-01
INVOICE #: Lien F & F
INVOICE DATE: 03/21/2017
BILL ID #: 3414889
BILL REVIEW ID #:
BENEFIT BEGIN: 04/22/2010
BENEFIT END: 03/14/2017
RESERVE TYPE: ME
SUB-RESERVE TYPE: Other

CHECK MEMO:

F. F. OK
CA



Please contact our Customer Service Department at 1-888-500-3344 if you have any questions.

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/03/16	65508

EAMS#(s):
ADJ7820458
SS # :
DOB :
Terms : 45 days
Claim #(s):
2080264737

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: IVAN OLISEA (LIEN UNIT)
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs GUTIERREZ TREE SVC & LANDS/PRR
Date Of Injury: 4/9/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/11	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/28/11	CT SCAN	REF BY DR KATTAR: C/S, L/S*	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ # 100741	0.00
08/22/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
09/01/11	INITIAL EXAM	DR OBUKHOFF @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/15/11	PR2/REEVAL	DR OBUKHOFF* GLADYS REYNA # 100755	180.00
11/17/11	PR2/REEVAL	DR OBUKHOFF* GLADYS REYNA # 100755	180.00
03/19/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
04/02/12	P AND S	DR KATTAR* JOHANNA JORDAN # 100793	230.00
06/26/12	DEPO PREP	@ THE L/O OF SCIF	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/16/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
08/10/12	PMT BY CHECK	DOS 6/26/12 # CU-924872 SCIF	-156.56
08/16/12	PMT BY CHECK	DOS 7/16/12 # BU-848836 SCIF	-250.00
05/14/14	PMT BY CHECK	DOS 3/19/12* CU-115530 SCIF	-156.50
01/21/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/02/15	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS (VOL-II)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/03/16 65508

EAMS#(s):
ADJ7820458
SS # :
DOB :
Terms : 45 days
Claim #(s):
2080264737

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: IVAN OLISEA (LIEN UNIT)
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs GUTIERREZ TREE SVC & LANDS/PRR
Date Of Injury: 4/9/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/30/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
12/04/15	LEGAL_C&R	C&R READING @ L/O DENIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/18/16	PENALTIES	FOR DATE OF SERVICE 1/21/15	23.48
04/13/16	INTEREST	FOR DATE OF SERVICE 1/21/15	18.49
01/18/16	PENALTIES	FOR DATE OF SERVICE 6/2/15	23.48
04/13/16	INTEREST	FOR DATE OF SERVICE 6/2/15	15.83
01/18/16	PENALTIES	FOR DATE OF SERVICE 7/24/15	37.50
04/13/16	INTEREST	FOR DATE OF SERVICE 7/24/15	21.19
02/10/16	PENALTIES	FOR DATE OF SERVICE 12/4/15	37.50
04/13/16	INTEREST	FOR DATE OF SERVICE 12/4/15	10.71
04/13/16	PENALTIES	FOR DATE OF SERVICE 5/09/11	34.50
04/13/16	INTEREST	FOR DATE OF SERVICE 5/09/11	27.17
04/13/16	PENALTIES	FOR DATE OF SERVICE 6/28/11	22.50
04/13/16	INTEREST	FOR DATE OF SERVICE 6/28/11	17.72
04/13/16	PENALTIES	FOR DATE OF SERVICE 8/22/11	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 8/22/11	21.27
04/13/16	PENALTIES	FOR DATE OF SERVICE 9/01/11	34.50
04/13/16	INTEREST	FOR DATE OF SERVICE 9/01/11	27.17
04/13/16	PENALTIES	FOR DATE OF SERVICE 9/15/11	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 9/15/11	21.27
04/13/16	PENALTIES	FOR DATE OF SERVICE 11/17/11	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 11/17/11	21.27
04/13/16	PENALTIES	FOR DATE OF SERVICE 4/02/12	34.50
04/13/16	INTEREST	FOR DATE OF SERVICE 4/02/12	27.17
04/29/16	PMT BY CHECK	DOS 4/13/16* # 1100802977 ZURICH	-3200.00
05/26/16	COSTS & SANC	COSTS	348.84

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/03/16	65508

EAMS#(s):
ADJ7820458
SS # :
DOB :
Terms : 45 days
Claim #(s):
2080264737

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: IVAN OLISEA (LIEN UNIT)
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: , vs GUTIERREZ TREE SVC & LANDS/PRR
Date Of Injury: 4/9/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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)

[redacted]

Provider Number: 330956713

Check #: **CU-924872**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/10/12
Doc #: 025164873

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05747418		
1	53975	06/26/12	06/26/12	Interpreter fees	1		156.56
	44732 ✓					**Total Allowances:**	**$156.56**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05747418	156.56	.00	156.56

The preceding invoice totals reflect the amount of 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.

Notations:

05747418 INV. # 53975;

[redacted]

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

[redacted]

Provider Number: 330956713

Check #: **BU-848836**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/16/12
Doc #: 025191015

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05747418		
1	VG	07/16/12	07/16/12	Claimant Incurred Legal Expense	1		250.00
						Total Allowances:	**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05747418	250.00	.00	250.00

The preceding invoice totals reflect the amount of 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.

Notations:

05747418 INVOICE #53975 - DEPO REV; CL $250.00;

44732

PAID
AUG 20 2012
BY:.....

[redacted]

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: CU-115530

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/14/14
Doc #: 028298255

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Nan	Claim #: SA632989			
1	51512	10/03/11	10/03/11	Interpreter fees	1		156.50
			Patient Nam	Claim #: SA642047			
2	42991	04/10/14	04/10/14	Interpreter fees	1		156.50
			Patient Nam	Claim #: 05747418			
3	INV#53975	03/19/12	03/19/12	Interpreter fees	1		156.50
	42982		Patient Name	Claim #: 05689756			
4	44629	04/03/14	04/03/14	Interpreter fees	1		156.50
			Patient	Claim #: 05717942			
5	46888	07/14/11	12/01/11	Medical Services	1		380.00
6	46888	04/09/14	04/09/14	Interpreter fees	1		156.50
						Subtotal:	536.50

Total Allowances: $1,162.50

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SA632989	156.50	.00	156.50
05747418	156.50	.00	156.50
SA642047	156.50	.00	156.50
05689756	156.50	.00	156.50
05717942	536.50	.00	536.50

PAID MAY 19 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.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence. Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID VOID VOID

State Compensation Insurance Fund CU-115530

Medical
SA

Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID VOID VOID

VOID After 365 Days

Check Date	Check Amount
May 14, 2014	$*****1,162.50

PAY ****One Thousand One Hundred Sixty-Two and 50/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

211671105

⑈521011553O⑈ ⑆122241501⑆ ⑈908100104 3⑈

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

68716
68711
655.08

American Zurich Ins. Co.

PAID MAY 03 2016

JOYCE ALTMAN
PO BOX 4165
TUSTIN CA 92781 4165

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

1010091400914

00914

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0264737 001 XG	WC 9306564			04/09/11	04/13/16-04/13/16

Check Number	1100802977	Date Issued	04/29/16	Amount	$**3,200.00
Insured	Paramount Resource Recycling				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	Ivan Olisea	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	3,200.00		
TOTAL	$3200.00		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/19/16	60899

EAMS#(s):ADJ9142492
ADJ9145764
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
604A37749

BILL TO:
LIBERTY MUTUAL(PORTLAND-4555)
W. C. DEPARTMENT
ATTN: VICKY GANDARA
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs LMK CORP DBA LEE'S SANDWICHES
Date Of Injury: 9/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
03/26/14	DEPO PREP	@ THE L/O OF HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	CRISTINA PROFFITT # 301458	0.00
04/15/14	PMT BY CHECK	DOS 1/28/14* # 1010092529	-156.50
05/02/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/07/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/02/14	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	CESAR TERAN # 500150	0.00
07/14/14	PR2/REEVAL	DR KHAN @ AMERI CHIRO (POST P&S)*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/26/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO-FINAL*	150.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/20/14	P AND S	DR KHAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/07/16	LIEN FIL FEE	LIEN FILING FEE	150.00
03/29/16	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/06/16	LEGAL_WCAB	TRIAL @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/02/16	PENALTIES	FOR DATE OF SERVICE 3/26/14	23.48
09/20/16	INTEREST	FOR DATE OF SERVICE 3/26/14	45.41
08/02/16	PENALTIES	FOR DATE OF SERVICE 5/2/14	37.50
09/20/16	INTEREST	FOR DATE OF SERVICE 5/2/14	69.32
08/02/16	PENALTIES	FOR DATE OF SERVICE 3/29/16	23.48
09/20/16	INTEREST	FOR DATE OF SERVICE 3/29/16	9.12
09/20/16	PENALTIES	FOR DATE OF SERVICE 02/07/14	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
10/19/16 60899

EAMS#(s):ADJ9142492
ADJ9145764
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
604A37749

BILL TO:
LIBERTY MUTUAL(PORTLAND-4555)
W. C. DEPARTMENT
ATTN: VICKY GANDARA
P.O. BOX 4555
PORTLAND, OR 97208

Case: vs LMK CORP DBA LEE'S SANDWICHES
Date Of Injury: 9/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/20/16	INTEREST	FOR DATE OF SERVICE 05/07/14	46.62
09/20/16	PENALTIES	FOR DATE OF SERVICE 07/02/14	34.50
09/20/16	INTEREST	FOR DATE OF SERVICE 07/02/14	55.15
09/20/16	PENALTIES	FOR DATE OF SERVICE 07/14/14	27.00
09/20/16	INTEREST	FOR DATE OF SERVICE 07/14/14	42.48
09/20/16	PENALTIES	FOR DATE OF SERVICE 08/26/14	22.50
09/20/16	INTEREST	FOR DATE OF SERVICE 06/26/14	33.32
09/20/16	PENALTIES	FOR DATE OF SERVICE 10/20/14	34.50
09/20/16	INTEREST	FOR DATE OF SERVICE 10/20/14	43.99
09/20/16	PENALTIES	FOR DATE OF SERVICE 06/06/16	23.48
09/20/16	INTEREST	FOR DATE OF SERVICE 06/06/16	5.82
09/20/16	COSTS & SANC	COSTS & SANC	955.83
10/14/16	PMT BY CHECK	DOS 9/22/16* # 1010697544	-3400.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
R07	1010092529	04/15/14
	CHECK AMOUNT ******$156.50	BLOCK NUMBER 002920

AGENT NAME THOITS INSURANCE SERVICE INC
AGENT NUMBER 4295663

LOSS DATE 01/31/13
CASE # 305287940
INVOICE # 60899

PAYEE: JOYCE ALTMAN INTERPRETERS INC

CLAIM REP: MICHAELA JOHNSON

PAID APR 21 2014

CLAIM REP PHONE: 503-736-7174

PAYEE ADDRESS:
PO BOX 4165
TUSTIN CA 92781-4165

INVOICE #	INSURED/CLAIMANT NAME	CASE #	PAYABLE	POLICY
60899		305287940	156.50	2923484

REMARKS: INV # 60899
305287940
01/28/2014 THRU 01/28/2014

$156.50

TOTAL AMOUNT: $156.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
R07	1010697544	10/14/16
	CHECK AMOUNT ****$4,369.50	BLOCK NUMBER 001864

PAGE 1 OF 1

NAME	INVOICE #	CASE #	AMOUNT
	59412	204953690	969.5
REMARKS: INV#59412 204953690 M 08/05/2013 THRU 08/22/2016	$969.50		
	SETTLEMENT	305287940	3,400.0
REMARKS: FULL AND FINAL SETTLEMENT ALL DOS 305287940 09/20/2016 THRU 09/20/2016	$3400.00		
TOTAL PAYMENTS COMBINED: 2			4,369.50

F.F.
CA

PAID OCT 20 2016

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

AMC * 001864
PO BOX 515097
LOS ANGELES, CA 90051

Liberty Mutual. INSURANCE

WELLS FARGO BANK, N.A.

1010697544
64-975/612
2079900411553

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
R07	0237	BULK PAYMENT

CHECK DATE 10/14/16

$ **********4,369.50

VOID IF NOT PRESENTED WITHIN SIX MONTHS OF ISSUE DATE OF CHECK

PAY FOUR THOUSAND THREE HUNDRED SIXTY NINE AND 50/100 DOLLARS**********

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS $500,000 00

⑈1010697544⑈ ⑆061209756⑆ 2079900411553⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/12/16	49419

EAMS#(s):
ADJ7829413
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ELW9795

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: MARIA RAMOS
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs PRIORITY BUSINESS SERVICES
Date Of Injury: 5/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/11	DEPO PREP	@ THE L/O OF KEGEL TOBIN & TRUCE	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 100656	0.00
12/06/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/06/12	DEPO PREP	@ THE L/O OF KEGEL, TOBIN & TRUCE (VOL II)	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
02/22/12	PMT BY CHECK	DOS 10/25/11-12/6/11 # 896D 79813102	-406.50
03/13/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/03/13	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/29/13	PMT BY CHECK	DOS 10/25/11-7/3/13 # 896D 82649256	-563.00
07/09/14	INITIAL EXAM	DR MARINOW @ GREATER LONG BEACH ORTHO (2H 15M)	258.75
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/07/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/25/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/30/16	PENALTIES	FOR DATE OF SERVICE 10/25/11	23.48
02/22/11	INTEREST	FOR DATE OF SERVICE 10/25/11	5.82
06/30/16	PENALTIES	FOR DATE OF SERVICE 3/13/12	37.50
07/29/13	INTEREST	FOR DATE OF SERVICE 3/13/12	39.95
06/30/16	PENALTIES	FOR DATE OF SERVICE 7/9/14	38.81
06/30/16	INTEREST	FOR DATE OF SERVICE 7/9/14	54.78
06/30/16	PENALTIES	FOR DATE OF SERVICE 3/7/16	23.48

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/12/16 49419

EAMS#(s):
ADJ7829413
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ELW9795

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: MARIA RAMOS
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs PRIORITY BUSINESS SERVICES
Date Of Injury: 5/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/30/16	INTEREST	FOR DATE OF SERVICE 3/7/16	6.21
06/30/16	COSTS & SANC	COSTS & SANC	298.22
07/08/16	PMT BY CHECK	DOS 6/30/16* # 896D 88004615	-1200.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

000341

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SB00165

896D 79813102

TRAVELERS

DATE: 02/22/12
LOSS DATE: 05/03/11
FILE NUMBER: 152 CB ELW9795 H

EMPLOYEE

ACCOUNT NAME:
PRIORITY BUSINESS SERVICES, I

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/25/2011 TO: 12/06/2011

TOTAL PAID: $406.50
TAX INFO: 330956713331748 1Y
PAY MISC: 49419
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

[illegible] FEB 27 2012

BY:.....

FOR ADDITIONAL INFORMATION, CONTACT: MARIA E. RAMOS AT (909)612-3004

053010176
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121298
DETACH CHECK

013810

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SA06859

896D 82649256

TRAVELERS

DATE: 07/29/13
LOSS DATE: 05/03/11
FILE NUMBER: 152 CB ELW9795 H

EMPLOYEE

ACCOUNT NAME:
PRIORITY BUSINESS SERVICES, I

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/25/2011 TO: 07/03/2013

TOTAL PAID: $563.00
TAX INFO: 330956713331748 1Y
PAY MISC: 49419
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID AUG 02 2013

MR

FOR ADDITIONAL INFORMATION, CONTACT: MARIBEL BITTNER AT (909)612-3311

210006951
DETACH CHECK

UNSUMM:111311
OVRPUNS2:121205
DETACH CHECK

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SE01975

896D 88004615

TRAVELERS

DATE: 07/08/16
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Our Customer Service Phone is (877)228-2758
Please contact us if you have any questions.

TRAVELERS PROP CAS CO OF AMERIC

F-F. AM

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB ~~ELW9795H~~	06/30/16	$ 1,200.00	1012784054SW	494190K
	152 CB E2F4347A	04/04/16 - 05/13/16	$ 810.00	1012607894SW	INVOICE # 69193 69193-1

Total Amount Paid $******2010.00

PAYMENT INQUIRIES? E-MAIL MBMPINQS@TRAVELERS.COM, FAX 888-558-8656, PH. 877-228-2758.

0019251
DETACH CHECK

SUMM 111311
~~OVRPSUM2-021509~~
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/06/16 60782

EAMS#(s):
ADJ8524702
SS # : XXX-XX-
DOB :

BILL TO:
LIBERTY MUTUAL(PORTLAND-4555)
W. C. DEPARTMENT
ATTN: TRACY YOUNG
P.O. BOX 4555
PORTLAND, OR 97208

Claim #(s):
604A31574

Case: vs TILLYS WORLD OF JEANS & TOPS
Date Of Injury: 8/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/14	WCAB SA	MSC - MARIA SEARS # 100795	156.50
03/25/15	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT* (IPM)	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/22/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	ORELIA STEINHARDT # 500214	0.00
07/02/15	PMT BY CHECK	DOS 1/27/14* # 00619643	-156.50
05/21/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/03/15	PMT BY CHECK	DOS 03/25/15-04/22/15* =# 0029086024	-180.00
02/26/15	INITIAL EXAM	DR BERNSTEIN @ IPM*	230.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/15/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/19/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/23/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/22/15	PR2/REEVAL	DR ROARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/26/16	LIEN FIL FEE	LIEN FILING FEE	150.00
05/31/16	PENALTIES	FOR DATE OF SERVICE 1/27/14	23.48
07/02/15	INTEREST	FOR DATE OF SERVICE 1/27/14	24.06
06/30/16	COSTS & SANC	COSTS & SANC	792.46
06/30/16	PMT BY CHECK	DOS 1/27/14-7/2/15* # 01503143	-2300.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/06/16 60782

EAMS#(s):
ADJ8524702
SS # : XXX-XX-
DOB :

BILL TO:
LIBERTY MUTUAL(PORTLAND-4555)
W. C. DEPARTMENT
ATTN: TRACY YOUNG
P.O. BOX 4555
PORTLAND, OR 97208

Claim #(s):
604A31574

Case: vs TILLYS WORLD OF JEANS & TOPS
Date Of Injury: 8/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT

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
503-239-5800

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	00619643	07/02/15
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 005685

OSN: EE2701070205-000489

CLAIM #: WC 604-A31574
CONTRACT #: WCJ-Z91-456754-041-92

CONTROL #: 000005287 ID: CRNWB16
PROVIDER #: N3095671354599

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 08/06/12
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PAID JUL 10 2015

EMPLOYER: WORLD OF JEANS & TOPS
DATES OF SERVICE 01/27/14-01/27/14
LOCATION CODE: 036

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
01/27/14	01/27/14	MISC		156.50	156.50	

NOTE: INVOICE # 60782

TOTAL CHARGES	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	156.50

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
288	0029086024	08/03/15
	CHECK AMOUNT ****$180.00	BLOCK NUMBER 020568

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

PAID

BY: .....

OSN: MM0801080311-002283
BANK: 288
CHECK REF: 0029086024 DATE: 08/03/15 AMT: 180.00
INTERNAL BILL NO: 109850401 MSR: N0160350
CUST/EXTERNAL BILL NO: 26152120622200
BR PROVIDER #: 05933095671310

CLAIM NO. WC 604-A31574 HOD
CONTRACT NO: WCJ-Z91-456754-041-92
DOCUMENT NO: 5A2081501750002

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PATIENT ACCT. #: 60782
SSN: XXX-XX-
DOI: 08/06/12
PATIENT:

PROVIDER: JOYCE ALTMAN

AGENCY CLAIM #(BOARD COMM #): 201208101203127757975 2
DIAG CODES: 799.8

EMPLOYER: WORLD OF JEANS & TOPS
ADDRESS: 10 WHATNEY
IRVINE, CA 92618-2807

DATES OF SERVICE: 03/25/15-04/22/15
AUDIT DATE: 07/31/15

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/25/15	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	90.00	N/A	0.00	90.00	G1 ZC93 G1 P300
04/22/15	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	90.00	N/A	0.00	90.00	G1 ZC93 G1 P300

TOTAL CHARGES:	360.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	180.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	180.00

EXPLANATION CODE DESCRIPTIONS:
G1 THE CHARGE EXCEEDS THE OFFICIAL MEDICAL FEE SCHEDULE ALLOWANCE. THE CHARGE HAS BEEN ADJUSTED TO THE SCHEDULED ALLOWANCE
ZC93 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE ALLOWANCE. (ZC93)
P300 THE AMOUNT PAID REFLECTS A FEE SCHEDULE REDUCTION. (P300)

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
P.O. BOX 4555
PORTLAND, OR 97208
503-239-5800

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	01503143	06/30/16
	CHECK AMOUNT ***$2300.00	BLOCK NUMBER 004827

OSN: EE2701063005-000438

CLAIM #: WC 604-A31574
CONTRACT #: WCJ-Z91-456754-041-92

CONTROL #: 000000787 ID: CRNWB71
PROVIDER #: N3095671352525

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 08/06/12
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PAID JUL 06 2016

EMPLOYER: WORLD OF JEANS & TOPS
DATES OF SERVICE 01/27/14-07/02/15
LOCATION CODE: 036

PROVIDER:

60782

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
01/27/14	07/02/15	MEDICAL		2,300.00	2,300.00	

NOTE: PER STIP ORDER RE:

TOTAL CHARGES	2300.00
TOTAL PAYABLE:	2300.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	2300.00

F. F.
OK
LA

MR

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/17/16 57807

EAMS#(s):
ADJ7495591
SS # : XXX-XX-N/A
DOB :

Claim #(s):
503416015037

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: CYNTHIA HALATA
PO BOX 4555
PORTLAND, OR 97208

Case: [redacted] ; vs OREL BAKERY EQUIPMENT REPAIR
Date Of Injury: 2/17/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
04/01/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/03/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/12/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/24/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
12/10/14	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
06/03/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/04/15	LEGAL_WCAB	TRIAL @ WCAB LB (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/17/16	PENALTIES	FOR DATE OF SERVICE 1/28/13	23.48
05/17/16	INTEREST	FOR DATE OF SERVICE 1/28/13	55.92
05/17/16	PENALTIES	FOR DATE OF SERVICE 4/1/13	37.50
05/17/16	INTEREST	FOR DATE OF SERVICE 4/1/13	89.32
05/17/16	PENALTIES	FOR DATE OF SERVICE 4/3/13	23.48
05/17/16	INTEREST	FOR DATE OF SERVICE 4/3/13	55.92
05/17/16	PENALTIES	FOR DATE OF SERVICE 6/12/13	23.48
05/17/16	INTEREST	FOR DATE OF SERVICE 6/12/13	53.06
05/17/16	PENALTIES	FOR DATE OF SERVICE 9/24/13	23.48
05/17/16	INTEREST	FOR DATE OF SERVICE 9/24/13	29.49
05/17/16	PENALTIES	FOR DATE OF SERVICE 12/10/14	23.48
05/17/16	INTEREST	FOR DATE OF SERVICE 12/10/14	24.65
05/17/16	PENALTIES	FOR DATE OF SERVICE 6/3/15	23.48
05/17/16	INTEREST	FOR DATE OF SERVICE 6/3/15	17.85
05/17/16	PENALTIES	FOR DATE OF SERVICE 8/4/15	46.95
05/17/16	INTEREST	FOR DATE OF SERVICE 8/4/15	29.58
05/18/16	PMT BY CHECK	DOS 5/17/16-5/17/16*	-2983.12

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/17/16 57807

EAMS#(s):
ADJ7495591
SS # : XXX-XX-N/A
DOB :

Claim #(s):
503416015037

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: CYNTHIA HALATA
PO BOX 4555
PORTLAND, OR 97208

Case: vs OREL BAKERY EQUIPMENT REPAIR
Date Of Injury: 2/17/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/16	COSTS & SANC	# 10051319 COSTS	900.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

MR

✓10051319

Liberty Mutual. INSURANCE

ISSUE DATE MAY 18, 2016
CLAIMS ACCOUNTING
P.O. BOX 461
ST. LOUIS, MO 63166-0461

CLAIM NO. 732671725039
ACS REF NO. 19W131150210
POLICY NO. 04WC517096

LOSS DATE 09-12-08

ADJUSTER:
ASHLEY DUDEK
PHONE NO: 1-800-332-3226

AGENT: 16-0561
GREAT INSURANCE SERVICES

JOYCE ALTMAN
PO BOX 4165
TUSTIN CA 92781-4165

PAYMENT PERIOD:
05-17-16 TO 05-17-16

COVERAGES PAID THIS CHECK:

2,983.12 WC MED

**2,983.12 TOTAL PAID THIS CHECK
INSURED: OREL BAKERY EQUIPMENT, INC.
CLAIMANT:
IN PAYMENT OF: FULL AND FINAL SETTLEMENT

FULL AND FINAL SETTLEMENT

#57807

PAID
MAY 23 2016

BY:.....

pcsBOA

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

10051319

SCC * 000021
Safeco Insurance Companies
P.O. Box 461
Saint Louis, MO 63166-0461

Liberty Mutual. INSURANCE

Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

CHECK DATE 84-1278 611 GA
MAY 18, 2016

$ **2,983.12
VOID IF NOT PRESENTED WITHIN SIX MONTHS OF ISSUE DATE OF CHECK

B Code 50-334 Claim No. 19W131150210

Voucher No. 1398849

PAY TWO THOUSAND NINE HUNDRED EIGHTY-THREE DOLLARS AND 12/100----------

TO THE ORDER OF
JOYCE ALTMAN
PO BOX 4165
TUSTIN CA 92781-4165

TWO SIGNATURES REQUIRED IF AMOUNT EXCEEDS $500,000

⑈10051319⑈ ⑆061112788⑆ 329 900 1802⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/12/17 66806

EAMS#(s):
ADJ9951791
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
7539N6989

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W. C. DEPARTMENT
ATTN: VICTORIA BENJAMIN
P.O. BOX 52298
PHOENIX, AZ 85072

Case: vs AMOR COIN LAUNDRY
Date Of Injury: 4/5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/15	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN, MAGADALINE	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
08/14/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
09/14/15	PMT BY CHECK	DOS 08/03/15-08/14/15 * # 1 23 800994 K	-180.00
09/18/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
01/12/17	PENALTIES	FOR DATE OF SERVICE 8/3/15	23.48
02/01/17	INTEREST	FOR DATE OF SERVICE 8/3/15	26.48
01/12/17	PENALTIES	FOR DATE OF SERVICE 8/14/15	37.50
02/01/17	INTEREST	FOR DATE OF SERVICE 8/14/15	42.30
01/12/17	PENALTIES	FOR DATE OF SERVICE 9/18/15	37.50
02/01/17	INTEREST	FOR DATE OF SERVICE 9/18/15	40.72
02/01/17	PMT BY CHECK	DOS 8/3/15-9/18/15* # 1 23 556982 K	-680.59
03/27/17	COSTS & SANC	COSTS & S ANC	896.11
04/07/17	PMT BY CHECK	DOS 3/29/17* # 1 23 668514 K	-900.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PAYMENT NO 1 23 800994 K
PAYMENT AMOUNT $180.00
ISSUE DATE 09-14-2015
AUTHORIZED BY HARRISON, LARRY
PHONE (800) 749-9703

CLAIM NO 75-39N6-989
LOSS DATE 04-05-2015
POLICY NO 92-CQD978-7
INSURED OH, JEONG

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

PAID

BY: .....

START DATE 08-03-2015
END DATE 08-14-2015

BILL REFERENCE NO 66806

REMARKS EOR #STF-SFCA-150026

ON BEHALF OF

AMOUNT
180.00

COVERAGE DESCRIPTION
WORK COMP - MEDICAL - NON-HOSPITAL

RETAIN STUB FOR RECORDS

[redacted]

PAYMENT NO 1 23 556982 K
PAYMENT AMOUNT $680.59
ISSUE DATE 02-01-2017
AUTHORIZED BY BENJAMIN, VICTORIA
PHONE (844) 866-5190

CLAIM NO 75-39N6-989
LOSS DATE 04-05-2015
POLICY NO 92-CQD978-7
INSURED OH, JEONG

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

PAID
FEB 06 2017

START DATE 08-03-2015
END DATE 09-18-2015

REMARKS per Order for cost Inv #66806

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL		476.50
WORK COMP - MEDICAL - NON-HOSPITAL		204.09

RETAIN STUB FOR RECORDS

StateFarm STATE FARM FIRE AND CASUALTY COMPANY
FIRE
WORK COMP ASSIST P12PCL244
JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH 43240

1 23 556982 K

CLAIM NO 75-39N6-989
LOSS DATE 04-05-2015
INSURED OH, JEONG

DATE 02-01-2017 MM DD YYYY

**********EXACTLY SIX HUNDRED EIGHTY AND 59/100 DOLLARS

$*******680.59

Pay to the Order of: JOYCE ALTMAN INTERPRETERS INC

PRESIDENT
TREASURER

VOID IF GREEN COLORED BACKGROUND IS MISSING

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈ 2312556982 1⑈ ⑆044115443⑆ 777145210⑈

PAYMENT NO 1 23 668514 K
PAYMENT AMOUNT $900.00
ISSUE DATE 04-07-2017
AUTHORIZED BY BENJAMIN, VICTORIA
PHONE (844) 866-5190

CLAIM NO 75-39N6-989
LOSS DATE 04-05-2015
POLICY NO 92-CQD978-7
INSURED OH, JEONG

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

PAID
APR 12 2017
BY:

START DATE 03-29-2017
END DATE 03-29-2017

REMARKS SFCA-237743 in full and final of all DOS

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL		900.00

RETAIN STUB FOR RECORDS

MP

StateFarm STATE FARM FIRE AND CASUALTY COMPANY
FIRE
WORK COMP ASSIST - P12PCL244

JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

1 23 668514 K

DATE 04-07-2017 MM DD YYYY

CLAIM NO 75-39N6-989
LOSS DATE 04-05-2015
INSURED OH, JEONG

**********EXACTLY NINE HUNDRED AND 00/100 DOLLARS $*******900.00

Pay to the Order of: JOYCE ALTMAN INTERPRETERS INC

PRESIDENT

TREASURER

VOID IF GREEN COLORED BACKGROUND IS MISSING

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈231266851 4⑈ ⑆044115443⑆ 7771452 10⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/10/17 65017

EAMS#(s):
ADJ9705794
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627-090680-WC01

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: LESLIE GOOSE
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs ULTIMATE PERSONNEL SERVICES
Date Of Injury: 10/2/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/14	INITIAL EXAM	DR HIGASHI & ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/14/14	PT INITIAL	PHYSICAL THERAPY W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/10/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/19/14	PR2/REEVAL	DR BHARATWAL & F/U REHAB PHYS TX W/M PARKER @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/18/15	PR2/REEVAL	DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/22/15	PR2/REEVAL	DR N. RAMESHNI @ ACS*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/16/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/26/14	F/U CHIRO TX	CHIRO TREATMENT @DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
01/14/15	PR2/REEVAL	DR BHARATWAL @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/27/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/11/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH VALENCIA # 101087	0.00
06/02/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/11/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/10/17	65017

EAMS#(s):
ADJ9705794
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627-090680-WC01

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: LESLIE GOOSE
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs ULTIMATE PERSONNEL SERVICES
Date Of Injury: 10/2/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/15	INITIAL EXAM	DR VALLY/A. LOPEZ, PA @ ACS*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/14/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/17/15	INITIAL EXAM	DR YAGHOOBIAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
08/25/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/27/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/21/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/13/16	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/17/16	LIEN FIL FEE	LIEN FILING FEE	150.00
12/05/16	PENALTIES	FOR DATE OF SERVICE 11/04/14	34.50
03/27/17	INTEREST	FOR DATE OF SERVICE 11/04/14	48.62
12/05/16	PENALTIES	FOR DATE OF SERVICE 11/14/14	13.50
03/27/17	INTEREST	FOR DATE OF SERVICE 11/14/14	19.03
12/05/16	PENALTIES	FOR DATE OF SERVICE 03/10/15	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 03/10/15	38.05
12/05/16	PENALTIES	FOR DATE OF SERVICE 11/19/14	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 11/19/14	38.05
12/05/16	PENALTIES	FOR DATE OF SERVICE 03/18/15	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 03/18/15	38.05
12/05/16	PENALTIES	FOR DATE OF SERVICE 04/22/15	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 04/22/15	37.94
12/05/16	PENALTIES	FOR DATE OF SERVICE 12/16/14	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 12/16/14	37.20
12/05/16	PENALTIES	FOR DATE OF SERVICE 12/26/14	13.50
03/27/17	INTEREST	FOR DATE OF SERVICE 12/26/14	18.57

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/10/17	65017

EAMS#(s):
ADJ9705794
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627-090680-WC01

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: LESLIE GOOSE
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs ULTIMATE PERSONNEL SERVICES
Date Of Injury: 10/2/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/16	PENALTIES	FOR DATE OF SERVICE 01/14/15	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 01/14/15	36.24
12/05/16	PENALTIES	FOR DATE OF SERVICE 01/27/15	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 01/27/15	36.01
12/05/16	PENALTIES	FOR DATE OF SERVICE 02/11/15	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 02/11/15	35.16
12/05/16	PENALTIES	FOR DATE OF SERVICE 06/02/15	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 06/02/15	34.31
12/05/16	PENALTIES	FOR DATE OF SERVICE 06/11/15	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 06/11/15	33.69
12/05/16	PENALTIES	FOR DATE OF SERVICE 07/06/15	34.50
03/27/17	INTEREST	FOR DATE OF SERVICE 07/06/15	41.81
12/05/16	PENALTIES	FOR DATE OF SERVICE 07/14/15	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 07/14/15	32.72
12/05/16	PENALTIES	FOR DATE OF SERVICE 07/17/15	34.50
03/27/17	INTEREST	FOR DATE OF SERVICE 07/17/15	41.74
12/05/16	PENALTIES	FOR DATE OF SERVICE 08/25/15	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 08/25/15	32.04
12/05/16	PENALTIES	FOR DATE OF SERVICE 08/27/15	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 08/27/15	31.93
12/05/16	PENALTIES	FOR DATE OF SERVICE 10/21/15	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 10/21/15	30.11
12/05/16	PENALTIES	FOR DATE OF SERVICE 01/13/16	27.00
03/27/17	INTEREST	FOR DATE OF SERVICE 01/13/16	25.58
04/17/17	PMT BY CHECK	DOS 3/27/17* # 0135959859	-4600.00
04/10/17	BLCE OFF SET	BALANCE OFF SET	-342.35

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/10/17	65017

EAMS#(s):
ADJ9705794
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001627-090680-WC01

BILL TO:
GALLAGHER BASSETT (OR-14260)
W. C. DEPARTMENT
ATTN: LESLIE GOOSE
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs ULTIMATE PERSONNEL SERVICES
Date Of Injury: 10/2/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

001627 PAGE 1 OF 1 003696

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILED
APR 10 2017

GALLAGHER BASSETT SERVICES INC
ZURICH AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

65017

CLAIM NO.: 001627 090680 WC 01 (0088-9)
CLAIMANT:
DESCRIPTION: FULL AND FINAL SETTLEMENT

BRANCH NO.: 174
ACC DATE: 02Oct14

NO.: 0135959859
VN: 0002289870
DATE: 04Apr17

DATES OF SERVICE: 27Mar17 **THRU** 27Mar17
BENEFIT PERIOD: **THRU**

AMOUNT: 4600.00

F. F.
CA OK
MP

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005230 006080 002 003

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/17/17	57775

EAMS#(s):ADJ8734634
ADJ8700898
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10083626

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: ABIGAIL ECHANIQUE
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs ENERGY CLUB
Date Of Injury: 12/12/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/13	INITIAL EXAM	DR ATAMIAN @ ADVANCE CARE* DOI: 1/1/09	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/15/13	PR2/REEVAL	DR ATAMIAN* MARTHA BECERRA # 500198 DOI: CT	180.00
02/05/13	PR2/REEVAL	DR ATAMIAN* MARTHA BECERRA # 500198 DOI: 1/1/09	180.00
02/12/13	PR2/REEVAL	DR ATAMIAN* 2ND DOI:2009-2/17/12	180.00
/ /	INTERPRETER:	MARTHA BECERRA # 500198	0.00
03/12/13	PR2/REEVAL	DR ATAMIAN* DOI: 2009-12/17/12	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/26/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: 1/1/09	180.00
/ /	INTERPRETER:	MARTHA BECERRA # 500198	0.00
04/05/13	PR2/REEVAL	DR MIRZABEIGI* BOTH DOI'S	180.00
/ /	INTERPRETER:	MARTHA BECERRA # 500198	0.00
04/16/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: 2009-2/17/12	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/30/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: 1/1/09	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/20/13	DEPO PREP	@ THE L/O OF EARLY & MOSLACH BOTH DOI'S	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/21/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	MARTHA BECERRA # 500198	0.00
05/29/13	EMG TESTING	& NCV BY DR ALTMAN @	150.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/17/17 57775

EAMS#(s):ADJ8734634
ADJ8700898
SS # : XXX-XX-_
DOB :
Terms: 60 days
Claim #(s):
WC10083626

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: ABIGAIL ECHANIQUE
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs ENERGY CLUB
Date Of Injury: 12/12/12

DOS	SERVICE	DESCRIPTION	AMOUNT
		ADVANCE CARE*	
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
07/09/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
		BOTH DOI'S	
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/29/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		DOI: 1/1/09-12/17/12	
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/07/13	INITIAL EXAM	DR HAMADA @ ADVANCE CARE*	230.00
		BOTH DOI'S	
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
08/08/13	INITIAL EXAM	DR SELBY @ ADVANCE CARE*	230.00
		DOI: CT	
/ /	INTERPRETER:	ESMY VILLACRESE # 500404	0.00
08/16/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
		BOTH DOI'S	
/ /	INTERPRETER:	LETTY JULIAO GREEN # 501547	0.00
09/18/13	PMT BY CHECK	DOS 1/8/13-7/29/13	-2586.50
		# 8814428593	
09/05/13	PR2/REEVAL	DR WILLIAMS/SELBY @ ACS*	180.00
		DOI: 1/1/09-12/17/12	
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/30/13	PMT BY CHECK	DOS 8/7/13 # 881445089	-230.00
10/01/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
		DOI: 1/1/09	
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/03/13	PR2/REEVAL	DR WILLIAMS/SELBY @ ACS*	180.00
		DOI: 1/1/09-12/17/12	
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/08/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE*	180.00
		DOI: 1/1/09	

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/17/17	57775

EAMS#(s):ADJ8734634
ADJ8700898
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10083626

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: ABIGAIL ECHANIQUE
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs ENERGY CLUB
Date Of Injury: 12/12/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/27/13	PMT BY CHECK	DOS 8/8/13-10/1/13 =# 8814541383	-360.00
11/05/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: CT	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
12/03/13	PMT BY CHECK	DOS 10/3/13-10/8/13 =# 8814547222	-180.00
11/12/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: 1/1/09	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
11/22/13	PT INITIAL	DR MASSIHI, DPM @ ADVANCE CARE* BOTH DOI'S	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755 DOS AMENDED	0.00
12/10/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: 1/1/09	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/17/13	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: 1/1/09-12/17/12	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
12/20/13	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE* DOI: 1/1/09	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
01/23/14	PMT BY CHECK	DOS 1/8/13-12/3/13* =# 8814623522	-270.00
01/31/14	PMT BY CHECK	DOS 12/10/13-12/17/13* =# 8814635197	-180.00
01/21/14	PR2/REEVAL	DR ATAMIAN @ ACS* DOI: 1/1/09	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/17/17 57775

EAMS#(s):ADJ8734634
ADJ8700898
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10083626

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: ABIGAIL ECHANIQUE
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs ENERGY CLUB
Date Of Injury: 12/12/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/14	PR2/REEVAL	DR WILLIAMS & DR SELBY @ ACS* DOI: CT	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/28/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: 1/1/09-12/17/12	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
02/06/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR CONNOLY* CT	150.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
02/28/14	PMT BY CHECK	DOS 1/8/13-1/28/14* # 8814678785	-270.00
02/21/14	PR2/REEVAL	DR MASSIHI @ ACS* DOI: 1/1/09	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
02/25/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: 1/1/09	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
03/20/14	PMT BY CHECK	DOS 1/8/13-2/6/14* # 8814711643	-90.00
04/02/14	PMT BY CHECK	DOS 1/8/13-2/25/14* # 8814732136	-90.00
04/08/14	PMT BY CHECK	DOS 1/8/13-3/28/14* # 8814741538	-90.00
03/12/14	PR2/REEVAL	DR ATAMIAN @ ADVANCE CARE* DOI: 1/1/09	180.00
/ /	INTERPRETER:	JORGE SANDOVAL # 05511585	0.00
04/15/14	PMT BY CHECK	DOS 1/8/13-2/21/14* # 8814752665	-90.00
03/21/14	PR2/REEVAL	DR MASSAHI @ ADVANCE CARE* DOI:1/1/09-12/17/12	180.00
/ /	INTERPRETER:	LETTY JULIAO-GREEN # 301547	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/17/17 57775

EAMS#(s):ADJ8734634
ADJ8700898
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10083626

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: ABIGAIL ECHANIQUE
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: ____ vs ENERGY CLUB
Date Of Injury: 12/12/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/02/14	PMT BY CHECK	DOS 1/8/13-3/12/14* # 8814778687	-90.00
04/01/14	P AND S	DR ATAMIAN @ ADVANCE CARE* DOI: 1/1/09	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/15/14	PMT BY CHECK	DOS 1/8/13-3/21/14* # 8814801410	-90.00
04/22/14	P AND S	DR ATAMIAN @ ADVANCE CARE* DOI: 1/1/09-12/17/12	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/29/14	PMT BY CHECK	DOS 1/8/13-4/1/14* # 8814823403	-90.00
05/02/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
08/06/14	PMT BY CHECK	DOS 8/1/13-5/2/14* # 8814925344	-90.00
07/20/15	WCAB LB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/27/15	PMT BY CHECK	DOS 01/08/13-07/20/15* =# 8815507682	-90.00
03/07/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/28/16	PMT BY CHECK	DOS 1/8/13-3/7/16 * =# 8815809565 FARMER	-90.00
01/05/17	LEGAL_WCAB	FULL DAY MSC @ WCAB LB	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/14/17	LIEN FIL FEE	LIEN FILING FEE	150.00
03/29/17	PENALTIES	FOR DATE OF SERVICE 5/20/13	23.48
09/18/13	INTEREST	FOR DATE OF SERVICE 5/20/13	5.37
03/29/17	PENALTIES	FOR DATE OF SERVICE 7/20/15	23.48
03/29/17	INTEREST	FOR DATE OF SERVICE 7/20/15	30.62

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/17/17 57775

EAMS#(s):ADJ8734634
ADJ8700898
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WC10083626

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: ABIGAIL ECHANIQUE
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs ENERGY CLUB
Date Of Injury: 12/12/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/29/17	PENALTIES	FOR DATE OF SERVICE 3/7/16	23.48
03/29/17	INTEREST	FOR DATE OF SERVICE 3/7/16	19.62
03/19/17	PENALTIES	FOR DATE OF SERVICE 1/5/17	46.95
03/19/17	INTEREST	FOR DATE OF SERVICE 1/5/17	9.86
04/07/17	COSTS & SANC	COSTS & SANC	1391.14
04/14/17	PMT BY CHECK	DOS 4/7/17* # 8816338012 FARMERS	-4500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

September 18, 2013

MID-CENTURY INSURANCE COMPANY

Check Number: 8814428593
Date: 09/18/2013

Amount: $2,586.50****

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.
P.O. BOX 4165
TUSTIN CA 92781

Claimant/Patient:			
Insured:	TRIFECTA FOODS LLC		
Date of Loss:	12/12/2012	Claim Representative:	Mikki Davis
Claim Number:	WC10083626	Office Phone Number:	8185402255
Correspondence Reference:	4H$DP4RDN		

Additional Information:
Invoice # 57775 / 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
01/08/13 - 07/29/13	Interpreter	$2586.50

PAID SEP 20 2013

01 01 000558 4H$DP4RDN1 CE0918P2 02 [ ] 001089

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

September 30, 2013

MID-CENTURY INSURANCE COMPANY

Check Number: 8814445089
Date: 09/30/2013

Amount: $230.00******

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 OCT 02 2013

Claimant/Patient:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: VSBRP8JRN

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

Additional Information:
57775 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
08/07/13 - 08/07/13	Interpreter	$230.00

01 01 000546 VSBRP8JRN1 CE0890P2 021 1 001172

MID-CENTURY INSURANCE COMPANY

Check Number: 8814541383
Date: 11/27/2013

Amount: $360.00******

01 01 000714 BDBS840ZN1 CE1127P1 05 [ ] 000781

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:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: BDBS840ZN

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

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
01/08/13 - 10/01/13	Interpreter	$360.00

5775

PAID DEC 02 2013

MID-CENTURY INSURANCE COMPANY

Check Number: 8814547222
Date: 12/03/2013

Amount: $180.00******

01 01 000624 25BDMPZ0N1 CE1203P1 05 [ ] 000654

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:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: 25BDMPZ0N

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

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
01/08/13 - 10/08/13	Interpreter	$180.00

57775

PAID DEC 04 2013

Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

January 23, 2014

MID-CENTURY INSURANCE COMPANY

Check Number: 8814623522
Date: 01/23/2014

Amount: $270.00******

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 JAN24 2014

57775

Claimant/Patient:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: 21$R889ZN

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

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
01/08/13 - 12/03/13	Interpreter	$270.00

01 01 000460 21$R889ZN1 CE01123P1 05 [] 000540

MID-CENTURY INSURANCE COMPANY

Check Number: 8814635197
Date: 01/31/2014

Amount: $180.00******

01 01 000578 2Y40H49ZN1 CE0131P1 06 [ ] 001105

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 FEB 03 2014

Claimant/Patient:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: 2Y40H49ZN

57775

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

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
01/08/13 - 12/17/13	Interpreter	$180.00

MID-CENTURY INSURANCE COMPANY

Check Number: 8814678785
Date: 02/28/2014

Amount: $270.00******

01 01 000444 VD1K8PMDN1 CE0228P1 06 [ ] 000492

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 MAR 03 2014

Claimant/Patient:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: VD1K8PMDN

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

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
01/08/13 - 01/28/14	Interpreter	S7775	$270.00

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

MID-CENTURY INSURANCE COMPANY

Check Number: 8814711643
Date: 03/20/2014

Amount: $90.00*******

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:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: 4618RMX4N

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

S7775

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
01/08/13 - 02/06/14	Interpreter	$90.00

PAID MAR 21 2014

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

MID-CENTURY INSURANCE COMPANY

Check Number: 8814732136
Date: 04/02/2014

Amount: $90.00*******

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

S7775

Claimant/Patient:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: MZB5M420N

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

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
01/08/13 - 02/25/14	Interpreter	$90.00

PAID APR 07 2014

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000610 MZB5M420N1 CE0402P2 06[] 000725

MID-CENTURY INSURANCE COMPANY

Check Number: 8814741538
Date: 04/08/2014

Amount: $90.00*******

01 01 000419 $Z14RPVZN1 CE0408P1 07 [ ] 000944

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

S7775

Claimant/Patient:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: $Z14RPVZN

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

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
01/08/13 - 03/28/14	Interpreter	$90.00

PAID APR 09 2014

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

MID-CENTURY INSURANCE COMPANY

Check Number: 8814752665
Date: 04/15/2014

Amount: $90.00*******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

PAID APR 15 2014

57775

Claimant/Patient:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: FZH4J0N

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

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
01/08/13 - 02/21/14	Interpreter	$90.00

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000828 FZH4J0N1 CE0415P1 08 [ ] 001223

MID-CENTURY INSURANCE COMPANY

Check Number: 8814778687
Date: 05/02/2014

Amount: $90.00*******

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

57775

Claimant/Patient:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: BZ4HSP8RN

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

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
01/08/13 - 03/12/14	Interpreter	$90.00

PAID MAY 06 2014

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 001963 BZ4HSP8RN1 CE0502P2 07 [ ] 002119

MID-CENTURY INSURANCE COMPANY

Check Number: 8814801410
Date: 05/15/2014

Amount: $90.00*******

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

57775

Claimant/Patient:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: 22BMS470N

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

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
01/08/13 - 03/21/14	Interpreter	$90.00

PAID MAY 16 2014

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000684 22BMS470N1 CE0515P1 07 [ ] 001114

MID-CENTURY INSURANCE COMPANY

Check Number: 8814823403
Date: 05/29/2014

Amount: $90.00*******

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

57775

Claimant/Patient:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: R5$444FZN

Claim Representative: Mikki Davis
Office Phone Number: 8185402255

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
01/08/13 - 04/01/14	Interpreter	$90.00

PAID MAY 30 2014

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

MID-CENTURY INSURANCE COMPANY

Check Number: 8814925344
Date: 08/06/2014

Amount: $90.00*******

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 07 2014

57775

Claimant/Patient:			
Insured:	TRIFECTA FOODS LLC		
Date of Loss:	12/12/2012	Claim Representative:	Mikki Davis
Claim Number:	WC10083626	Office Phone Number:	8185402255
Correspondence Reference:	M5BS4PKZN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
01/08/13 - 05/02/14	Interpreter	$90.00

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000863 M5BS4PKZN1 CE0806P1 07 [1] 001768

MID-CENTURY INSURANCE COMPANY

Check Number: 8815507682
Date: 08/27/2015

Amount: $90.00*******

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:			
Insured:	TRIFECTA FOODS LLC		
Date of Loss:	12/12/2012	Claim Representative:	Mikki Davis
Claim Number:	WC10083626	Office Phone Number:	8185402255
Correspondence Reference:	ZS47MP4RN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
01/08/13 - 07/20/15	Interpreter	$90.00

PAID

#57775

BY: .....

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000737 ZS47MP4RN1 CE0827P1 07 [1 001005

MID-CENTURY INSURANCE COMPANY

Check Number: 8815809565
Date: 03/28/2016

Amount: $90.00*******

68532
57775 ✓

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:
Insured: TRIFECTA FOODS LLC
Date of Loss: 12/12/2012
Claim Number: WC10083626
Correspondence Reference: XDBW486RN

Claim Representative: Mikki Davis
Office Phone Number: 8185402255
Applicable Coverage: Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
1/8/2013 - 3/7/2016	Interpreter	$90.00

PAID VOID

PLEASE FOLD AND DETACH CHECK ON RED L ... BELOW

01 01 000728 XDBW486RN1 CE0329P2 07 [ ] 001222

MID-CENTURY INSURANCE COMPANY

Check Number: 8816338012
Date: 04/14/2017

Amount: $4,500.00****

01 01 000339 0X$5MPGZN1 CE0414P2 04 [ ] 000591

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:			
Insured:	TRIFECTA FOODS LLC		
Date of Loss:	12/12/2012	Claim Representative:	LUCAS MILLER
Claim Number:	WC10083626	Office Phone Number:	8185402250
Correspondence Reference:	0X$5MPGZN	Applicable Coverage:	Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
04/07/17 - 04/07/17	Medical - Claimant Legal Report	$4500.00

PAID
APR 17 2017
BY: .....

MR

PLEASE FOLD AND DETACH CHECK ON PERFORATION ABOVE

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/22/16	64551

EAMS#(s):ADJ9644454
ADJ9644805
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
009-000036; 009-000035

BILL TO:
HAZELRIGG CLAIMS MGMT(CHINOHI)
W. C. DEPARTMENT
ATTN: TERESA SANCHEZ
P.O BOX 880
CHINO HILLS, CA 91709

Case: vs SUPER CENTER CONCEPTS/SUPERIOR
Date Of Injury: 9/1/12; CT 9/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/14	LEGAL_PREP	DEPO PREP @ L/O FLOYD, SKERN, KELLY	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/05/15	PMT BY CHECK	DOS 12/23/14* # 102948	-156.50
09/01/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/27/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/01/16	PENALTIES	FOR DATE OF SERVICE 9/1/15	23.48
03/10/16	INTEREST	FOR DATE OF SERVICE 9/1/15	9.66
02/01/16	PENALTIES	FOR DATE OF SERVICE 10/27/15	37.50
03/10/16	INTEREST	FOR DATE OF SERVICE 10/27/15	11.03
03/10/16	PMT BY CHECK	DOS 3/1/15-10/27/15* # 110493	-406.50
07/22/16	COSTS & SANC	COST & SANCTIONS	1118.33
07/21/16	PMT BY CHECK	DOS 12/23/14-10/27/15 # 113543	-1200.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

VOID VOID VOID

Hazelrigg Claims (dba) Superior Grocers
PO Box 880
Chino Hills, CA 91709

Bank of America
21171 Newport Coast Drive
Newport Coast, CA 92657

11-35
1210

CHECK NO. 102948

DATE
03/05/2015

$**********156.50

VOID AFTER 90 DAYS

One Hundred Fifty Six Dollars And 50/100

PAY TO THE ORDER OF

Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781

⑈0102948⑈ ⑆121000358⑆ 3250371280833⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XXX6713

Check Number 02948

Check Date: 03/05/2015

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
009-000035		09/07/2014	Translation Service	12/23/2014	12/23/2014	02/24/2015	64551	156.50

Comments: Joyce Altman Interpreters, Inc.- DOS 12/23/14

PAID MAR 11 2015

Issued on behalf of Safety National/Safety First Insurance

Hazelrigg Claims (dba) Superior Grocers
PO Box 880
Chino Hills, CA 91709

Bank of America
21171 Newport Coast Drive
Newport Coast, CA 92657

11-35
1210

CHECK NO. 110493

DATE
03/10/2016

$**********406.50

VOID AFTER 90 DAYS

Four Hundred Six Dollars And 50/100

PAY TO THE ORDER OF

Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781

⑈0110493⑈ ⑆121000358⑆ 325037128083⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XXX6713

Check Number: 110493

Check Date: 03/10/2016

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
009-000035		09/07/2014	Translation Service	03/01/2015	10/27/2015			406.50

Comments: FULL & FINAL PER ORDER DATED 1/28/16 FOR DOS 3/1/15 & 10/27/15

64551

Pet 5811

PAID MAR 14 2016

MR

M

Issued on behalf of Safety National/Safety First Insurance

Hazelrigg Claims (dba) Superior Grocers
PO Box 880
Chino Hills, CA 91709

Bank of America

21171 Newport Coast Drive
Newport Coast, CA 92657

11-35
1210

CHECK NO. 113543

DATE
07/21/2016

$**********1,200.00

One Thousand Two Hundred Dollars And 00/100

VOID AFTER 90 DAYS

PAY TO THE ORDER OF

Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781

⑈0113543⑈ ⑆121000358⑆ 3250371280833⑈

Payee: Joyce Altman Interpreters, Inc.

Check Number: 113543

IRS/SSN: XX-XXX

Check Date: 07/21/2016

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
009-000035		09/07/2014	Translation Service	12/23/2014	10/27/2015			1,200.00

Comments: Stip and Order dated 6/14/16

#64551

P&F CA

PAID
JUN 22 2016
BY: .....

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/28/16 53368

EAMS#(s):
ADJ8336128
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
ETG2575

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W. C. DEPARTMENT
ATTN: BRENT UNDERHILL
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs JEWELRY DESIGN dba L.A. ROCKS
Date Of Injury: CT 4/26/11 - 4/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/24/12	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH (3hrs 15mins)	373.75
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/05/12	MRI	-REF BY DR KATTAR @ CALIF IMG	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
08/08/12	PR2/REEVAL	-DR KATTAR* JOSE LUGO # 50004	180.00
09/12/12	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
10/24/12	PR2/REEVAL	-DR KATTAR* AUGUSTO SALAZAR # 500286	180.00
01/23/13	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
03/06/13	PR2/REEVAL	-DR KATTAR* JOSE GERRY LUGO # 500049	180.00
04/18/13	P AND S	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/08/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
09/18/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/13/13	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/16/14	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/11/14	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH* FUTURE MED	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/02/15	PENALTIES	FOR DATE OF SERVICE 5/24/12	56.06
07/08/16	INTEREST	FOR DATE OF SERVICE 5/24/12	177.93
06/02/15	PENALTIES	FOR DATE OF SERVICE 4/18/13	34.50
07/08/16	INTEREST	FOR DATE OF SERVICE 4/18/13	85.65

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/28/16 53368

EAMS#(s):
ADJ8336128
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
ETG2575

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W. C. DEPARTMENT
ATTN: BRENT UNDERHILL
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs JEWELRY DESIGN dba L.A. ROCKS
Date Of Injury: CT 4/26/11 - 4/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/02/15	PENALTIES	FOR DATE OF SERVICE 7/5/12	22.50
07/08/16	INTEREST	FOR DATE OF SERVICE 7/5/12	69.43
06/02/15	PENALTIES	FOR DATE OF SERVICE 8/8/12	27.00
07/08/16	INTEREST	FOR DATE OF SERVICE 8/8/12	81.38
03/01/16	PENALTIES	FOR DATE OF SERVICE 9/12/12	27.00
07/08/16	INTEREST	FOR DATE OF SERVICE 9/12/12	79.40
03/01/16	PENALTIES	FOR DATE OF SERVICE 10/24/12	27.00
07/08/16	INTEREST	FOR DATE OF SERVICE 10/24/12	77.02
03/01/16	PENALTIES	FOR DATE OF SERVICE 1/23/13	27.00
07/08/16	INTEREST	FOR DATE OF SERVICE 1/23/13	71.85
03/01/16	PENALTIES	FOR DATE OF SERVICE 3/6/13	27.00
07/08/16	INTEREST	FOR DATE OF SERVICE 3/6/13	69.47
03/01/16	PENALTIES	FOR DATE OF SERVICE 8/8/13	27.00
07/08/16	INTEREST	FOR DATE OF SERVICE 8/8/13	60.68
03/01/16	PENALTIES	FOR DATE OF SERVICE 9/18/13	27.00
07/08/16	INTEREST	FOR DATE OF SERVICE 9/18/13	58.36
03/01/16	PENALTIES	FOR DATE OF SERVICE 11/13/13	27.00
07/08/16	INTEREST	FOR DATE OF SERVICE 11/13/13	55.18
03/01/16	PENALTIES	FOR DATE OF SERVICE 1/16/14	27.00
07/08/16	INTEREST	FOR DATE OF SERVICE 1/16/14	51.55
03/01/16	PENALTIES	FOR DATE OF SERVICE 6/11/14	27.00
07/08/16	INTEREST	FOR DATE OF SERVICE 6/11/14	43.27
07/25/16	PMT BY CHECK	DOS 7/8/16* # 891A 87514743	-4000.00
07/28/16	BLCE OFF SET	BALANCE OFF SET	-17.98

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/28/16	53368

EAMS#(s):
ADJ8336128
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
ETG2575

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W. C. DEPARTMENT
ATTN: BRENT UNDERHILL
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs JEWELRY DESIGN dba L.A. ROCKS
Date Of Injury: CT 4/26/11 - 4/26/12

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 Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SD02259

891A 87514743

TRAVELERS

DATE: 07/25/16
LOSS DATE: 05/25/12
FILE NUMBER: 158 CB ETG2575 A
REFERENCE #: 1012926319SW
EMPLOYEE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

PAID JUL 28 2016

ACCOUNT NAME:
LA GEM & JEWELRY DESIGN INC

TRAVELERS PROP CAS CO OF AMERIC

S3368

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 07/08/16

TOTAL PAID: $4000.00

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FF. OK
AM

MR

FOR ADDITIONAL INFORMATION, CONTACT: NANETTE DA ROZA AT (925)746-3908

207005693
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#
02/12/16 39955

EAMS#(s):ADJ7271987 ADJ7271079
ADJ7271109+
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
05573358;3550;64;04987006

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LISA QUIBIN
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs LA ESPANOLA MEATS, INC.
Date Of Injury: 12/24/06;3/5/09;2006

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
01/03/11	PMT BY CHECK	DOS 11/15/10 # CN-460519	-156.50
12/23/10	PR2/REEVAL	DR ZARRINI @ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
07/02/14	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
08/07/14	PMT BY CHECK	DOS 7/2/14* # CP-800343	-156.50
02/23/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/19/15	PENALTIES	FOR DATE OF SERVICE 12/23/10	27.00
08/19/15	INTEREST	FOR DATE OF SERVICE 12/23/10	96.69
08/19/15	PENALTIES	FOR DATE OF SERVICE 2/23/15	37.50
02/05/16	INTEREST	FOR DATE OF SERVICE 2/23/15	24.18
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/03/16	PMT BY CHECK	DOS 12/23/10-2/23/15* =# CP-902225	-430.00
02/05/16	COSTS & SANC	COSTS & SANC	114.63
02/10/16	PMT BY CHECK	DOS 4/27/15* # CP-903435	-400.55
02/12/16	BLCE OFF SET	BALANCE OFF SET	0.55
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

[redacted]

Provider Number: 330956713

Check #: **CN-460519**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/03/11
Doc #: 022006659

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	39955 **Claim #:** 04987006			
1	39955	11/15/10	11/15/10	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04987006	156.50	.00	156.50

The preceding invoice totals reflect the amount of 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.

PAID

01257079022006659012

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-800343**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/07/14
Doc #: 028637317

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name		**Claim #:** 04987006		
1	39955	07/02/14	07/02/14	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04987006	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:
04987006 INV 39955;

PAID AUG 12 2014

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-902225**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/03/16
Doc #: 030684952

39955

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 04987006		**Date of Injury:** 12/16/06		
SSN: XXX-XX-	Employer name			Employer ID: 0004100000052060					
	ICD-9 Code: 724			OTHER&UNSPECIFIED DISORD					
1	SF1-SPCA-199554	02/23/15	999L1	General Loss Exp Cod	1	.00	.00		.00
2	SF1-SPCA-199554	12/23/10	999L1	General Loss Exp Cod	1	430.00	.00		430.00
							Total Allowances:		**$430.00**

PAID [illegible]

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"

0132710503068495200 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-903435**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/10/16
Doc #: 030712345

Medical

39955

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:		**Claim #:** 04987006		**Date of Injury:** 12/16/06		
SSN:		Employer name: LA ESPANOLA		Employer ID: 0004100000052060					
		ICD-10 Code:T14.90	INJURY, UNSPECIFIED						
1	SF1-SFCA-16337248	02/05/16	MDO21	Payment By Order	1	.00	.00	AA0 G5	.00
2	SF1-SFCA-16337248	04/27/15	MDO21	Payment By Order	1	1,650.00	1,250.00	961 G67	400.00
3	SF1-SFCA-16337248			Medical Interest					.55
							Total Allowances:		**$400.55**

F.F.
AM

PAID FEB 12 2016

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

MR

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

0132734303071234500 1 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/23/16 63747

EAMS#(s):
ADJ9560172
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
005485-001720-WC01

BILL TO:
GALLAGHER BASSETT (SACRAMENTO)
W. C. DEPARTMENT
ATTN: MELINDA ROBINSON
P.O. BOX # 4040
SACRAMENTO, CA 95812-4040

Case: vs HEALTHCARE SERVICES GROUP
Date Of Injury: CT 3/1/14 - 7/11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARTIO VALDEZ # 301322	0.00
11/19/14	PMT BY CHECK	DOS 10/6/14* # 0114180052	-156.50
03/05/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDNA # 301566	0.00
01/18/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/09/16	PENALTIES	FOR DATE OF SERVICE 3/5/15	37.50
08/09/16	INTEREST	FOR DATE OF SERVICE3/5/15	41.35
08/09/16	PENALTIES	FOR DATE OF SERVICE 1/18/16	37.50
08/09/16	INTEREST	FOR DATE OF SERVICE 1/18/16	16.86
08/09/16	COSTS & SANC	COSTS & SANC	366.79
08/16/16	PMT BY CHECK	DOS 8/9/16* # 0130289194	-1000.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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

005485 PAGE 1 OF 1 003825

PAID NOV 25 2014

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 005485 001720 WC 01 (PALMC02)
CLAIMANT:
DESCRIPTION: INV#63747

DATES OF SERVICE: 06Oct14 **THRU** 06Oct14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 176
ACC DATE: 29Jul14

NO.: 0114180052
VN: 0000038234
DATE: 19Nov14
AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004652 005327 003 004

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

005485 PAGE 1 OF 1 007545

MDG2009 00005147 1 MB 0419 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

G

PAID AUG 28 2016

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

F-F. OK
CA

CLAIM NO.: 005485 001720 WC 01 (PALMC02) **BRANCH NO.:** 176 **NO.:** 0130289194

CLAIMANT: **ACC DATE:** 29Jul14 **VN:** 0000191788

DESCRIPTION: FULL&FINAL/ALL DOS-PAID&UNPAID-ASSOC&AFFIL/AGREE IF CASHED **DATE:** 16Aug16

DATES OF SERVICE: 09Aug16 **THRU** 09Aug16 **AMOUNT:** 1000.00

BENEFIT PERIOD: **THRU**

**

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005147 005965 001 001

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/10/16	53142

EAMS#(s):ADJ8213154
ADJ8301580
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
09-5014

BILL TO:
CITY OF SANTA ANA
W. C. DEPARTMENT
ATTN: RAMONA LUJAN
P.O. BOX 1988 M-41
SANTA ANA, CA 92705

Case: vs CITY OF SANTA ANA
Date Of Injury: 8/26/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/12	DEPO PREP	@ THE L/O OF WALL, MCCORMICK & BAROLDI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/08/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/11/12	PMT BY CHECK	DOS 5/21/12-6/8/12 # 820007298	-406.50
04/03/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/28/16	PENALTIES	FOR DATE OF SERVICE 04/03/15	37.50
09/28/16	INTEREST	FOR DATE OF SERVICE 04/03/15	41.43
10/05/16	PMT BY CHECK	DOS 9/28/1* 820032364	-328.93

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN, CA 92781-4165

City of Santa Ana
Workers' Compensation Unit
PO Box 1988 M-41
Santa Ana, CA 92702

Payee: JOYCE ALTMAN
Tax ID: 330956713
Check Number: 820007298
Check Date: 07/11/2012
Check Total: 406.50 ←
Claim Number: 09-5014
Claimant Name:
Incident: 08/26/2009
For:

Examiner: Ramona M. Lujan
Phone: (714)647-6993
Description: Other Expenses
Account Number:
Invoice: 53142 ✓
From: 05/21/2012
Through: 06/08/2012

PAID
JUL 17 2012
BY: _____

THERMO GUARD ® RESPONDS TO WARMTH. HOLD RED IMAGES BETWEEN THUMB AND FOREFINGER OR BREATHE ON IT. THE IMAGE WILL FADE AND REAPPEAR

City Of Santa Ana

JPMorgan Chase Bank, N.A.
91-1762/3222

820007298

PAYEE IDENTIFICATION

$406.50

JUL 11 2012 *FOUR HUNDRED SIX DOLLARS AND 50/100

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN, CA 92781-4165

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 6 MONTHS FROM DATE OF ISSUE

⑈820007298⑈ ⑆322271627⑆ 935309500⑈

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN, CA 92781-4165

City of Santa Ana
Workers' Compensation Unit
PO Box 1988 M-41
Santa Ana, CA 92702

53142

F-F. 01
ER

Payee: JOYCE ALTMAN
Tax ID: 330956713
Check Number: 820032364
Check Date: 10/05/2016
Check Total: 328.93 ←
Claim Number: 12-0047
Claimant Name:
Incident: 01/17/2012
For: Per Approved Order

Examiner: Sandy Loncaric
Phone: 7146476993
Description: Other Expenses
Account Number:
Invoice:
From: 09/28/2016
Through: 09/28/2016

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/15/17 59517

EAMS#(s):ADJ8845159 ADJ8842354
ADJ8845158 ADJ8842352
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080231540;2080286503

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JENIFER ESPINOZA
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs TRUE GREEN LAWN CARE
Date Of Injury: 7/15/10; 9/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/13/13	DEPO PREP	@ THE L/O OF LOWER & KESSNER	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/26/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/30/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/20/16	PMT BY CHECK	DOS 8/13/13-3/30/16* # 1100791677	-563.00
10/03/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/11/16	LEGAL_C&R	C&R READING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/08/17	PENALTIES	FOR DATE OF SERVICE 8/13/13	23.48
04/20/16	INTEREST	FOR DATE OF SERVICE 8/13/13	44.87
03/08/17	PENALTIES	FOR DATE OF SERVICE 9/26/13	37.50
04/20/16	INTEREST	FOR DATE OF SERVICE 9/26/13	71.68
03/08/17	PENALTIES	FOR DATE OF SERVICE 10/3/16	23.48
03/08/17	INTEREST	FOR DATE OF SERVICE 10/3/16	8.48
03/08/17	PENALTIES	FOR DATE OF SERVICE 10/11/16	23.48
03/08/17	INTEREST	FOR DATE OF SERVICE 10/11/16	7.64
03/08/17	COSTS & SANC	COSTS & SANC	446.39
04/07/17	PMT BY CHECK	DOS 4/14/13-4/6/17* # 1101195901	-1000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/15/17	59517

EAMS#(s):ADJ8845159 ADJ8842354
ADJ8845158 ADJ8842352
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080231540;2080286503

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: JENIFER ESPINOZA
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs TRUE GREEN LAWN CARE
Date Of Injury: 7/15/10; 9/1/12

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 Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

PAID APR 25 2016

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

01284

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0286302 001 XI	WC 4783592	59517		12/21/12	08/13/13-03/30/16

Check Number	1100791677	Date Issued	04/20/16	Amount	$*****563.00
Insured	TruGreen LandCare, LLC				
Claimant					
Nature of Payment	OTHER LEGAL EXPENSE				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Sriram CG-Saranu				
File Supervisor	Martha Karijanto	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	563.00		
TOTAL	$563.00		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

PAID

JOYCE ALTMAN INTERPRETER
PO BOX 4165
TUSTIN CA 92781

01155

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0286302 001 XG	WC 4783592			12/21/12	04/14/13-04/06/17

Check Number	1101195901	Date Issued	04/07/17	Amount	$**1,000.00
Insured	TruGreen LandCare, LLC				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETER PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	Ivan Olisea	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,000.00		

TOTAL $1000.00

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#
02/09/16	58787

EAMS#(s):
ADJ8534180
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
494C3303817

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: DEBRA PRICE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs SELECT STAFFING
Date Of Injury: 8/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/15/13	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/02/13	INITIAL EXAM	DR MENDOZA @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/31/13	PT PR-2	PHYSICAL THERAPY W/DR HERRERA @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/03/13	INITIAL EXAM	W/ ACUPUNCTURIST J PARK @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/04/13	PT PR-2	PHYSICAL THERAPY W/DR CALHAUN @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/10/13	PR2-RE/EVAL	W/ACUPUNCTURIST JAE PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/11/13	PT PR-2	PHYSICAL THERAPY W/DR CALHAUN & J HERRERA @ ACS*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/18/13	PT PR-2	PHYSICAL THERAPY W/DR CALHAUN & J HERRERA @ ACS*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/21/13	PT PR-2	PHYSICAL THERAPY W/ ALEX PAZ @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
06/24/13	PR2-RE/EVAL	W/ACUPUNCTURIST J PARK @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/01/13	PR2-RE/EVAL	W/ACUPUNCTURIST J PARK @ 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#
02/09/16	58787

EAMS#(s):
ADJ8534180
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
494C3303817

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: DEBRA PRICE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs SELECT STAFFING
Date Of Injury: 8/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/02/13	PT PR-2	PHYSICAL THERAPY W/DR CALHOUN & A. PAZ @ ACS*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/16/13	PT PR-2	PHYSICAL THERAPY W/DR PAZ @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/25/13	PENALTIES	FOR DATE OF SERVICE 04/15/13	22.50
01/13/15	INTEREST	FOR DATE OF SERVICE 04/15/13	5.72
10/25/13	PENALTIES	FOR DATE OF SERVICE 05/02/13	34.50
01/13/16	INTEREST	FOR DATE OF SERVICE 05/02/13	67.47
10/25/13	PENALTIES	FOR DATE OF SERVICE 05/31/13	13.50
10/25/13	INTEREST	FOR DATE OF SERVICE 05/31/13	3.43
10/25/13	PENALTIES	FOR DATE OF SERVICE 06/03/13	34.50
01/13/16	INTEREST	FOR DATE OF SERVICE 06/03/13	67.47
10/25/13	PENALTIES	FOR DATE OF SERVICE 06/04/13	13.50
10/25/13	INTEREST	FOR DATE OF SERVICE 06/04/13	3.43
10/25/13	PENALTIES	FOR DATE OF SERVICE 06/10/13	27.00
10/25/13	INTEREST	FOR DATE OF SERVICE 06/10/13	6.86
10/25/13	PENALTIES	FOR DATE OF SERVICE 06/11/13	13.50
10/25/13	INTEREST	FOR DATE OF SERVICE 06/11/13	3.43
10/25/13	PENALTIES	FOR DATE OF SERVICE 06/18/13	13.50
10/25/13	INTEREST	FOR DATE OF SERVICE 06/18/13	3.43
10/25/13	PENALTIES	FOR DATE OF SERVICE 06/21/13	13.50
10/25/13	INTEREST	FOR DATE OF SERVICE 06/21/13	3.43
10/25/13	PENALTIES	FOR DATE OF SERVICE 06/24/13	27.00
10/25/13	INTEREST	FOR DATE OF SERVICE 06/24/13	6.86
10/25/13	PENALTIES	FOR DATE OF SERVICE 07/01/13	27.00
10/25/13	INTEREST	FOR DATE OF SERVICE 07/01/13	6.86
10/25/13	PENALTIES	FOR DATE OF SERVICE 07/02/13	13.50
10/25/13	INTEREST	FOR DATE OF SERVICE 07/02/13	3.43

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/09/16	58787

EAMS#(s):
ADJ8534180
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
494C3303817

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: DEBRA PRICE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs SELECT STAFFING
Date Of Injury: 8/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/13	PENALTIES	FOR DATE OF SERVICE 07/16/13	13.50
10/25/13	INTEREST	FOR DATE OF SERVICE 07/16/13	3.43
12/08/14	LIEN FIL FEE	LIEN FILING FEE	150.00
02/05/16	PMT BY CHECK	DOS 4/15/13-7/16/13* # DA75596827	-2382.25

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 02/05/16

CHECK NO. **DA75596827**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00384 DA75596827
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C3303817

DOLLARS
$******2,382.25

* NOT NEGOTIABLE *

FOR
04/15/13 THRU 07/16/13 F&F

S8787

CLAIMANT

DATE OF EVENT
08/06/12

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.

F.F. ok
NDJ

PAID FEB 09 2016

PDMLDMCD-001578-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/11/16	40458

EAMS#(s):
ADJ7372952
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
39059910

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: KENNETH KWONG
P.O BOX 85251
SAN DIEGO, CA 92186

Case: , vs CRISTEK INTERCONNECTS, INC.
Date Of Injury: CT 8/1/03-1/1/05

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/30/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/04/11	PMT BY CHECK	DOS 11/11/10 THRU 12/30/10 # 17215	-406.50
07/05/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
07/19/11	PMT BY CHECK	DOS 7/5/11 # 22191	-156.50
07/13/11	DEPO PREP	@ THE L/O OF STOCKWELL HARRIS (VOL II)	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
08/04/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/05/12	PENALTIES	FOR DATE OF SERVICE 7/13/11	23.48
01/29/16	INTEREST	FOR DATE OF SERVICE 7/13/11	82.15
03/05/12	PENALTIES	FOR DATE OF SERVICE 8/4/11	37.50
01/29/16	INTEREST	FOR DATE OF SERVICE 8/4/11	129.49
11/13/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
04/25/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/27/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/22/14	WCAB LB	MSC - CARMEN GUZMAN # 100585 (FULL DAY)	313.00
07/08/14	PENALTIES	FOR DATE OF SERVICE 11/13/12	23.48
01/29/16	INTEREST	FOR DATE OF SERVICE 11/13/12	58.04
07/08/14	PENALTIES	FOR DATE OF SERVICE 04/25/13	23.48
01/29/16	INTEREST	FOR DATE OF SERVICE 04/25/13	50.00
07/08/14	PENALTIES	FOR DATE OF SERVICE 06/27/13	23.48
01/29/16	INTEREST	FOR DATE OF SERVICE 06/27/13	46.89

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/11/16	40458

EAMS#(s):
ADJ7372952
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
39059910

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W. C. DEPARTMENT
ATTN: KENNETH KWONG
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs CRISTEK INTERCONNECTS, INC.
Date Of Injury: CT 8/1/03-1/1/05

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/14	PENALTIES	FOR DATE OF SERVICE 5/22/14	46.95
01/29/16	INTEREST	FOR DATE OF SERVICE 5/22/14	56.90
11/18/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/08/16	PMT BY CHECK	DOS 2/4/16* # 58629	-1700.00
02/11/16	BLCE OFF SET	BALANCE OFF SET	-190.84

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 GREEN & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Everest National Insurance Company
P.O. Box 85251
San Diego, CA 92186

US Bank

90-3582
1222

CHECK NO. 17215

DATE
03/04/2011

void

California Workers' Compensation Payment

Pay Four Hundred Six Dollars And 50/100

void

**********406.50

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 $2,500.00

Scott Marshall

⑈0017215⑈ ⑆122235821⑆ 153495464346⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XXX6713

Check Number: 17215

Check Date: 03/04/2011

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
39059910		08/01/2003	Interpreting Fees	11/11/2010	12/30/2010	02/22/2011	40458	406.50

PAID
MAR 08 2011
BY:

RECEIVED MAR 08 2011

Payee: Joyce Altman Interpreters, Inc.

Check Number: 22191

IRS/SSN: XX-XXX6713

Check Date: 07/19/2011

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
39059910		08/01/2003	Interpreting Fees	11/11/2010	07/05/2011	07/15/2011	40458	156.50



REORDER 901 • U.S. PATENT NO. 5838299, 5974606, 8941183, 8786383, 9044364, 4030000

Everest National Insurance Company
American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

VOID VOID VOID

90-3582
1222
US Bank
4747 Executive Drive
San Diego, CA 92121

CHECK NO. 58629

DATE
02/08/2016

California Workers' Compensation Payment

$**********1,700.00

Pay One Thousand Seven Hundred Dollars And 00/100

TO THE ORDER OF

VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

VOID

⑈00000586 29⑈ ⑆122235821⑆ 153495464346⑈

Payee: Joyce Altman Interpreters Inc

Check Number: 58629

IRS/SSN: XX-XXX6713

Check Date: 02/08/2016

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
39059910		08/01/2003	Lien Payment - Medical	02/04/2016	02/04/2016	02/04/2016	40458	1,700.00

F. F. AM

PAID FEB 11 2016

MR

EORDER 901 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5765353, 5984364, 6030000

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/16/16 64907

EAMS#(s):
ADJ9730142
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
22026706

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: BONNIE HASS
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs CAMPBELL HALL EPISCOPAL
Date Of Injury: 10/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/12/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/29/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/01/16	PENALTIES	FOR DATE OF SERVICE 2/12/15	23.48
02/11/16	INTEREST	FOR DATE OF SERVICE 2/12/15	16.52
02/01/16	PENALTIES	FOR DATE OF SERVICE 10/29/15	37.50
02/11/16	INTEREST	FOR DATE OF SERVICE 10/29/15	9.06
02/11/16	PMT BY CHECK	DOS 2/12/15-10/29/15* # 0433475	-406.50
09/16/16	COSTS & SANC	COSTS & SANC	613.44
09/12/16	PMT BY CHECK	DOS 10/30/14-9/8/16* # 0459367	-700.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 02/11/2016
Check Number : 0433475
Check Amount : $406.50

RMNX1S

oz 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

po75a
00011

64907

Payment Summary

22026706	10/30/2014	Interpreter Fees -	02/12/2015	10/29/2015	$406.50

Pet 5811

MR

11-11
4014

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 09/12/2016
Check Number : 0459367
Check Amount : $700.00

3P1028

oz 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

nih5a
00021

64907

Payment Summary

Claim #	Claimant	Date of Injury Invoice #	Payment Type	From	Through	Total Payment
22026706		10/30/2014	Lien Payment - Medi	10/30/2014	09/08/2016	$700.00

PAID SEP 16 2016

F.F.
LA OK

MT

014

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/02/16	32391

EAMS#(s):ADJ6879751 ADJ6523394
ADJ6523461
SS # : XXX-XX
DOB :
Terms : 45 days
Claim #(s):
001-0013294TSIWD7

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: JENNIFER FIFER
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/21/08	INITIAL EXAM	-DR DOMARACKI @ WILLOW MED*	230.00
12/19/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
02/10/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
03/03/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
04/17/09	PMT BY CHECK	DOS 11/21/08 THRU 2/10/09 # 108272	-590.00
04/23/09	INITIAL EXAM	-DR SAMIMI @ WILLOW MED*	230.00
04/22/09	PMT BY CHECK	DOS 11/21/08 THRU 1/23/09 # 108729	-410.00
04/29/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
04/01/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
05/18/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
06/11/09	PMT BY CHECK	DOS 4/29/09 # 112588	-180.00
06/15/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
06/26/09	PR2/REEVAL	-DR SAMIMI @ WILLOW MED*	180.00
06/30/09	WCAB LB	EXP. HEARING	156.50
07/06/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
08/17/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
09/18/09	PR2/REEVAL	-DR SAMIMI @ WILLOW MED*	180.00
10/02/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
10/23/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
11/09/09	PMT BY CHECK	DOS 11/21/08 THRU 9/18/09 # 129489	-1416.50
11/17/09	SURGERY	-DR MILLER @ MONROVIA HOSPITA (2.5 HRS)	187.50
12/04/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
01/14/10	PR2/REEVAL	-DR SAMIMI* ELIZABETH HERRERA # 301231	180.00
02/04/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/11/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/02/16	32391

EAMS#(s):ADJ6879751 ADJ6523394
ADJ6523461
SS # : XXX-XX-
DOB
Terms : 45 days
Claim #(s):
001-0013294TSIWD7

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: JENNIFER FIFER
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/10	SURGERY	-DR MILLER @ MONROVIA HOSPITA (6.5 HRS)	487.50
03/04/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/01/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/30/10	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA# 100755	180.00
06/04/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/15/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/23/10	PRE-OP	DR JARCHI* ELIZABETH HERRERA # 301231	150.00
07/07/10	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA # 100755	180.00
07/16/10	POST-OP	-DR SAMINI @ WILLOW MEDICAL* ELENA LOPEZ # 500289	150.00
07/15/10	SURGERY	-DR SAMINI @ MONROVIA HOSPITA (9 HRS 35 MINS)	731.25
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
08/11/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/09/10	PR2/REEVAL	-DR SAMIMI* ELIZABETH HERERA # 301231	180.00
09/10/10	PR2/REEVAL	-DR DOMARACKI* ELIZABETH VARG # 500106	180.00
10/11/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/11/10	PR2/REEVAL	-DR SAMIMI* GLADYS REYNA # 100755	180.00
11/08/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/02/16 32391

EAMS#(s):ADJ6879751 ADJ6523394
ADJ6523461
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
001-0013294TSIWD7

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: JENNIFER FIFER
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 500289	
12/02/10	PMT BY CHECK	DOS 11/17/09 THRU 9/10/10	-1620.00
		# 161863	
12/08/10	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
12/22/10	WCAB LB	EXPEDITED HEARING - CARMEN	156.50
		GUZMAN # 100585	
01/19/11	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
02/16/11	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
02/24/11	EMG TESTING	& NCV BY DR DI JULIO: L/E*	150.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/08/11	INITIAL EXAM	-DR OBUKHOFF @ WILLOW MEDICAL	230.00
		ELENA LOPEZ # 500289	
03/30/11	PR2/REEVAL	-DR DOMARACKI* PATRICIA BRACH	180.00
		# 301310	
04/07/11	PRE-OP	-DR OBUKHOFF @ MONROVIA HOSP*	180.00
		TITO SILVA # 500272	
04/08/11	SURGERY	-DR OBUKHOFF @ MONROVIA HOSP	1260.00
		- T/S (14 hrs)	
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
04/19/11	POST-OP	-DR OBUKHOFF* ELENA LOPEZ	180.00
		# 500289	
04/22/11	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
05/12/11	PR2/REEVAL	-DR OBUKHOFF* ELIZABETH	180.00
		HERRERA # 301231	
05/19/11	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
06/07/11	WCAB LB	MSC - ROSARIO PALMER #100715	156.50

Joyce Altman Interpreters, Inc.
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/02/16 32391

EAMS#(s):ADJ6879751 ADJ6523394
ADJ6523461
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
001-0013294TSIWD7

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: JENNIFER FIFER
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/11	PR2/REEVAL	-DR OBUKHOFF* ELIZABETH HERRERA # 301231	180.00
06/29/11	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA # 100755	180.00
08/18/11	PR2/REEVAL	-DR OBUKHOFF* GLADYS REYNA # 100755	180.00
08/16/11	INJECTION	-PAIN MGMT W/ DR MILLER - L4-L5 EPIDURAL (9H)	675.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/29/11	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/26/11	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/06/11	PR2/REEVAL	-DR OBUKHOFF* ELIZABETH HERRERA # 301231	180.00
10/19/11	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA # 100755	180.00
11/02/11	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA # 100755	180.00
11/10/11	PR2/REEVAL	-DR OBUKHOFF* GLADYS REYNA # 100755	180.00
11/29/11	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA # 100755	180.00
12/16/11	PR2/REEVAL	-DR SAMIMI* GLADYS REYNA # 100755	180.00
12/28/11	EMG TESTING	-& NCV BY DR DIJULIO: U/E*	150.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
01/05/12	PR2/REEVAL	-DR OBUKHOFF* GLADYS REYNA # 100755	180.00
01/13/12	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00

Joyce Altman Interpreters, Inc.
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www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/02/16	32391

EAMS#(s):ADJ6879751 ADJ6523394
ADJ6523461
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
001-0013294TSIWD7

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: JENNIFER FIFER
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/12	PR2/REEVAL	-DR SAMIMI* GLADYS REYNA # 100755	180.00
02/02/12	PR2/REEVAL	-DR OBHUKOFF* GLADYS REYNA # 100755	180.00
02/10/12	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/16/12	PR2/REEVAL	-DR OBUKHOFF* GLADYS REYNA # 100755	180.00
03/05/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 500289	180.00
04/26/12	PR2/REEVAL	-DR OBUKHOFF* GLADYS REYNA # 100755	180.00
04/16/12	PR2/REEVAL	-DR SCHEEL* ELIZABETH HERRERA # 301231	180.00
05/03/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 500289	180.00
06/07/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 500289	180.00
07/02/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 500289	180.00
08/13/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
09/26/12	PR2/REEVAL	-DR SCHEEL* GLADYS REYNA # 100755	180.00
10/24/12	PR2/REEVAL	-DR SCHEEL* GLADYS REYNA # 100755	180.00
11/29/12	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
12/06/12	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MEDICAL	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/10/12	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/02/16 32391

EAMS#(s):ADJ6879751 ADJ6523394
ADJ6523461
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
001-0013294TSIWD7

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: JENNIFER FIFER
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
		GROUP*	
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
01/10/13	PR2/REEVAL	-DR OBUKHOFF* GLADYS REYNA # 100755	180.00
01/17/13	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
02/07/13	PRE-OP	-DR OBUKHOFF @ WILLOW MEDICAL	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/13/13	PRE-OP	DR OBUKHOFF @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/14/13	SURGERY	-DR OBUKHOFF @ MONROVIA HOSP (6AM TO 4 PM)	900.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/20/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/07/13	POST-OP	-DR OBUKHOFF @ WILLOW MEDICAL	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/15/13	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
03/21/13	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MEDICAL	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/15/13	PR2/REEVAL	-DR SCHEEL* GLADYS REYNA # 100755	180.00
05/02/13	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MEDICAL	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/16/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/21/13	PR2/REEVAL	-DR SCHEEL* ELENA LOPEZ # 100821	180.00
06/27/13	PR2/REEVAL	-DR OBUKHOFF @ 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#
03/02/16 32391

EAMS#(s):ADJ6879751 ADJ6523394
ADJ6523461
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
001-0013294TSIWD7

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W. C. DEPARTMENT
ATTN: JENNIFER FIFER
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
08/22/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/13/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/17/13	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MEDICAL	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/25/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/14/13	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MEDICAL	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/02/13	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/21/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/24/14	PR2/REEVAL	-DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/26/14	PENALTIES	FOR DATE OF SERVICE 10/2/09	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 10/2/09	121.53
08/26/14	PENALTIES	FOR DATE OF SERVICE 10/23/09	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 10/23/09	120.34
08/26/14	PENALTIES	FOR DATE OF SERVICE 11/17/09	28.13
08/10/15	INTEREST	FOR DATE OF SERVICE 11/17/09	64.42
08/26/14	PENALTIES	FOR DATE OF SERVICE 12/4/09	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 12/4/09	58.98
08/26/14	PENALTIES	FOR DATE OF SERVICE 1/14/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 1/14/10	57.82
08/26/14	PENALTIES	FOR DATE OF SERVICE 2/4/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 2/4/10	57.22
08/26/14	PENALTIES	FOR DATE OF SERVICE 3/11/10	23.48

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/02/16 32391

EAMS#(s):ADJ6879751 ADJ6523394
ADJ6523461
SS # : XXX-XX-
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Terms : 45 days
Claim #(s):
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P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/15	INTEREST	FOR DATE OF SERVICE 3/11/10	41.55
08/26/14	PENALTIES	FOR DATE OF SERVICE 3/16/10	73.13
08/10/15	INTEREST	FOR DATE OF SERVICE 3/16/10	247.41
08/26/14	PENALTIES	OR DATE OF SERVICE 3/4/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 3/4/10	56.43
08/26/14	PENALTIES	FOR DATE OF SERVICE 4/1/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 4/1/10	55.63
08/26/14	PENALTIES	FOR DATE OF SERVICE 4/30/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 4/30/10	54.81
08/26/14	PENALTIES	FOR DATE OF SERVICE 6/4/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 6/4/10	53.82
08/26/14	PENALTIES	FOR DATE OF SERVICE 6/15/10	23.48
08/10/15	INTEREST	FOR DATE OF SERVICE 6/15/10	39.54
08/26/14	PENALTIES	FOR DATE OF SERVICE 6/23/10	22.50
08/10/15	INTEREST	FOR DATE OF SERVICE 6/23/10	35.52
08/26/14	PENALTIES	FOR DATE OF SERVICE 7/7/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 7/7/10	52.88
08/26/14	PENALTIES	FOR DATE OF SERVICE 7/16/10	22.50
08/10/15	INTEREST	FOR DATE OF SERVICE 7/16/10	35.09
08/26/14	PENALTIES	FOR DATE OF SERVICE 7/15/10	109.69
08/10/15	INTEREST	FOR DATE OF SERVICE 7/15/10	375.18
08/26/14	PENALTIES	FOR DATE OF SERVICE 8/11/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 8/11/10	51.89
08/26/14	PENALTIES	FOR DATE OF SERVICE 9/9/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 9/9/10	51.07
08/26/14	PENALTIES	FOR DATE OF SERVICE 9/10/10	27.00
08/10/10	INTEREST	FOR DATE OF SERVICE 9/10/10	51.04
08/26/14	PENALTIES	FOR DATE OF SERVICE 10/11/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 10/11/10	100.32
08/26/14	PENALTIES	FOR DATE OF SERVICE 11/11/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 11/11/10	98.57

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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/02/16	32391

EAMS#(s):ADJ6879751 ADJ6523394
ADJ6523461
SS # : XXX-XX-
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001-0013294TSIWD7

BILL TO:
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W. C. DEPARTMENT
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P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/26/14	PENALTIES	FOR DATE OF SERVICE 11/8/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 11/8/10	98.74
08/26/14	PENALTIES	FOR DATE OF SERVICE 12/8/10	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 12/8/10	97.03
08/26/14	PENALTIES	FOR DATE OF SERVICE 12/22/10	23.48
08/10/15	INTEREST	FOR DATE OF SERVICE 12/22/10	83.68
08/26/14	PENALTIES	FOR DATE OF SERVICE 1/19/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 1/19/11	94.65
08/26/14	PENALTIES	FOR DATE OF SERVICE 2/16/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 2/16/11	93.06
08/26/14	PENALTIES	FOR DATE OF SERVICE 2/24/11	22.50
08/10/15	INTEREST	FOR DATE OF SERVICE 2/24/11	77.18
08/26/14	PENALTIES	FOR DATE OF SERVICE 3/8/11	34.50
08/10/15	INTEREST	FOR DATE OF SERVICE 3/8/11	117.47
08/26/14	PENALTIES	FOR DATE OF SERVICE 3/30/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 3/30/11	90.68
08/26/14	PENALTIES	FOR DATE OF SERVICE 4/7/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 4/7/11	90.23
08/26/14	PENALTIES	FOR DATE OF SERVICE 4/8/11	189.00
08/10/15	INTEREST	FOR DATE OF SERVICE 4/8/11	623.27
08/26/14	PENALTIES	FOR DATE OF SERVICE 4/19/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 4/19/11	89.55
08/26/14	PENALTIES	FOR DATE OF SERVICE 4/22/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 4/22/11	89.38
08/26/14	PENALTIES	FOR DATE OF SERVICE 5/12/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 5/12/11	88.24
08/26/14	PENALTIES	FOR DATE OF SERVICE 5/19/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 5/19/11	87.85
08/26/14	PENALTIES	FOR DATE OF SERVICE 6/7/11	23.48
08/10/15	INTEREST	FOR DATE OF SERVICE 6/7/11	75.44
08/26/14	PENALTIES	FOR DATE OF SERVICE 6/23/11	27.00

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*** INVOICE ***

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SPRINGFIELD, IL 62791-3369

Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/15	INTEREST	FOR DATE OF SERVICE 6/23/11	85.86
08/26/14	PENALTIES	FOR DATE OF SERVICE 6/29/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 6/29/11	85.52
08/26/14	PENALTIES	FOR DATE OF SERVICE 8/18/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 8/18/11	82.69
08/26/14	PENALTIES	FOR DATE OF SERVICE 8/16/11	101.25
08/10/15	INTEREST	FOR DATE OF SERVICE 8/16/11	310.50
08/26/14	PENALTIES	FOR DATE OF SERVICE 8/29/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 8/29/11	82.06
08/26/14	PENALTIES	FOR DATE OF SERVICE 9/26/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 9/26/11	80.47
08/26/14	PENALTIES	FOR DATE OF SERVICE 10/6/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 10/6/11	79.91
08/26/14	PENALTIES	FOR DATE OF SERVICE 10/19/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 10/19/11	79.17
08/26/14	PENALTIES	FOR DATE OF SERVICE 11/2/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 11/2/11	78.38
08/26/14	PENALTIES	FOR DATE OF SERVICE 11/10/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 11/10/11	77.92
08/26/14	PENALTIES	FOR DATE OF SERVICE 11/29/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 11/29/11	76.85
08/26/14	PENALTIES	FOR DATE OF SERVICE 12/16/11	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 12/16/11	75.88
08/26/14	PENALTIES	FOR DATE OF SERVICE 12/28/11	22.50
08/10/15	INTEREST	FOR DATE OF SERVICE 12/28/11	62.67
08/26/14	PENALTIES	FOR DATE OF SERVICE 1/5/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 1/5/12	74.75
08/26/14	PENALTIES	FOR DATE OF SERVICE 1/13/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 1/13/12	74.29
08/26/14	PENALTIES	FOR DATE OF SERVICE 1/19/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 1/19/12	73.95

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*** INVOICE ***

Date	NO#
03/02/16	32391

EAMS#(s):ADJ6879751 ADJ6523394
ADJ6523461
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SPRINGFIELD, IL 62791-3369

Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/26/14	PENALTIES	FOR DATE OF SERVICE 2/2/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 2/2/12	73.16
08/26/14	PENALTIES	FOR DATE OF SERVICE 2/10/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 2/10/12	72.71
08/26/14	PENALTIES	FOR DATE OF SERVICE 2/16/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 2/16/12	72.36
08/26/14	PENALTIES	FOR DATE OF SERVICE 3/5/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 3/5/12	71.34
08/26/14	PENALTIES	FOR DATE OF SERVICE 4/26/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 4/26/12	68.40
08/26/14	PENALTIES	FOR DATE OF SERVICE 4/16/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 4/16/12	68.96
08/26/14	PENALTIES	FOR DATE OF SERVICE 5/3/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 5/3/12	68.00
08/26/14	PENALTIES	FOR DATE OF SERVICE 6/7/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 6/7/12	66.01
08/26/14	PENALTIES	FOR DATE OF SERVICE 7/2/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 7/2/12	64.60
08/26/14	PENALTIES	FOR DATE OF SERVICE 8/13/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 8/13/12	62.21
08/26/14	PENALTIES	FOR DATE OF SERVICE 9/26/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 9/26/12	59.72
08/26/14	PENALTIES	FOR DATE OF SERVICE 10/24/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 10/24/12	58.13
08/26/14	PENALTIES	FOR DATE OF SERVICE 11/29/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 11/29/12	56.09
08/26/14	PENALTIES	FOR DATE OF SERVICE 12/6/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 12/6/12	55.69
08/26/14	PENALTIES	FOR DATE OF SERVICE 12/10/12	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 12/10/12	55.46
08/26/14	PENALTIES	FOR DATE OF SERVICE 1/10/13	27.00

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Case vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/15	INTEREST	FOR DATE OF SERVICE 1/10/13	53.71
08/26/14	PENALTIES	FOR DATE OF SERVICE 1/17/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 1/17/13	53.31
08/26/14	PENALTIES	FOR DATE OF SERVICE 2/7/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 2/7/13	52.12
08/26/14	PENALTIES	FOR DATE OF SERVICE 2/13/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 2/13/13	51.78
08/26/14	PENALTIES	FOR DATE OF SERVICE 2/14/13	135.00
08/10/15	INTEREST	FOR DATE OF SERVICE 2/14/13	258.61
08/26/14	PENALTIES	FOR DATE OF SERVICE 2/20/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 2/20/13	51.38
08/26/14	PENALTIES	FOR DATE OF SERVICE 3/7/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 3/7/13	50.53
08/26/14	PENALTIES	FOR DATE OF SERVICE 3/15/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 3/15/13	50.08
08/26/14	PENALTIES	FOR DATE OF SERVICE 3/21/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 3/21/13	49.74
08/26/14	PENALTIES	FOR DATE OF SERVICE 4/15/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 4/15/13	48.32
08/26/14	PENALTIES	FOR DATE OF SERVICE 5/2/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 5/2/13	47.35
08/26/14	PENALTIES	FOR DATE OF SERVICE 5/16/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 5/16/13	46.56
08/26/14	PENALTIES	FOR DATE OF SERVICE 6/21/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 6/21/13	44.52
08/26/14	PENALTIES	FOR DATE OF SERVICE 6/27/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 6/27/13	44.18
08/26/14	PENALTIES	FOR DATE OF SERVICE 8/9/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 8/9/13	41.74
08/26/14	PENALTIES	FOR DATE OF SERVICE 8/22/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 8/22/13	41.00

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Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/26/14	PENALTIES	FOR DATE OF SERVICE 9/13/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 9/13/13	39.76
08/26/14	PENALTIES	FOR DATE OF SERVICE 10/17/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 10/17/13	37.83
08/26/14	PENALTIES	FOR DATE OF SERVICE 10/25/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 10/25/13	37.37
08/26/14	PENALTIES	FOR DATE OF SERVICE 11/14/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 11/14/13	36.24
08/26/14	PENALTIES	FOR DATE OF SERVICE 12/02/13	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 12/02/13	35.22
08/26/14	PENALTIES	FOR DATE OF SERVICE 01/21/14	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 01/21/14	32.38
08/26/14	PENALTIES	FOR DATE OF SERVICE 02/24/14	27.00
08/10/15	INTEREST	FOR DATE OF SERVICE 02/24/14	30.45
06/16/15	PENALTIES	FOR DATE OF SERVICE 04/01/09	27.00
11/09/09	INTEREST	FOR DATE OF SERVICE 04/01/09	10.95
06/16/15	PENALTIES	FOR DATE OF SERVICE 05/18/09	27.00
11/09/09	INTEREST	FOR DATE OF SERVICE 05/18/09	9.87
06/16/15	PENALTIES	FOR DATE OF SERVICE 06/15/09	27.00
11/09/09	INTEREST	FOR DATE OF SERVICE 06/15/09	9.02
06/16/15	PENALTIES	FOR DATE OF SERVICE 06/26/09	27.00
11/09/09	INTEREST	FOR DATE OF SERVICE 06/26/09	9.13
06/16/15	PENALTIES	FOR DATE OF SERVICE 06/30/09	23.48
11/09/09	INTEREST	FOR DATE OF SERVICE 06/30/09	7.00
06/16/15	PENALTIES	FOR DATE OF SERVICE 07/06/09	23.48
11/09/09	INTEREST	FOR DATE OF SERVICE 07/06/09	4.24
08/24/15	PMT BY CHECK	DOS 03/16/10-02/24/14* =# 0000744741	-18842.40
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/01/16	COSTS & SANC	COSTS	5407.96
03/01/16	PMT BY CHECK	DOS 2/17/16-2/17/16*	-9295.04

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Case: vs RESEARCH METAL INDUSTRIES
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/29/16	PMT BY CHECK	# 216034 DOS 2/16/16* # 216067	-5704.96

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	108272
Check Amt:	$590.00
Check Date:	04/17/2009
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	11/21/2008
Adjuster:	Fifer, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	11/21/2008 To: 02/10/2009
Invoice No:	32391

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

PAID

Check No:	108272
Check Amt:	$590.00
Check Date:	04/17/2009
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	11/21/2008
Adjuster:	Fifer, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	11/21/2008 To: 02/10/2009
Invoice No:	32391

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	108729
Check Amt:	$410.00
Check Date:	04/22/2009
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	11/21/2008
Adjuster:	Fifer, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	11/21/2008 To: 12/19/2008
Invoice No:	32391

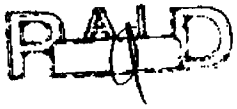
Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	108729
Check Amt:	$410.00
Check Date:	04/22/2009
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	11/21/2008
Adjuster:	Fifer, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	11/21/2008 To: 12/19/2008
Invoice No:	32391

Payable Comment



ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	112588
Check Amt:	$180.00
Check Date:	06/11/2009
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	11/21/2008
Adjuster:	Fifer, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	11/21/2008 To: 04/29/2009
Invoice No:	32391

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	112588
Check Amt:	$180.00
Check Date:	06/11/2009
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	11/21/2008
Adjuster:	Fifer, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	11/21/2008 To: 04/29/2009
Invoice No:	32391

Payable Comment

PAID

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	129489
Check Amt:	$1,416.50
Check Date:	11/09/2009
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	11/21/2008
Adjuster:	Fifer, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	11/21/2008 To: 09/18/2009
Invoice No:	32391

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	129489
Check Amt:	$1,416.50
Check Date:	11/09/2009
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	11/21/2008
Adjuster:	Fifer, Jennifer
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	11/21/2008 To: 09/18/2009
Invoice No:	32391

Payable Comment



ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	161863
Check Amt:	$1,620.00
Check Date:	12/02/2010
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	08/01/2008
Adjuster:	Stice, Tami
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	11/17/2009 To: 09/10/2010
Invoice No:	32391

PAID

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	161863
Check Amt:	$1,620.00
Check Date:	12/02/2010
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	08/01/2008
Adjuster:	Stice, Tami
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	11/17/2009 To: 09/10/2010
Invoice No:	32391

Payable Comment

California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Medical Payment

Check Date:	08/24/15
Service Begining:	03/16/10
Service Ending:	02/24/14

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	05/24/50	07/31/08	40072

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
ADJ 6523394	03/16/10-02/24/14	28,334.44	18,842.40	0.00	18,842.40

Messages

32391/62721

Total 18,842.40

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

0000744741

Date: 08/24/15

ay EIGHTEEN THOUSAND EIGHT HUNDRED FORTY TWO AND .40 DOLLARS $ 18,842.40

the der Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

VOID VOID VOID VOID VOID

RRD SECURITY LINE • RRD SECURITY MARK • RRD SECURITY

⑆000744741⑆ ⑆122000496⑆ 7000168038⑈

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	216034
Check Amt:	$9,295.04
Check Date:	02/23/2016
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	08/01/2008
Adjuster:	Hanlon, John
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	02/17/2016 To: 02/17/2016
Invoice No:	LIEN

PAID FEB 29 2016

Payable Comment

62721
32391

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	216034
Check Amt:	$9,295.04
Check Date:	02/23/2016
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	08/01/2008
Adjuster:	Hanlon, John
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	02/17/2016 To: 02/17/2016
Invoice No:	LIEN

Payable Comment

CA

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	216067
Check Amt:	$5,704.96
Check Date:	02/29/2016
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	08/01/2008
Adjuster:	Hanlon, John
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	02/16/2016 To: 02/16/2016
Invoice No:	LIEN

Payable Comment

PAID MAR 04 2016

32391

I. F.
CA OIL

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Research Metal Industries, Inc.
Claimant

Check No:	216067
Check Amt:	$5,704.96
Check Date:	02/29/2016
Claimant:	
Soc. Sec. No:	
Claim No:	001-0013294-TSIWD7
Date of Loss:	08/01/2008
Adjuster:	Hanlon, John
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	02/16/2016 To: 02/16/2016
Invoice No:	LIEN

Payable Comment

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/19/16	61557

EAMS#(s):ADJ9118226
ADJ9188029
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
345C0685817

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: GEORGE ALCANTAR
P.O. BOX 6569
SCRANTON, PA 18505

Case: ' vs CYTEC INDUSTRIES
Date Of Injury: 5/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
05/05/14	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL. II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/30/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/05/16	PENALTIES	FOR DATE OF SERVICE 4/22/14	23.48
08/25/16	INTEREST	FOR DATE OF SERVICE 4/22/14	41.81
01/05/16	PENALTIES	FOR DATE OF SERVICE 5/5/14	23.48
08/25/16	INTEREST	FOR DATE OF SERVICE 5/5/14	41.81
01/05/16	PENALTIES	FOR DATE OF SERVICE 5/30/14	37.50
01/05/16	INTEREST	FOR DATE OF SERVICE 5/30/14	62.93
06/09/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH (AMENDED DATE)	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/19/16	COSTS & SANC	COSTS & SANC	1000.00
09/15/16	PMT BY CHECK	DOS 8/25/16-9/14/16* # DA76758553	-1950.51

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PDWLDMCD-002557-01-01-00
ACE PROPERTY AND CASUALTY INSURANCE COMPANY
PO BOX 6569
SCRANTON PA 18505-6569

DATE 09/15/16

CHECK NO. **DA76758553**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00837 DA76758553
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID	DOLLARS
345C0685817	$******1,950.51

*** NOT NEGOTIABLE ***

Invoice # 616013871
Agency Claim # 200705101801302040541S

FOR
08/25/16 THRU 09/14/16 616013871 PT616013871

CLAIMANT

DATE OF EVENT
05/01/07

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-002557-01-01-00

o

PAID SEP 19 2016

F.F. OK
CA

HR

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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/30/16	57502

EAMS#(s):
ADJ8504420
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
002979033483-WC-01

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W. C. DEPARTMENT
ATTN: ANDREA LEWIS
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs TONE FRAMING INC
Date Of Injury: 6/25/12

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
02/21/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/24/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/19/16	PENALTIES	FOR DATE OF SERVICE 1/16/13	23.48
09/19/16	INTEREST	FOR DATE OF SERVICE 1/16/13	62.03
09/19/16	PENALTIES	FOR DATE OF SERVICE 2/21/13	37.50
09/19/16	INTEREST	FOR DATE OF SERVICE 2/21/13	99.09
09/19/16	PENALTIES	FOR DATE OF SERVICE 2/24/15	23.48
09/19/16	INTEREST	FOR DATE OF SERVICE 2/24/15	28.50
09/19/16	COSTS & SANC	COST & SANC	162.92
09/23/16	PMT BY CHECK	DOS 9/19/16* # 0131235712	-1000.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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

002979 PAGE 1 OF 1 005411

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID SEP 30 2016

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 033483 WC 01 (1W5312001)
CLAIMANT:
DESCRIPTION: FULL AND FINAL

DATES OF SERVICE: 19Sep16 **THRU** 19Sep16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 25Jun12

NO.: 0131235712
VN: 0002344303
DATE: 23Sep16
AMOUNT: 1000.00

**

F&F
CA OK

#57502

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0009261 010263 002 002

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/18/16	56230

EAMS#(s):ADJ8477473
ADJ8477460
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
1573894

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: TERESA SANCHEZ
P.O. BOX 4026
CONCORD, CA 94524

Case: vs MO RAN GAK
Date Of Injury: 6/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/08/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	OSVALDO LOPEZ # 301367	0.00
07/10/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/30/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
11/11/14	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/31/15	PENALTIES	FOR DATE OF SERVICE 11/14/12	23.48
02/03/16	INTEREST	FOR DATE OF SERVICE 11/14/12	56.11
07/31/15	PENALTIES	FOR DATE OF SERVICE 1/8/13	37.50
02/03/16	INTEREST	FOR DATE OF SERVICE 1/8/13	88.69
07/31/15	PENALTIES	FOR DATE OF SERVICE 7/10/13	23.48
02/03/16	INTEREST	FOR DATE OF SERVICE 7/10/13	45.91
07/31/15	PENALTIES	FOR DATE OF SERVICE 7/30/14	23.48
02/03/16	INTEREST	FOR DATE OF SERVICE 7/30/14	26.92
07/31/15	PENALTIES	FOR DATE OF SERVICE 11/11/14	37.50
02/03/16	INTEREST	FOR DATE OF SERVICE 11/11/14	34.82
01/22/16	PMT BY CHECK	DOS 6/1/10-8/31/15* # 00234750	-969.50
03/08/16	PENALTIES_U	FOR UNPAID STLM'T 2/3/16	349.47
03/08/16	INTEREST_U	FOR UNPAID STLM'T	11.49
02/03/16	COSTS & SANC	COSTS & SANC	1000.00
03/14/16	PMT BY CHECK	DOS 11/1/12-11/30/14* # 00254198	-1758.85

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/18/16	56230

EAMS#(s):ADJ8477473
ADJ8477460
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
1573894

BILL TO:
AMTRUST NORTH AMERICA (CONCORD
W. C. DEPARTMENT
ATTN: TERESA SANCHEZ
P.O. BOX 4026
CONCORD, CA 94524

Case: vs MO RAN GAK
Date Of Injury: 6/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

AMTRUST NORTH AMERICA, INC.-TOWER CLAIMS
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP MORGAN CHASE
NY
50-937/213

CHECK NO.
00234750
1573894-1
WCC0013756

DATE	AMOUNT
1/22/2016	$969.50

PAY Nine Hundred Sixty-Nine and 50/100$ 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

⑈00234750⑈ ⑆021000021⑆ 639993851⑈

Check Number	00234750
Claim Number:	1573894-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WCC0013756/DAL WOO LEE
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	6/1/2010
Location:	9651 Garden Grove Blvd Garden Grove CA CA 92840 - 1532
Examiner Code:	rlawsonhaley

PAID JAN 25 2016

#56230

F.F.

Ref 5811

Amount:	$969.50	on behalf of TOWER INSURANCE COMPANY OF NEW YORK
Dates of Service:	6/1/2010-8/31/2015	AmTrust North America
Explanation:	Lien Payment	P O Box 4026
Category:	M23 - Medical Interpreter	Concord, CA 94524
Placement:	2 - Medical	212-655-2000
Transaction Type:		

AMTRUST NORTH AMERICA, INC.-TOWER CLAIMS
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP MORGAN CHASE
NY
50-937/213

CHECK NO.
00254198
1573894-1
WCC0013756

DATE	AMOUNT
3/14/2016	$1,758.85

PAY One Thousand Seven Hundred Fifty-Eight and 85/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00254198⑈ ⑆021000021⑆ 639993851⑈

S6230

Check Number	00254198
Claim Number:	1573894-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WCC0013756/DAL WOO LEE
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	6/1/2010
Location:	9651 Garden Grove Blvd Garden Grove CA CA 92840 - 1532
Examiner Code:	rlawsonhaley

0

PAID MAR 18 2016

F. F. V
CA

Amount:	$1,758.85
Dates of Service:	11/1/2012-11/30/2014
Explanation:	Payment
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

on behalf of TOWER INSURANCE COMPANY OF NEW YORK
AmTrust North America
P O Box 4026
Concord, CA 94524
212-655-2000

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/08/17 64414

EAMS#(s):
ADJ9496935
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080303691

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: ROGER JENNINGS
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs PERFORMANCE PLUS INSTALATION
Date Of Injury: 2/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/14	LEGAL_PREP	DEPO PREP @ L/O MARSHALL & FRENCH	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/22/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/26/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/05/15	PMT BY CHECK	DOS 12/15/14* # 1100303027	-156.50
04/02/15	PMT BY CHECK	DOS 1/26/15* # 1100337382	-156.50
08/04/16	PMT BY CHECK	DOS 1/22/15* # 1100913456	-90.00
08/22/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/07/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/15/16	PENALTIES	FOR DATE OF SERVICE 1/22/15	37.50
08/04/16	INTEREST	FOR DATE OF SERVICE 1/22/15	42.06
04/10/17	INTEREST	FOR DATE OF SERVICE 1/22/15	39.47
12/15/16	PENALTIES	FOR DATE OF SERVICE 8/22/16	23.48
04/10/17	INTEREST	FOR DATE OF SERVICE 8/22/16	12.03
04/10/17	PENALTIES	FOR DATE OF SERVICE 11/07/16	23.48
04/10/17	INTEREST	FOR DATE OF SERVICE 11/07/16	8.04
04/10/17	COSTS & SANC	COSTS & SANC	1000.00
05/04/17	PMT BY CHECK	DOS 5/29/14-4/10/17* # 1101225407	-1659.06

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/08/17	64414

EAMS#(s):
ADJ9496935
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080303691

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: ROGER JENNINGS
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs PERFORMANCE PLUS INSTALATION
Date Of Injury: 2/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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

01231

PAID MAR 09 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0303691 001 NG	WC 3487200	64414		02/21/14	12/15/14-12/15/14

Check Number	1100303027	Date Issued	03/05/15	Amount	$****156.50
Insured	Motive Energy Inc				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Leelavathi CG-Alaguvel				
File Supervisor	Nicole Corey	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	156.50		
TOTAL	$156.50		

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

00838

PAID APR 14 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0303691 001 NG	WC 3487200	64414		02/21/14	01/26/15-01/26/15

Check Number	1100337382	Date Issued	04/02/15	Amount	$****156.50
Insured	Motive Energy Inc				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Ramprasad CG-Venkatesulu				
File Supervisor	Nicole Corey	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	156.50		
TOTAL	$156.50		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

1010030000300

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

00300

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0303691 001 NG	WC 3487200	64414		02/21/14	01/22/15-01/22/15

Check Number	1100913456	Date Issued	08/04/16	Amount	$****90.00
Insured	Motive Energy Inc				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	Nicole Corey	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	90.00		
TOTAL	$90.00		

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.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00256

PAID
MAY 08 2017
BY:

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0303691 001 ZM	WC 3487200			02/21/14	05/29/14-04/10/17

Check Number	1101225407	**Date Issued**	05/04/17	**Amount**	$**1,659.06
Insured	Motive Energy Inc				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	Gloria Holmes	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,659.06		

TOTAL $1659.06

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/15/17	40629

EAMS#(s):
ADJ6574799
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05354926

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs ARTCON DECORATIVE CONCRETE
Date Of Injury: 10/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/10	WCAB LB	TRIAL - SABINE SKELTON # 300884	156.50
08/16/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/07/17	PENALTIES	FOR DATE OF SERVICE 8/5/10	23.48
04/21/17	INTEREST	FOR DATE OF SERVICE 8/5/10	121.45
02/10/17	PENALTIES	FOR DATE OF SERVICE 8/16/10	27.00
05/03/17	INTEREST	FOR DATE OF SERVICE 8/16/10	140.36
04/21/17	PMT BY CHECK	DOS 8/5/10* # CS-633986	-156.50
05/15/17	COSTS & SANC	COSTS & SANC	907.71
05/11/17	PMT BY CHECK	DOS 9/18/13* # CS-635837	-1500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CS-633986**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/21/17
Doc #: 032194454

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05354926		**Date of Injury:** 10/01/07		
SSN:	Employer name: ARTCON DECORATIVE CONCRETE				Employer ID: 0000440023416060				
1	SF1-SPCA-282729	08/05/10	999Q9	Interpreter Deposit-	1	156.50	.00	375 G5	156.50
2	SF1-SPCA-282729	11/20/15	99199	Unlisted Special Ser	1	100.00	100.00	219 AA0 G5 G76	.00
						Total Allowances:			**$156.50**

PAID
APR 25 2017

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"

01341875032194454001 2

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 #: **CS -635837**

Issue Date: 05/11/17
Doc #: 032254942

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05354926		**Date of Injury:** 10/01/07		
SSN:	nployer name: ARTCON DECORATIVE CONCRETE				Employer ID: 0000440023416060				
	ICD-9 Code: 999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SPCA-286878	09/18/13	999L1	General Loss Exp Cod	1	1,500.00	.00	375 G5	1,500.00
				Total Allowances:					**$1,500.00**

PAID
MAY 15 2017
BY: .....

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

MR

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

0134257503225494200 1 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/16/17 66465

EAMS#(s):
ADJ9772637
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
30130957868-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W. C. DEPARTMENT
ATTN: VERA ARELLANO
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs LKQ CORPORATION
Date Of Injury: 8/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/07/15	LEGAL_PREP	DEPO PREP @ L/O CANTRELL & GREEN	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/21/16	PENALTIES	FOR DATE OF SERVICE 7/7/15	23.48
02/01/17	INTEREST	FOR DATE OF SERVICE 7/7/15	26.48
02/01/17	PMT BY CHECK	DOS 7/7/15* # 0068358560	-156.56
05/04/17	COSTS & SANC	COSTS & SANC	950.10
05/11/17	PMT BY CHECK	DOS 7/7/15* # 007028243	-1000.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6905028006

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

201702011611

Electronic Service Requested

1 OF 1

ENV 5904

SINGLE PIECE

5904 0.3820 SP 0.460

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

10

DATE	CHECK AMT	CHECK NO.
02/01/2017	156.56	0068358560

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
211 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	08/17/2013	30130957868-0001

Amt Paid: 156.56 Description: Medical Reimbursement
Amt Billed: 156.56 Invoice: ICN: 301309578680001
Dates: 07/07/2015-07/07/2015 Comment:

PAID
FEB 07 2017
BY:

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

[redacted]

P6905028006

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

201705111606

Electronic Service Requested

1 OF 1

ENV 3927

SINGLE PIECE
3927 0.3820 SP 0.460

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
05/11/2017	1,000.00	0070278243

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
211 Sedgwick Claims Management Services, Inc	1 of 1

Claimant Name	Loss Date	Claim Number
	08/17/2013	30130957868-0001

Amt Paid: 1,000.00 Description: Miscellaneous Medical
Amt Billed: 1,000.00 Invoice: ICN: 204531707.338
Dates: 07/07/2015-07/07/2015 Comment:

PAID
MAY 16 2017
BY: .....

VR

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/16/17	64042

EAMS#(s):
ADJ9629526
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080307843

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: DEBORAH RICHARDSON
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs KIK POOL ADDITIVES INC/KCP INV
Date Of Injury: CT 1/1/12 - 3/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/14	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/17/14	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/03/15	PMT BY CHECK	DOS 11/6/14-12/17/14* # 1100264880	-406.50
04/08/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/05/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/21/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/23/16	PENALTIES	FOR DATE OF SERVICE 11/5/14	23.48
02/03/15	INTEREST	FOR DATE OF SERVICE 11/5/14	3.70
11/23/16	PENALTIES	FOR DATE OF SERVICE 4/8/15	23.48
03/22/17	INTEREST	FOR DATE OF SERVICE 4/8/15	34.57
11/23/16	PENALTIES	FOR DATE OF SERVICE 8/5/15	23.48
03/22/17	INTEREST	FOR DATE OF SERVICE 8/5/15	29.88
11/23/16	PENALTIES	FOR DATE OF SERVICE 9/21/15	37.50
03/22/17	INTEREST	FOR DATE OF SERVICE 9/21/15	44.58
05/08/17	PENALTIES_U	FOR UNPAID STLM'T 3/22/17	550.00
05/08/17	INTEREST_U	FOR UNPAID STLM'T 3/22/17	27.88
05/12/17	COSTS & SANC	COSTS & SANC	1416.33
05/12/17	PMT BY CHECK	DOS 3/18/14-12/10/15* # 1101236459	-2777.88

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/16/17	64042

EAMS#(s):
ADJ9629526
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080307843

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: DEBORAH RICHARDSON
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs KIK POOL ADDITIVES INC/KCP INV
Date Of Injury: CT 1/1/12 - 3/18/14

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

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

00447

PAID FEB 09 2015

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0307843 001 D1	WC 5087032	64042		03/18/14	11/05/14-12/17/14

Check Number	1100264880	Date Issued	02/03/15	Amount	$****406.50
Insured	KCP Investment Holding LP				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Manikandan CG-Raman				
File Supervisor	Deborah Richardson	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	406.50		

TOTAL $406.50

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

1010151300514

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781 4165

01513 PAID MAY 16 2017

BY:.....

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0307843 001 D1	WC 5087032			03/18/14	03/18/14-12/10/15

Check Number	1101236459	Date Issued	05/12/17	Amount	$**2,777.88
Insured	KCP Investment Holding LP				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	Pavithra CG-Selvam				
File Supervisor	Deborah Richardson	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,777.88		

TOTAL $2777.88

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/22/17 65760

EAMS#(s):ADJ9865584
ADJ9737965
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1668841-1

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: REBECCA PAYES
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs SPECTRUM CARE LANDSC. & IRRIGA
Date Of Injury: 10/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E.PACO-CORTEZ # 100533	0.00
05/18/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/17/16	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
01/25/17	PENALTIES	FOR DATE OF SERVICE 04/14/15	23.48
02/15/17	INTEREST	FOR DATE OF SERVICE 04/14/15	30.37
01/25/17	PENALTIES	FOR DATE OF SERVICE 05/18/15	37.50
02/15/17	INTEREST	FOR DATE OF SERVICE 05/18/15	48.52
01/25/17	PENALTIES	FOR DATE OF SERVICE 08/17/16	23.48
02/15/17	INTEREST	FOR DATE OF SERVICE 08/17/16	9.52
03/02/17	PMT BY CHECK	DOS 4/14/15-8/17/16* # 01578057	-563.00
05/03/17	COSTS & SANC	COST & SANC	484.13
05/19/17	PMT BY CHECK	DOS 4/28/17* # 01709105	-657.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01578057
1668841-1
SWC1048796

DATE	AMOUNT
3/2/2017	$563.00

Five Hundred Sixty-Three and 0/100s Dollars**********

PAY TO THE ORDER OF 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

⑈01578057⑈ ⑆021309379⑆ 790262463⑈

Check Number	01578057
Claim Number:	1668841-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1048796/Spectrum Care Landscape & Irrigation Management
Claimant Name:	[redacted]
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	10/1/2014
Location:	27181 BURBANK FOOT HILL RANCH CA 92610 -
Examiner Code:	24033

PAID
MAR 0[illegible]

Amount:	$563.00	ANA UBI Claims
Dates of Service:	4/14/2015-8/17/2016	AmTrust North America
Explanation:	65760	P.O. Box 89404
Category:	E10 - Interpreter	Cleveland, OH 44101
Placement:	4 - Expense	844-601-7760
Transaction Type:		

ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01709105
1668841-1
SWC1048796

DATE	AMOUNT
5/19/2017	$657.00

Six Hundred Fifty-Seven and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

VOID AFTER 90 DAYS

Mail To
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01709105⑈ ⑆021309379⑆ 790262463⑈

RECEIVED
MAY 22 2017
BY:

Explanation Of Bill Review

Check Number	01709105	ANA UBI Claims
Claim Number:	1668841-1	AmTrust North America
Regulatory ID:		P.O. Box 89404
Bill Number:	10578945	Cleveland, OH 44101
Invoice Number:	FP1-MSCA-603431	844-601-7760
Policy / Insured:	SWC1048796/Spectrum Care Landscape & Irrigation Management	
Claimant Name:		
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC	
Loss Date:	10/1/2014 FP1-MSCA-603431	
Location:	27181 BURBANK FOOT HILL RANCH CA 92610 -	
Examiner Code:	24033	
Network/PPO Network:		

F.F. ok NDJ

65760

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
4/28/2017	MDO21	PAYMENT BY ORDER	1.00	657.00	0.00	0.00	657.00	
				657.00	0.00	0.00	657.00	

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 or appeals need to be submitted to the carrier listed above.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 800-732-0153.

WP

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/22/17 58503

EAMS#(s):ADJ8661069
ADJ8661041
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
501085

BILL TO:
ZENITH INSURANCE (VAN NUYS)
W. C. DEPARTMENT
ATTN: JOKO TJANBRA
P.O. BOX # 9055
VAN NUYS, CA 91409-9055

Case: vs DAVLYN INVESTMENTS, INC.
Date Of Injury: CT 2/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
05/15/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/05/13	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/29/15	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/06/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/01/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/22/16	PMT BY CHECK	DOS 3/1/16* # 884467	-782.50
01/10/17	PENALTIES	FOR DATE OF SERVICE 4/4/13	23.48
03/22/16	INTEREST	FOR DATE OF SERVICE 4/4/13	52.02
01/10/17	PENALTIES	FOR DATE OF SERVICE 5/15/13	37.50
02/14/17	INTEREST	FOR DATE OF SERVICE 5/15/13	107.91
01/10/17	PENALTIES	FOR DATE OF SERVICE 9/5/13	23.48
03/22/16	INTEREST	FOR DATE OF SERVICE 9/5/13	46.45
01/10/17	PENALTIES	FOR DATE OF SERVICE 4/29/15	23.48
03/22/16	INTEREST	FOR DATE OF SERVICE 4/29/15	16.52
02/14/17	PMT BY CHECK	DOS 4/4/13-1/6/16* =# 390902	-440.03
05/04/17	COSTS & SANC	COSTS & SANC	1859.19
05/18/17	PMT BY CHECK	DOS 4/4/13* # 490159	-2000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/22/17	58503

EAMS#(s):ADJ8661069
ADJ8661041
SS # : XXX-XX-
DOB : . .
Terms: 60 days
Claim #(s):
501085

BILL TO:
ZENITH INSURANCE (VAN NUYS)
W. C. DEPARTMENT
ATTN: JOKO TJANBRA
P.O. BOX # 9055
VAN NUYS, CA 91409-9055

Case: vs DAVLYN INVESTMENTS, INC.
Date Of Injury: CT 2/1/12

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 Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

March 22, 2016
Our Ref : 501085
Your Ref : 58503

RE: (DAVLYN INVESTMENTS, INC.) DOI:07/28/12

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
03/01/16	FEE	782.50	782.50	0.00	
	TOTAL $	782.50	782.50	0.00	

Please find attached our check # 884467 for $782.50.
This check covers bills from March 1, 2016 through March 1, 2016.

If you have any questions, please address them to the undersigned.

Sincerely,
Dolly Barber
Claims Examiner

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

February 14, 2017
Our Ref : 501085
Your Ref : N/A

RE: (DAVLYN INVESTMENTS, INC.) DOI:07/28/12

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
04/04/13	FEE	67.95	67.95	0.00	
05/15/13	FEE	250.33	250.33	0.00	
09/05/13	FEE	61.35	61.35	0.00	
04/29/15	FEE	35.60	35.60	0.00	
01/06/16	FEE	24.80	24.80	0.00	
	TOTAL $	440.03	440.03	0.00	

Please find attached our check # 390902 for $440.03.
This check covers bills from April 4, 2013 through January 6, 2016.

If you have any questions, please address them to the undersigned.

Sincerely,
Joko Tjandra
Claims Examiner

PAID
FEB 21 2017
BY:

EXPLANATION OF REVIEW - CA

Carrier/Audit Reviewer
Zenith Insurance Company
P.O. BOX 9055
VAN NUYS, CA 91409
(800) 440-5020

Patient Information

SSN: XXX-XX
DATE OF INJURY: 02/01/12
Patient Acct No:

Zenith Claim Information
Claim Number: 512613
Check Date: 05/18/17
Check Number: 490159
Date Of Review: 05/16/17
Case Number: ZEN-ZZCA-1318875

Billing Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

Rendering Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

Employer Information
DAVLYN INVESTMENTS, INC.
12625 HIGH BLUFF DRIVE 315
SAN DIEGO, CA 92130
(858) 792-8500

DIAGNOSIS INFORMATION: 959.9
DATES OF SERVICE: 04/04/13 TO 04/04/13 PLACE OF SERVICE: 11

Date Of Service	Procedure Code	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Paid	Reduction Codes
04/04/13	MDS10		SETTLEMENT FOR	0001	2,000.00	0.00	0.00	0.00	2,000.00	791 961
(1) PAID			TOTAL SUMMARY:		2,000.00	0.00	0.00	0.00	2,000.00	

Reduction Code Description:
791 CA FULL AND FINAL PAYMENT.
961 CA ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.

State/ANSI Reason Code & Description:
G5 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.
G67 PAYMENT BASED ON INDIVIDUAL PRE- NEGOTIATED AGREEMENT FOR THIS SPECIFIC SERVICE.

To check the status of your bill, or for any other questions, please call Zenith Insurance Company at 1-800-440-5020.
ZENITH INSURANCE COMPANY NOW UTILIZES CENTRALIZED MAIL FACILITIES TO EXPEDITE MAIL HANDLING AND ROUTING. SEND ALL CORRESPONDENCE (INCLUDING MEDICAL BILLS, REPORTS, ETC) TO: PO BOX 9055, VAN NUYS, CA 91409-9055

ZENITH INSURANCE COMPANY now has the ability to receive medical bills electronically. If interested, please contact the Zenith provider call center provided by Jopari solutions at 1-866-269-0554 for more information.

(Explanation Of Review Continued On Next Page)

FILED
MAY 22 2017
BY: .....

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/30/17	64916

EAMS#(s):
ADJ9670668
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
7534F4617

BILL TO:
STATE FARM CALIF. W.C.C. (AZ)
W. C. DEPARTMENT
ATTN: ROBERT GAMBOA
P.O. BOX 52298
PHOENIX, AZ 85072

Case: vs MALLORY ZHANG WALTER CHANG
Date Of Injury: 1/1/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/10/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/27/16	PENALTIES	FOR DATE OF SERVICE 2/19/15	23.48
07/06/16	INTEREST	FOR DATE OF SERVICE 2/19/15	23.17
06/27/16	PENALTIES	FOR DATE OF SERVICE 3/10/15	37.50
07/06/16	INTEREST	FOR DATE OF SERVICE 3/10/15	36.39
06/02/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 64916	0.00
07/06/16	PMT BY CHECK	DOS 2/19/15-3/10/15* # 1 23 233382 K	-406.50
01/13/17	PENALTIES	FOR DATE OF SERVICE 6/2/16	23.48
03/20/17	INTEREST	FOR DATE OF SERVICE 6/2/16	13.56
03/20/17	COSTS & SANC	COSTS & SANC	1000.00
03/27/17	PMT BY CHECK	DOS 3/20/17* # 1 23 646879 K	-1314.08

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PAYMENT NO 1 23 233382 K
PAYMENT AMOUNT $406.50
ISSUE DATE 07-06-2016
AUTHORIZED BY HARRISON, LARRY
PHONE (800) 749-9703

CLAIM NO 75-34F4-617
LOSS DATE 01-01-2014
POLICY NO 75-CDE588-2
INSURED ZHANG, MALLORY &

64916

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

FF Pet 5811

REMARKS 5811 Costs on ADJ9670668 ✓ BB

COVERAGE DESCRIPTION
WORK COMP - MEDICAL - NON-HOSPITAL

ON BEHALF OF

AMOUNT
406.50

PAID JUL 08 2016

HR

RETAIN STUB FOR RECORDS

StateFarm STATE FARM GENERAL INSURANCE COMPANY
CALIFORNIA
CA WC STEWARD W P12PCL232

JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH 43240

1 23 233382 K

DATE 07-06-2016
MM DD YYYY

CLAIM NO 75-34F4-617
LOSS DATE 01-01-2014

INSURED ZHANG, MALLORY &

**********EXACTLY FOUR HUNDRED SIX AND 50/100 DOLLARS $*******406.50

Pay to the Order of: JOYCE ALTMAN INTERPRETERS INC

Thomas Conley
PRESIDENT

Jon C. Farney
TREASURER

VOID IF GREEN COLORED BACKGROUND IS MISSING

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈123123338 2⑈ ⑆044115443⑆ 7771452 28⑈

PAYMENT NO 1 23 646879 K
PAYMENT AMOUNT $1,314.08
ISSUE DATE 03-27-2017
AUTHORIZED BY GAMBOA, ROBERT
PHONE (844) 866-5190

CLAIM NO 75-34F4-617
LOSS DATE 01-01-2014
POLICY NO 75-CDE588-2
INSURED ZHANG, MALLORY &

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

RECEIVED
MAR 20 2017

START DATE 03-27-2017
END DATE 03-27-2017

REMARKS Settlement Any "& All Dates of Service #STF-SFCA-236256
Stipulation & Order

COVERAGE DESCRIPTION	ON BEHALF OF	AMOUNT
WORK COMP - MEDICAL - NON-HOSPITAL		1,314.08

RETAIN STUB FOR RECORDS

STATE FARM GENERAL INSURANCE COMPANY
FIRE
WORK COMP ASSIST P12PCL244
JPMORGAN CHASE BANK, NA 56-1544/441
COLUMBUS, OH

1 23 646879 K

DATE 03-27-2017 MM DD YYYY

CLAIM NO 75-34F4-617
LOSS DATE 01-01-2014
INSURED ZHANG, MALLORY &

*****EXACTLY ONE THOUSAND THREE HUNDRED FOURTEEN AND 08/100 DOLLARS $*****1,314.08

Pay to the Order of: JOYCE ALTMAN INTERPRETERS INC

PRESIDENT
TREASURER

GREEN BACKGROUND APPEARS ON FACE OF DOCUMENT

VOID IF GREEN COLORED BACKGROUND IS MISSING

SECURED DOCUMENT WATERMARK APPEARS ON BACK, HOLD AT 45° ANGLE FOR VIEWING

⑈231264687⑈ ⑆044115443⑆ 777145228⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/25/17 56560

EAMS#(s):ADJ8968674
ADJ8446785
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
494C2953786

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: ROSETTE KIRONDE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs SELECT STAFFING
Date Of Injury: 5/24/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/06/12	DEPO PREP	@ THE L/O OF STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/02/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
07/03/13	WCAB LB	MSC - JOHANNA JORDAN # 301566	156.50
06/08/15	PENALTIES	FOR DATE OF SERVICE 12/6/12	23.48
06/22/15	INTEREST	FOR DATE OF SERVICE 12/6/12	40.14
06/08/15	PENALTIES	FOR DATE OF SERVICE 1/2/13	37.50
06/22/15	INTEREST	FOR DATE OF SERVICE 1/2/13	64.12
06/08/15	PENALTIES	FOR DATE OF SERVICE 7/3/13	23.48
06/22/15	INTEREST	FOR DATE OF SERVICE 7/3/13	40.14
06/22/15	PMT BY CHECK	DOS 12/6/12-7/3/13* # da74376604	-563.00
02/17/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/06/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/06/16	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LB	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 A.M.	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 P.M.	0.00
10/10/16	PENALTIES	FOR DATE OF SERVICE 02/17/16	23.48
01/10/17	INTEREST	FOR DATE OF SERVICE 02/17/16	16.57
10/10/16	PENALTIES	FOR DATE OF SERVICE 07/06/16	23.48
01/10/17	INTEREST	FOR DATE OF SERVICE 07/06/16	9.47
12/16/16	PENALTIES	FOR DATE OF SERVICE 9/6/16	46.95
01/10/17	INTEREST	FOR DATE OF SERVICE 9/6/16	13.51
01/10/17	PMT BY CHECK	DOS 2/17/16-9/6/16* # DA77348597	-626.00
05/09/17	COSTS & SANC	COSTS & SANC	2637.68
05/22/17	PMT BY CHECK	DOS 5/24/12-5/9/17* # da78020501	-3000.00

PDWLDMCD-001773-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/22/15

CHECK NO. **DA74376604**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00529 DA74376604
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID
494C2953786

DOLLARS
$********563.00

* NOT NEGOTIABLE *

FOR
12/06/12 THRU 07/03/13

CLAIMANT

PAID JUN 25 2015

DATE OF EVENT
05/24/12

S6560

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.

F F.

PET S811

PDWLDMCD-001773-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-001475-01-01-00

ACE PROPERTY AND CASUALTY INSURANCE COMPANY
PO BOX 6569
SCRANTON PA 18505-6569

DATE 01/10/17
CHECK NO. **DA77348597**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00393 DA77348597

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

FILE ID
494C2953786

DOLLARS
$********626.00

*** NOT NEGOTIABLE ***

Invoice # 56560
Agency Claim # 201209071616104888336

FOR
02/17/16 THRU 09/06/16 BOARD APPEARANCE

CLAIMANT

DATE OF EVENT
05/24/12

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
JAN 13 2017
BY: .....

PDWLDMCD-001475-01-01-00

BOA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

ACE PROPERTY AND CASUALTY INSURANCE COMPANY
PO BOX 6569
SCRANTON PA 18505-6569

DATE 05/22/17
CHECK NO. **DA78020501**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00471 DA78020501

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

FILE ID
494C2953786

DOLLARS
$******3,000.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201209071616104888336

FOR
05/24/12 THRU 05/09/17 STIPS & ORDER

CLAIMANT

DATE OF EVENT
05/24/12

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 25 2017

HR

3OA18B (07/2016)

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/25/17 70643

EAMS#(s):
ADJ9341965
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05947248

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LINDA SILVA
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs VILLAS ROOFING MANUEL VILLA
Date Of Injury: 11/23/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/16	LEGAL_WCAB	TATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/05/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/13/16	PMT BY CHECK	DOS 10/24/16* # CP-950244	-156.50
05/08/17	PENALTIES	FOR DATE OF SERVICE 12/5/16	23.48
05/08/17	INTEREST	FOR DATE OF SERVICE 12/5/16	8.14
05/05/17	PMT BY CHECK	DOS 12/5/16* # CP-970190	-156.50
05/08/17	COSTS & SANC	COST & SANC	1124.88
05/23/17	PMT BY CHECK	DOS 5/5/17* # CP-972232	-1156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-950244**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/13/16
Doc #: 031791062

Medical

70645 -1

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 05947248		**Date of Injury:** 11/23/13		
SSN:		Employer name: VILLA'S ROOFING			Employer ID: 0000009053579130				
1	SF1-SPCA-255485	10/24/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
				Total Allowances:					**$156.50**

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"

01337510031791062001 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals - 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-970190**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/05/17
Doc #: 032238060

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 05947248		**Date of Injury:** 11/23/13		
SSN:		Employer name: VILLA'S ROOFING			Employer ID: 0000009053579130				
1	SF1-SPCA-286015	12/05/16	999Q9	Interpreter Deposit-	1	156.50	.00	375 G5	156.50
						Total Allowances:			**$156.50**

PAID
MAY 08 2017
BY: .....

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

Medical
SP

Santa Ana District Office
PO BOX 65005
Fresno, CA 93650-5005

CP-970190
Union Bank
Los Angeles, California

90-4150
1222

Please negotiate at your local Union Bank Branch.

24503026

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
May 05, 2017	$*******156.50

PAY ****One Hundred Fifty-Six and 50/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

⑈5216970190⑈ ⑆122241501⑆ ⑈908100104 3⑈

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CP-972232**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/23/17
Doc #: 032286092

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:		70643 **Claim #:** 05947248			**Date of Injury:**	11/23/13	
SSN:	Employer name: VILLA'S ROOFING			Employer ID: 0000009053579130					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SPCA-289598	05/05/17	999Q9	Interpreter Deposit-	1	1,156.50	.00	375 961 G5 G67	1,156.50
		Patient Name:		17728 **Claim #:** 05380128			**Date of Injury:**	10/24/08	
SSN:	Employer name: VINCO CONSTRUCTION CORPORATION			Employer ID: 0002380006192080					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
2	SF1-SFCA-18025359	05/17/17	MDO10	Payment By Order	1	1,000.00	.00	375 961 G5 G67	1,000.00
				Total Allowances:					**$2,156.50**

Ø

MAY 25 2017

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

MR

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/02/17 66046

EAMS#(s):
ADJ9613231
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710928047

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: TREVOR ATHAY
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs FRAMING BY SUPERVISOR
Date Of Injury: 7/28/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/15	LEGAL_PREP	DEPO PREP @ L/O CIPOLLA, CABALA & MARRONE	156.50
/ /	INTERPRETER:	LEONOR ZIMMERMAN # 100687	0.00
06/05/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/14/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/30/16	PENALTIES	FOR DATE OF SERVICE 5/8/15	23.48
12/20/16	INTEREST	FOR DATE OF SERVICE 5/8/15	28.30
11/30/16	PENALTIES	FOR DATE OF SERVICE 6/5/15	37.50
12/20/16	INTEREST	FOR DATE OF SERVICE 6/5/15	45.21
12/14/16	PMT BY CHECK	DOS 11/14/16* =# 31454694	-156.50
12/20/16	PMT BY CHECK	DOS 5/8/15-6/5/15* # 31475674	-406.50
01/18/17	PMT BY CHECK	DOS 6/5/15* =# 31568087	-90.00
12/20/16	INTEREST	FOR DATE OF SERVICE 05/08/15	28.30
12/20/16	INTEREST	FOR DATE OF SERVICE 06/05/15	45.21
03/02/17	COSTS & SANC	COSTS & SANC	1288.50
02/22/17	PMT BY CHECK	DOS 2/13/1* # 31703661	-1406.50
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

P4000028000

20161214161 2

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

MIXED AADC 926
2138 1.0926 MB 0.416

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

141

ENV 2138 3 OF 5 F

Check No.: 31454694
RFP No.: 037930
Check Date: 12/14/2016
Check Amount: 156.50
Insured: FRAMING BY SUPERIOR INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

PAID [illegible]

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000035896721	00928047	001	07/28/2014	MED	O	156.50
					Total Amount	156.50

Reason for Payment —(
ORG: 156.50 ACT: 66046 111416-111416

Use File # 710/00928047 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028001

20161220614

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

MIXED AADC 926
944 0.9291 MB 0.416

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

119

ENV 944 3 OF 4 F

Check No.: 31475674
RFP No.: 045900
Check Date: 12/20/2016
Check Amount: 406.50
Insured: FRAMING BY SUPERIOR INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000035896721	00928047	001	07/28/2014	MED	O	406.50

Total Amount 406.50

Reason for Payment
050815-060515

Use File # 710/00928047 on all correspondence for prompt processing.
For check information call: 877-802-5246

P4000028000

20170118161 3

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

MIXED AADC 926

1855 1.0926 MB 0.416

JOYCE ALTMAN INTERPRETERS INC 134
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 1855 3 OF 5 F

Check No.: 31568087
RFP No.: 088220
Check Date: 01/18/2017
Check Amount: 90.00
Insured: FRAMING BY SUPERIOR INC.

Claimant:

PAID
JAN 24 2017
BY: .....

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000035896721	00928047	001	07/28/2014	MED	O	90.00
					Total Amount	90.00

Reason for Payment
ORG: 406.50 ACT: 66046 050815-060515

Use File # 710/00928047 on all correspondence for prompt processing.
For check information call: 877-802-5246

P400002B001

20170222161O

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

Electronic Service Requested

ENV 2002 6 OF 6 F

MIXED AADC 926
2002 1.2824 MB 0.420

JOYCE ALTMAN INTERPRETERS INC 118
PO BOX 4165
TUSTIN, CA 92781-4165

Check No.: 31703661
RFP No.: 180165
Check Date: 02/22/2017
Check Amount: 1,406.50
Insured: FRAMING BY SUPERIOR INC.

Claimant:

Claim Office: 710
Insuring Company: COMMERCE AND INDUSTRY INSURANCE CO.

Payee Name: JOYCE ALTMAN INTERPRETERS INC

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000035896721	00928047	001	07/28/2014	MED	O	1,406.50
					Total Amount	1,406.50

Reason for Payment
021317-021317

Use File # 710/00928047 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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/08/16	64360

EAMS#(s):ADJ9346030 ADJ9347385
ADJ9347335
SS # :
DOB :
Terms: 60 days
Claim #(s):
301419109930001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W. C. DEPARTMENT
ATTN: SHANNON LEE
P.O. BOX # 14442
LEXINGTON, KY 40512

Case: vs OREO
Date Of Injury: 2/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/14	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/28/14	WCAB LB	TRIAL - JOHANNA JORDAN # 301566	156.50
02/11/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/01/16	PENALTIES	FOR DATE OF SERVICE 9/17/14	23.48
02/01/16	INTEREST	FOR DATE OF SERVICE 9/17/14	20.61
02/01/16	PENALTIES	FOR DATE OF SERVICE 10/28/14	23.48
02/01/16	INTEREST	FOR DATE OF SERVICE 10/28/14	20.61
02/01/16	PENALTIES	FOR DATE OF SERVICE 2/11/15	23.48
02/01/16	INTEREST	FOR DATE OF SERVICE 2/11/15	17.11
06/20/16	COSTS & SANC	COSTS & SANC	401.73
06/23/16	PMT BY CHECK	DOS 9/17/14-2/11/15* # 0071257795 sedgwic	-500.00
07/05/16	PMT BY CHECK	DOS 9/17/14-2/11/15* # 1100878617 ZURICH	-500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

[redacted]

2016062316 21

Electronic Service Requested

1 OF 2 F

ENV 135

SINGLE PIECE

135 0.5486 SP 0.465

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
06/23/2016	500.00	0071257795

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 3

Claimant Name	Loss Date	Claim Number
	02/13/2014	30141911096-0001

Amt Paid: 250.00 Description: Miscellaneous Medical
Amt Billed: 500.00 Invoice:
Dates: 09/17/2014-09/17/2014 Comment: ICN: 5202-61313

Amt Paid: 250.00 Description: Miscellaneous Medical
Amt Billed: 500.00 Invoice:
Dates: 02/11/2015-02/11/2015 Comment: ICN: 5202-61313

63691
64360 ✓
portion
F-F.
CA

PAID JUN 27 2016

For additional information about this payment or other bills, visit us at https://viaoneselfservice.sedgwickcms.net/User/Login

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 INTERPRETING
P.O. BOX 4165
TUSTIN CA 92781

64360 ✓
·63691
F-F. portion
CA OKBB

00379

PAID JUL 08 2016

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0300644 001 XH	WC 4888266			01/07/13	09/17/14-02/11/15
Check Number	1100878617	Date Issued	07/05/16	Amount	$***500.00 ✓
Insured	OREQ CORPORATION				
Claimant					
Nature of Payment	Full and Final Zurich's portion				
Issued To	Joyce Altman Interpreting P.O. Box 4165				
Requested By	Bharath CG-Vairavaswami				
File Supervisor	Jeremy Lau	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	500.00		
TOTAL	$500.00		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/10/17 68722

EAMS#(s):ADJ7838888
ADJ7838869
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1-11-14562; 1-11-14388

BILL TO:
MTA
W. C. DEPARTMENT
ATTN: WILL GOMEZ
ONE GATEWAY PLAZA
LOS ANGELES, CA 90012

Case: vs LOS ANGELES METROPOLITAN AUTHO
Date Of Injury: 8/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/16	LEGAL_WCAB	C&R READING @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/12/17	PENALTIES	FOR DATE OF SERVICE 3/1/16	23.48
02/13/17	INTEREST	FOR DATE OF SERVICE 3/1/16	17.06
02/13/17	PMT BY CHECK	DOS 3/1/16* # 0000780535	-156.50
03/27/17	COSTS & SANC	COSTS & SANC	1000.00
04/06/17	PMT BY CHECK	DOS 3/27/17* # 0000788869	-1040.54

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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00132-00132

Metro

PTSC MTA RISK MANAGEMENT AUTHORITY
ONE GATEWAY PLAZA
MS 99-20-7
LOS ANGELES, CA 90012-2952

US

JOYCE ALTMAN INTERPRETERS, INC.,
P.O. BOX 4165
TUSTIN, CA 92781-4165

Check No. 0000780535
Check Date 02/13/2017
Check Amount $156.50

Incident Date	Invoice Number	Claimant/Description	Amount
03/01/2016	1-11-14562		$156.50
		TOTAL	$156.50

PAID
FEB 15 2017
BY .....

PAGE 1/1

00165-00165

Metro

PTSC MTA RISK MANAGEMENT AUTHORITY
ONE GATEWAY PLAZA
MS 99-20-7
LOS ANGELES, CA 90012-2952

US

JOYCE ALTMAN INTERPRETERS, INC.,
P.O. BOX 4165
TUSTIN, CA 92781-4165

Check No. 0000788869
Check Date 04/06/2017
Check Amount $1,040.54

Incident Date	Invoice Number	Claimant/Description	Amount
03/01/2016	1-11-14562		$1,040.54
		TOTAL	$1,040.54

PAGE 1/1

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/02/17 66226

EAMS#(s):
ADJ9621316
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
WC10105210

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W. C. DEPARTMENT
ATTN: DANA BERLIN
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: [redacted] vs HORACIOS CLEANING SERVICES
Date Of Injury: 8/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/26/15	LEGAL_PREP	DEPO PREP @ L/O WILLIAMS-ABREGO	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
06/17/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/09/17	PMT BY CHECK	DOS 5/26/15* # 8816206899	-406.50
01/09/17	PENALTIES	FOR DATE OF SERVICE 5/26/15	23.48
01/09/17	INTEREST	FOR DATE OF SERVICE 5/26/15	27.76
01/09/17	PENALTIES	FOR DATE OF SERVICE 6/17/15	37.50
01/09/17	INTEREST	FOR DATE OF SERVICE 6/17/15	44.35
05/18/17	COSTS & SANC	COSTS & SANC	116.91
05/30/17	PMT BY CHECK	DOS 5/18/17* # 8816405986	-250.00

BALANCE 0.00

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MID-CENTURY INSURANCE COMPANY

Check Number: 8816206899
Date: 01/09/2017

Amount: $406.50******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS
PO Box 1465
Tustin CA 92781

Claimant/Patient:			
Insured:	RAMIREZ HORACIO IND		
Date of Loss:	08/03/2014	Claim Representative:	DOLORES HATTIER
Claim Number:	WC10105204	Office Phone Number:	8185402257
Correspondence Reference:	W210M4FMN	Applicable Coverage:	Workers' Compensation

Additional Information:
Order ADJ9621316 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
5/26/2015 - 5/26/2015	Other Specified Indemnity	$406.50		$406.50

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$2614.75	

PAID
JAN 16 2017

BY: .....

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

MID-CENTURY INSURANCE COMPANY

Check Number: 8816405986
Date: 05/30/2017

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
PO Box 1465
Tustin CA 92781

Claimant/Patient:
Insured: RAMIREZ HORACIO IND
Date of Loss: 08/03/2014
Claim Number: WC10105204
Correspondence Reference: BF1D6RRZN

Claim Representative: Elizabeth Steckler
Office Phone Number: 8185402246
Applicable Coverage: Workers' Compensation

Additional Information:
If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
05/18/17 - 05/18/17	Medical - Claimant Legal Report	$250.00

JUN 02 2017

MP

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

01 01 000277 BF1D6RRZN1 CE0530P2 04 [ ] 000445

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/11/17 64939

EAMS#(s):
ADJ9667007
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ34420C

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W. C. DEPARTMENT
ATTN: ANNE FAULKNER
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs SELL PLUS
Date Of Injury: 9/2/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
03/11/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/29/15	PMT BY CHECK	DOS 2/27/15-3/11/15* # 124007917 6	-180.00
11/14/16	PENALTIES	FOR DATE OF SERVICE 2/27/15	9.98
05/11/17	INTEREST	FOR DATE OF SERVICE 2/27/15	16.32
11/14/16	PENALTIES	FOR DATE OF SERVICE 3/11/15	24.00
05/11/17	INTEREST	FOR DATE OF SERVICE 3/11/15	39.27
05/18/17	PMT BY CHECK	DOS 5/18/17-5/18/17* # 127378698 0	-750.00
06/05/17	COSTS & SANC	COST & SANCTIONS	433.93

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

000018
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00020

Attention: This remittance incorporates 1 claim payments

PAID MAY 07 2015

Special Handling ID: RM 00

*400012 124007917 6

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
64939 09-02-14	46WEC AL1637 YMQC 34420	SELL PLUS		$180.00
Nature of Benefits: Miscellaneous Medical		Nature of Payment: Source Payment	Service Dates 02-27-2015 03-11-2015	$180.00

Claim Handler: Eric Winn
866/401-9222
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments: Interpreter Fees Reduced per CA CCR 9795.3

Issue Date	04-29-2015	Check Number	124007917 6	Total Amount of Check	$180.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

109134089

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2307740

002317 1/1

MB 01 002317 54442 B 8 E

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Attention: This remittance incorporates 1 claim payments

Special Handling 99

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
08/31/2014	46WEC AL1637 YMQC 34420	/ N DBA SELL PLUS	$750.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount Paid
Doctor	Payment Reason - Doctor	05/18/2017 05/18/2017	$750.00

Claim Handler: LAIRI ANN CARSON
8664019222 x2307740
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

MAY 26 2017

N/A

Additional Comments:

Issue Date	05/18/2017 ✓	Check Number	127378698 0 ✓	Total Check Amount	$750.00 ✓

Please keep the above information for your records.

114049526

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/07/17	69328

EAMS#(s):
ADJ9856176
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
494C4270772

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: FRANK FELDMAN
P.O. BOX 6569
SCRANTON, PA 18505

Case: vs KELLY SERVICES
Date Of Injury: CT 5/1/14 - 10/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
06/21/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
08/01/16	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
02/09/17	PENALTIES	FOR DATE OF SERVICE 4/26/16	23.48
02/03/17	INTEREST	FOR DATE OF SERVICE 4/26/16	13.51
02/09/17	PENALTIES	FOR DATE OF SERVICE 6/21/16	23.48
02/03/17	INTEREST	FOR DATE OF SERVICE 6/21/16	11.44
02/09/17	PENALTIES	FOR DATE OF SERVICE 8/1/16	23.48
02/03/17	INTEREST	FOR DATE OF SERVICE 8/1/16	9.81
02/03/17	PMT BY CHECK	DOS 4/26/16-8/1/16* # DA77477931	-469.50
03/07/17	COSTS & SANC	COSTS & SANC	694.80
03/02/17	PMT BY CHECK	DOS 4/26/16-8/1/16* # DA77614763	-800.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

PDWLDMCD-001526-01-01-00

ACE PROPERTY AND CASUALTY INSURANCE COMPANY
PO BOX 6569
SCRANTON PA 18505-6569

DATE 02/03/17
CHECK NO. **DA77477931**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00358 DA77477931

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C4270772

DOLLARS
$********469.50

*** NOT NEGOTIABLE ***

Invoice # 69328
Agency Claim # 201501091337191892840 6

FOR
04/26/16 THRU 08/01/16 INTERP LIEN
CLAIMANT

DATE OF EVENT
10/21/14

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.

FILED
FEB 07 2017
BY: .....

PDWLDMCD-001526-01-01-00

BOA18B (07/2016)

DETACH THIS PORTION BEFORE CASHING

ACE PROPERTY AND CASUALTY INSURANCE COMPANY
PO BOX 6569
SCRANTON PA 18505-6569

DATE 03/02/17
CHECK NO. **DA77614763**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00348 DA77614763

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C4270772

DOLLARS
$********800.00

*** NOT NEGOTIABLE ***

Invoice # ADJ9856176
Agency Claim # 201501091337191892840 6

FOR
04/26/16 THRU 08/01/16 LIEN F & F

CLAIMANT

DATE OF EVENT
10/21/14

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.

PAID

HC

3OA18B (07/2016)

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/27/17 65835

EAMS#(s):ADJ9597358
ADJ9604424
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2014241377

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: TO WHOM IT MAY CONCERN
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs HOLIDAY INN
Date Of Injury: 7/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/15	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/14/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA P. CORTEZ # 100533	0.00
10/01/15	PMT BY CHECK	DOS 5/4/15-09/14/15* # 260478861	-563.00
10/15/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/30/15	PMT BY CHECK	DOS 10/15/15* # 260490621	-250.00
03/31/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/16/16	PMT BY CHECK	DOS 3/31/16* # 260566633	-90.00
07/13/16	PENALTIES	FOR DATE OF SERVICE 5/4/15	23.48
10/01/15	INTEREST	FOR DATE OF SERVICE 5/4/15	5.77
07/13/16	PENALTIES	FOR DATE OF SERVICE 6/23/15	37.50
10/01/15	INTEREST	FOR DATE OF SERVICE 6/23/15	8.11
07/13/16	PENALTIES	FOR DATE OF SERVICE 3/31/16	24.00
07/22/16	INTEREST	FOR DATE OF SERVICE 3/31/16	9.85
07/21/16	PMT BY CHECK	DOS 3/31/16* # 260590673	-70.00
07/22/16	PMT BY CHECK	DOS 3/31/16* # 260591144	-90.00
02/27/17	COSTS & SANC	COSTS & SANC	1391.29
02/24/17	PMT BY CHECK	DOS 5/4/15-9/30/15* =# 270093286	-1500.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/27/17	65835

EAMS#(s):ADJ9597358
ADJ9604424
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2014241377

BILL TO:
EMPLOYERS INS (FL - 32036)
W. C. DEPARTMENT
ATTN: TO WHOM IT MAY CONCERN
P.O. BOX 32036
LAKELAND, FL 33802

Case: vs HOLIDAY INN
Date Of Injury: 7/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

Check Number: 260478861
Check Date: 10/01/2015

Claim Number: 2014241377
Injured Employee:

Billed Date: 09/18/2015
Service Period: 05/04/2015 through 09/14/2015
Invoice Number: 65835
Billed Amount: $563.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $563.00

Check Total: **$563.00**

PAID OCT 05 2015

DETACH AND RETAIN THIS STATEMENT

THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

Check Number: 260490621
Check Date: 10/30/2015

Claim Number: 2014241377
Injured Employee:

Billed Date: 10/23/2015
Service Period: 05/04/2015 through 10/15/2015
Invoice Number: 65835
Billed Amount: $250.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $250.00

Check Total: **$250.00**

PAID NOV 0 2 2015

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 35000 Reno, NV 89511-5000

WELLS FARGO BANK 56-382
260566633 412

DATE:05/16/2016

Pay One Thousand Forty Dollars And 00/100

AMOUNT

TO THE ORDER OF:

**********$1,040.00

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 92781-4165

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000
VOID AFTER 6 MONTHS

⑈260566633⑈ ⑆044203824⑆ 963748151 2⑈

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

PAID MAY 18 2016

Check Date:	05/16/2016
Check Number:	260566633
Total Billed:	$9,310.00
Total Paid:	$1,040.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2013211388 60128		UN501303316512	10/26/2015	10/26/2015	950.00	950.00
2014241377 65835		UN501303281516	03/31/2016	03/31/2016	250.00	90.00
2014254048 65135		UN501303317438	01/15/2015	03/23/2016	8,110.00	0.00

The Explanation of Review (EOR) will be sent under separate cover.

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: 260590673
Check Date: 07/21/2016

Claim Number: 2014241377
Injured Employee:

Billed Date:	n/a		
Service Period:	03/31/2016 through 03/31/2016	Account Number:	n/a
Invoice Number:	n/a	Document Number:	n/a
Billed Amount:	$70.00	Paid Amount:	$70.00
Comments:	5811 FEES		

Check Total: **$70.00**

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: 260591144
Check Date: 07/22/2016

Claim Number: 2014241377
Injured Employee:

Billed Date: 07/13/2016
Service Period: 03/31/2016 through 03/31/2016
Invoice Number: ~~68535~~ 65835 - 1
Billed Amount: $90.00
Comments: ADD'L PMT

Account Number: n/a
Document Number: n/a
Paid Amount: $90.00

Check Total: **$90.00**

EMPLOYERS®

Employers Compensation Insurance Company
PO BOX 32036 Lakeland, FL 33802-2036

WELLS FARGO BANK
270093286

56-382
412

DATE:02/24/2017

Pay Three Thousand Dollars And 06/100

AMOUNT

TO THE ORDER OF:

**********$3,000.06

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
Tustin, CA 92781-4165

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000
VOID AFTER 6 MONTHS

⑈270093286⑈ ⑆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 32036 Lakeland, FL 33802-2036

PAID

BY:

Check Date:	02/24/2017
Check Number:	270093286
Total Billed:	$5,623.00
Total Paid:	$3,000.06

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2014241377		UN501304124779	05/04/2015	09/30/2015	1,500.00	1,500.00
2014242742	63934c	UN501304125063	02/14/2017	02/14/2017	3,560.00	1,500.00 EE AM
2015277224	70666	UN501800170339	10/27/2016	12/06/2016	406.50	0.06
2015282652		UN501304075307	10/10/2016	10/10/2016	156.50	0.00

The Explanation of Review (EOR) will be sent under separate cover.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/06/17 71296

EAMS#(s):
ADJ9450304
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080303571

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: IVAN OLISEA
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: _ vs STAFFPOINT LLC
Date Of Injury: CT 4/20/13 - 4/20/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/24/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/13/17	PENALTIES	FOR DATE OF SERVICE 5/24/16	23.48
03/07/17	INTEREST	FOR DATE OF SERVICE 5/24/16	13.61
03/06/17	COSTS & SANC	COSTS & SANC	346.41
02/28/17	PMT BY CHECK	DOS 5/23/15-2/24/17* # 1101149373	-540.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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D

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Ins. Co. of IL

1010064200642

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00642

PAID

BY:

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0303571 001 XG	WC 5714225			08/10/13	05/23/15-02/24/17

Check Number	1101149373	**Date Issued**	02/28/17	**Amount**	$***540.00
Insured	StaffPoint, LLC				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	Ivan Olisea	**Phone Number**	818 227-1700		

#91296

F.F. OK
NDJ

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	540.00		

TOTAL $540.00

MF

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/03/17 62058

EAMS#(s):ADJ9374420
ADJ9374417
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
5395274

BILL TO:
YORK/AVIZENT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: ROSE MEJIA
P.O. BOX 619079
ROSEVILLE, CA 95661-9079

Case: vs EL SUPER
Date Of Injury: 5/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/14	DEPO PREP	@ THE L/O OF SINGER & BENJUME	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
09/29/14	PMT BY CHECK	DOS 5/21/14-7/21/14* # 0000032130	-406.50
12/17/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
02/11/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 62058	0.00
04/11/16	LEGAL_WCAB	TRIAL @ WCAB LONG BEACH (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/29/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
11/10/16	PENALTIES	FOR DATE OF SERVICE 5/21/14	23.48
09/29/14	INTEREST	FOR DATE OF SERVICE 5/21/14	5.67
11/10/16	PENALTIES	FOR DATE OF SERVICE 12/17/14	23.48
11/10/16	INTEREST	FOR DATE OF SERVICE 12/17/14	33.78
11/10/16	PENALTIES	FOR DATE OF SERVICE 2/11/16	23.48
11/10/16	INTEREST	FOR DATE OF SERVICE 2/11/16	14.35
11/10/16	PENALTIES	FOR DATE OF SERVICE 4/11/16	46.95
11/10/16	INTEREST	FOR DATE OF SERVICE 4/11/16	22.39
11/10/16	PENALTIES	FOR DATE OF SERVICE 4/29/16	37.50
11/10/16	INTEREST	FOR DATE OF SERVICE 4/29/16	16.30
11/15/16	PMT BY CHECK	DOS 5/21/14-4/29/16* # 0000024792	-876.00
03/03/17	COSTS & SANC	COSTS & SANC	752.62
02/28/17	PMT BY CHECK	DOS 2/23/17* # 0000029652	-1000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/03/17	62058

EAMS#(s):ADJ9374420
ADJ9374417
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
5395274

BILL TO:
YORK/AVIZENT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: ROSE MEJIA
P.O. BOX 619079
ROSEVILLE, CA 95661-9079

Case: vs EL SUPER
Date Of Injury: 5/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

P9741028001

Matrix Absence Management, Inc.
P.O. Box 779005
Rocklin, CA 95677

20140930160 2

PAID OCT 03 2014

Electronic Service Requested

1 OF 1

ENV 4192

MIXED AADC 926
4192 0.3820 MB 0.432

JOYCE ALTMAN INTERPRETERS 156
PO BOX 4165
TUSTIN, CA 92781-4165

62058

Claim: 3235502 / Accident date: 05/18/2011, Jurisdiction State: California.
Insured: Bodega Latina Corporation DBA El Super, Policy: LDM4043884.

The payment is for Language Interpreter - paid under Expense from 05/21/2014 to 07/21/2014.
Check: 0000032130, issued: 09/29/2014, for: $406.50, for: Expense, Invoice: 62058

To the Order of: Joyce Altman Interpreters
: PO Box 4165
: Tustin, CA 927814165

Please contact Maribel Marstellar, telephone: (866) 560-1447 Ext: 17394 in CA \ Rocklin Rocklin CA, email: MARIBEL.MARSTELLAR@MATRIXCOS.COM, if you have questions regarding this payment.

Claim: 5395274 / Accident date: 02/12/2014, Jurisdiction State: California.
Insured: Bodega Latina Corporation, Policy: LDM4043884.

The payment is for Miscellaneous Expense from 05/21/2014 to 04/29/2016.
Check: 0000024792, issued: 11/15/2016, for: $876.00, for: Expense, Invoice: 62058

To the Order of: JOYCE ALTMAN INTERPRETERS,INC.
: P.O. BOX 4165
: TUSTIN, CA 92781

Please contact Rosa Mejia, telephone: (909) 942-5454 in CA \ Orange Orange CA, email: rosa.mejia@yorkrsg.com, if you have questions regarding this payment.

U.S. Mail

0006758584

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc Client Escrow Account
on Behalf of Safety First Insurance Co-
Bodega Latina Corporation dba El Super
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A
Baton Rouge, LA
84-13/654

Check Number 0000024792
Issue Date: 11/15/2016
VOID After 60 Days

For Expense from 05/21/2014 to 04/29/2016. 62058
Claim: 5395274 / Miscellaneous Expense

$ *******876.00

Eight Hundred Seventy-Six and 00/100 Dollars

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

CHASE

Richard Tabuchi
Authorized Signature

⑈0000024792⑈ ⑆065400137⑆ 068500823⑈

0006924502

Claim: 5395274 / ccident date: 02/12/2014, Jurisdiction State: California.
Insured: Bodega Latina Corporation, Policy: LDM4043884.

The payment is for Miscellaneous Medical from 02/23/2017 to 02/23/2017.
Check: 0000029652, issued: 02/28/2017, for: $1,000.00, for: Medical

62058

To the Order of: JOYCE ALTMAN INTERPRETERS
: PO BOX 4165
: TUSTIN, CA 927814165

Please contact Rosa Mejia, telephone: (909) 942-5454 in CA \ Orange Orange CA, email: rosa.mejia@yorkrsg.com, if you have questions regarding this payment.

F.F ok
NDJ

PAID
MAR 06 2017
BY: Ø

MR

U.S. Mail

0006924502

THIS CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK • HOLD UP TO LIGHT TO VIEW • CHECK CONTAINS VISIBLE AND INVISIBLE FIBERS

York Risk Services Group, Inc

York Risk Services Group, Inc Client Escrow Account
on Behalf of Safety First Insurance Co-
Bodega Latina Corporation dba El Super
1625 West Causeway Approach
Mandeville LA 70471

JPMorgan Chase Bank, N.A.
Baton Rouge, LA
84-13/654

Check Number 0000029652
Issue Date: 02/28/2017
VOID After 60 Days

For Medical from 02/23/2017 to 02/23/2017.
Claim: 5395274 / Miscellaneous Medical

$ *****1,000.00

One Thousand and 00/100 Dollars

Pay To The Order Of
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 927814165

CHASE

Richard Tabuchi
Authorized Signature

⑈0000029652⑈ ⑆065400137⑆ 068500823⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/28/16 40939

EAMS#(s):ADJ9006231 ADJ9006346
ADJ7629025
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1572111

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: CONSTANTIN ROSENBAUER
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs WINDSOR GARDENS OF LONG BEACH
Date Of Injury: 11/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MEDICAL (2.5 HRS)	287.50
/ /	INTERPRETER:	ELENA LOPEZ # 5003289	0.00
12/28/10	INITIAL EXAM	W/ ACUPUNCTURIST ALISA @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS PINEDA # 100755	0.00
01/06/11	EMG TESTING	& NCV BY DR DIJULIO: BIL L/E*	150.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/10/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
01/31/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
03/17/11	INITIAL EXAM	DR GALLONI* GLADYS REYNA # 100755	230.00
04/18/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
04/25/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/21/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
05/27/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/23/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
06/01/11	SURGERY	DR GALLONI-LT KNEE @ MONROVIA HOSP (7H 15M)	652.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
07/25/11	PR2/REEVAL	DR DOMARACKI* VINCENT MEJIA # 500309	180.00
08/16/11	PMT BY CHECK	DOS 12/15/10-7/25/11 # 34746	-3036.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/28/16 40939

EAMS#(s):ADJ9006231 ADJ9006346
ADJ7629025
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Case: vs WINDSOR GARDENS OF LONG BEACH
Date Of Injury: 11/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
09/21/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/12/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/14/11	PR2/REEVAL	DR DOMARACKI* VINCENT MEJIA # 500309	180.00
12/21/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/21/11	PMT BY CHECK	DOS 8/22,9/21,10/12,11/14 # 38525	-720.00
01/25/12	PR2/REEVAL	DR DOMARACKI* (AMENDED DATE) ELENA LOPEZ # 500289	180.00
02/20/12	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
03/14/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/20/12	SURGERY	DR MILLER: SPINAL BLOCK @ MONROVIA HOSP (5.5H)	495.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
04/16/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
05/07/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
06/01/12	PMT BY CHECK	DOS 12/15/10-3/20/12 # 2175026949	-1215.00
05/30/12	PR2/REEVAL	DR DOMARACKI* JASON RAMIREZ # 500371	180.00
06/19/12	EPIDURAL	DR MILLER: #2 L/S @ MONROVIA HOSPITAL (3H)	225.00

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ATTN: CONSTANTIN ROSENBAUER
P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs WINDSOR GARDENS OF LONG BEACH
Date Of Injury: 11/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/11/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
08/08/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
08/30/12	PMT BY CHECK	DOS 2/20/12-7/11/12 # 2015058618	-945.00
10/22/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
11/12/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
11/28/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100821	180.00
01/07/13	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
02/18/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
03/04/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/12/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
07/17/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/26/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/30/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/30/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/11/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00

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P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs WINDSOR GARDENS OF LONG BEACH
Date Of Injury: 11/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/10/14	PRE-OP	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/19/14	SURGERY	DR GALLONI: L/SHOULDER @ MONROVIA HOSPITAL	900.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/26/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/26/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
04/28/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/21/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/23/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/26/14	PR2/REEVAL	DR GALLONI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/23/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/30/14	PR2/REEVAL	DR GALLONI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/08/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/27/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/13/14	PR2/REEVAL	DR GALLONI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/08/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/06/15	LEGAL_WCAB	MSC @ WCAB LB	156.50

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P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs WINDSOR GARDENS OF LONG BEACH
Date Of Injury: 11/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/26/15	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/22/15	SURGERY	DR GALLONI: DE'QUERVAINS @ MONROVIA HOSPITAL	607.50
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026 (6HRS 45M)	0.00
11/10/15	PENALTIES	FOR DATE OF SERVICE 8/8/12	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 8/8/12	67.71
11/10/15	PENALTIES	FOR DATE OF SERVICE 10/22/12	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 10/22/12	63.46
11/10/15	PENALTIES	FOR DATE OF SERVICE 11/12/12	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 11/12/12	62.27
11/10/15	PENALTIES	FOR DATE OF SERVICE 11/28/12	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 11/28/12	61.36
11/10/15	PENALTIES	FOR DATE OF SERVICE 1/7/13	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 1/7/13	59.09
11/10/15	PENALTIES	FOR DATE OF SERVICE 2/18/13	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 2/18/13	56.71
11/10/15	PENALTIES	FOR DATE OF SERVICE 3/4/13	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 3/4/13	55.92
11/10/15	PENALTIES	FOR DATE OF SERVICE 6/12/13	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 6/12/13	50.25
11/10/15	PENALTIES	FOR DATE OF SERVICE 7/17/13	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 7/17/13	48.26
11/10/15	PENALTIES	FOR DATE OF SERVICE 8/26/13	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 8/26/13	45.99
11/10/15	PENALTIES	FOR DATE OF SERVICE 9/30/13	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 9/30/13	40.01
11/10/15	PENALTIES	FOR DATE OF SERVICE 10/30/13	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 10/30/13	42.31

Joyce Altman Interpreters, Inc.
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Date	NO#
09/28/16	40939

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CLEVELAND, OH 44101

Case: vs WINDSOR GARDENS OF LONG BEACH
Date Of Injury: 11/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/15	PENALTIES	FOR DATE OF SERVICE 12/11/13	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 12/11/13	39.93
11/10/15	PENALTIES	FOR DATE OF SERVICE 1/10/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 1/10/14	38.22
11/10/15	PENALTIES	FOR DATE OF SERVICE 2/19/14	135.00
11/10/15	INTEREST	FOR DATE OF SERVICE 2/19/14	179.78
11/10/15	PENALTIES	FOR DATE OF SERVICE 2/26/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 2/26/14	35.56
11/10/15	PENALTIES	FOR DATE OF SERVICE 3/26/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 3/26/14	33.97
11/10/15	PENALTIES	FOR DATE OF SERVICE 4/28/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 4/28/14	29.55
11/10/15	PENALTIES	FOR DATE OF SERVICE 5/21/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 5/21/14	28.24
11/10/15	PENALTIES	FOR DATE OF SERVICE 6/23/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 6/23/14	26.37
11/10/15	PENALTIES	FOR DATE OF SERVICE 6/26/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 6/26/14	26.20
11/10/15	PENALTIES	FOR DATE OF SERVICE 7/23/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 7/23/14	24.67
11/10/15	PENALTIES	FOR DATE OF SERVICE 7/30/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 7/30/14	24.27
11/10/15	PENALTIES	FOR DATE OF SERVICE 9/8/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 9/8/14	22.00
11/10/15	PENALTIES	FOR DATE OF SERVICE 10/27/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 10/27/14	19.23
11/10/15	PENALTIES	FOR DATE OF SERVICE 11/13/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 11/13/14	18.26
11/10/15	PENALTIES	FOR DATE OF SERVICE 12/08/14	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 12/08/14	16.84
11/10/15	PENALTIES	FOR DATE OF SERVICE 7/6/15	23.48

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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P.O. BOX 89404
CLEVELAND, OH 44101

Case: vs WINDSOR GARDENS OF LONG BEACH
Date Of Injury: 11/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/16	INTEREST	FOR DATE OF SERVICE 7/6/15	18.39
11/10/15	PENALTIES	FOR DATE OF SERVICE 1/26/15	27.00
11/10/15	INTEREST	FOR DATE OF SERVICE 1/26/15	16.62
11/10/15	PENALTIES	FOR DATE OF SERVICE 5/22/15	91.13
11/10/15	INTEREST	FOR DATE OF SERVICE 5/22/15	25.27
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/09/16	LEGAL_WCAB	FULL DAY MSC @ WCAB LB	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 (AM)	0.00
/ /	INTERPRETER:	07/01/16JOHANNA JORDAN # 3015	0.00
07/01/16	PENALTIES	FOR DATE OF SERVICE 5/25/11	23.48
08/16/11	INTEREST	FOR DATE OF SERVICE 5/25/11	5.72
08/25/16	PMT BY CHECK	DOS 4/25/11-7/14/15* # 00297162	-600.00
09/01/16	COSTS & SANC	COSTS & SANC	2558.48
09/23/16	PMT BY CHECK	DOS 12/15/10* # 00313211	-11180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Emg / surgery

MR

WORKERS COMPENSATION ACCOUNT

Check No.
34746

FOR THE BENEFIT OF TOWER SELECT INSURANCE CO.

PAID

PEGASUS RISK MANAGEMENT
Workers' Compensation Account

P.O. Box 5038
Modesto CA 95352-5038
(209)574-2800

Company Name:
WINDSOR CARE CENTER dba SNF MANAGEMENT

Department/Location:
WINDSOR GARDENS OF LONG BEACH

Claimant Name: J
Claim No: 09TS0850
Date of Injury: 11/05/2009
Social Security No: X
Examiner ID: RAR

Service Dates: 12/15/2010 - 07/25/2011
Payment Type: Interpreter
Comments: INTERP AT MULTIPLE APPOINTMENTS
Invoice No: 40939
Invoice Comments:

Check Date: 08/16/2011
Amount: 3,036.50
Invoice Date:

ENDORSEMENT CONSTITUTES UNDERSTANDING OF BELOW WARNING

WARNING: Acceptance of employment with a different employer that requires the performance of activities you have stated that you cannot perform because of the injury for which you are receiving temporary disability benefits could constitute fraud and could result in criminal prosecution. If convicted, you could loose your rights to workers' compensation benefits and face imprisonment for up to five years and a fine of up to one hundred fifty thousand dollars ($150,000) or double the amount of the fraud, whichever is greater.

ADVERTENCIA: El aceptar empleo con un patrón distinto, que necesite que usted realize actividades que usted ha dicho que no puede hacer por causa de una lesión, por la cual está recibiendo beneficios de incapacidad temporal, puede ser considerado un fraude; lo cual causaría la iniciación de una acción legal en contra de usted. Si es declarado culpable, usted puede perder sus derechos a recibir beneficios de compensación al trabajador, puede ser encarcelado por hasta cinco años, y multado hasta ciento cincuenta mil dólares ($150,000) o el doble del valor del fraude, o la cifra que sea mayor.

WORKERS COMPENSATION ACCOUNT

Check No.
38525

FOR THE
BENEFIT OF
TOWER SELECT
INSURANCE CO.

PEGASUS
RISK MANAGEMENT
Workers' Compensation Account

P.O. Box 5038
Modesto CA 95352-5038
(209)574-2800

Company Name:
WINDSOR CARE CENTER dba SNF MANAGEMENT

Department/Location:
WINDSOR GARDENS OF LONG BEACH

Claimant Name:
Claim No: 09TS0850
Date of Injury: 11/05/2009
Social Security No:
Examiner ID: KAK

Service Dates: 08/22/2011 - 11/14/2011
Payment Type: Interpreter
Comments: APPTS ON 8/22/11, 9/21/11, 10/12/11, 11/14/11
Invoice No: 40939
Invoice Comments:

Check Date: 12/21/2011
Amount: 720.00
Invoice Date:

PAID

ENDORSEMENT CONSTITUTES UNDERSTANDING OF BELOW WARNING

WARNING: Acceptance of employment with a different employer that requires the performance of activities you have stated that you cannot perform because of the injury for which you are receiving temporary disability benefits could constitute fraud and could result in criminal prosecution. If convicted, you could loose your rights to workers' compensation benefits and face imprisonment for up to five years and a fine of up to one hundred fifty thousand dollars ($150,000) or double the amount of the fraud, whichever is greater.

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FM #8009080 092010
8009080

TICNYCLPCA

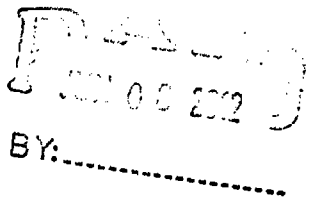


Member Company
Tower Select Insurance Company
120 Broadway, 31st Floor
New York, NY 10271

Check Number: 2175026949
Date: 06/01/2012
Amount: 1,215.00

385

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781-4165



Claim Number 111W12134330
Joyce Altman Interpreters

Claim#	Invoice#	FromDate	To Date	Insured Name	Claimant Name	Amount
111W12134330	40939	12/15/10	03/20/12	SNF MANAGEMENT		1,215.00

FM #6009080 092010

TICNYTWSCA

E

TOWER GROUP COMPANIES

Member Company
Tower Select Insurance Company
120 Broadway, 31st Floor
New York, NY 10271

Check Number: 2015058618
Date: 8/30/2012
Amount: $945.00

000 0002284 00000000 001 002 00910 INS: 0 0

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781-4165

910

PAID
SEP 04 2012
BY:.....

Claim Number 111W12134330
Joyce Altman Interpreters

Claim#	Invoice#	FromDate	To Date	Insured Name	Claimant Name	Amount
Inv Date	Reason					
111W12134330	40939	07/11/12	07/11/12	SNF MANAGEMENT	-	945.00

REMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

AMTRUST NORTH AMERICA, INC.-TOWER CLAIMS
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP MORGAN CHASE
NY
50-937/213

CHECK NO.
00297162
1572111-1
WCC7007066

DATE	AMOUNT
8/25/2016	$600.00

PAY Six Hundred 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

⑈00297162⑈ ⑆021000021⑆ 639993851⑈

Check Number	00297162
Claim Number:	1572111-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	WCC7007066/SNF MANAGEMENT C/O WALT ROBINSON
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	11/5/2009
Location:	CENTER OF NORTH LONG BEACH 260 E MARKET ST LONG BEACH CA CA 90806 -
Examiner Code:	crosenbauer

40939 = 1

Amount:	$600.00
Dates of Service:	4/25/2011-7/14/2015
Explanation:	Payment
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

AMTRUST NORTH AMERICA, INC.-TOWER CLAIMS
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

THIS CHECK IS VOID WITHOUT A BLUE & BURGUNDY BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

AMTRUST NORTH AMERICA, INC.-TOWER CLAIMS
P.O. BOX 740042
ATLANTA, GA 30374-0042

JP MORGAN CHASE
NY
50-937/213

CHECK NO.
00313211
1572111-1
WCC7007066

DATE	AMOUNT
9/23/2016	$11,180.00

PAY Eleven Thousand One Hundred Eighty and 0/100$ Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS INC

Requires 2 Signatures Over $9,999.00

Mail To

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

SIGNATURE HAS COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00313211⑈ ⑆021000021⑆ 639993851⑈

Explanation Of Bill Review

Check Number	00313211	AMTRUST NORTH AMERICA, INC.-TOWER CLAIMS	
Claim Number:	1572111-1	AmTrust North America	
Regulatory ID:		P O Box 89404	
Bill Number:	9579389	Cleveland, OH 44101	
Invoice Number:	FP1-MJCA-375028	212-655-2000	
Policy / Insured:	WCC7007066/SNF MANAGEMENT	C/O WALT ROBINSON	
Claimant Name:			
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC		
Loss Date:	11/5/2009	FP1-MJCA-375028	
Location:	CENTER OF NORTH LONG BEACH 260 E MARKET ST LONG BEACH CA CA 90806 -		
Examiner Code:	crosenbauer		
Network/PPO Network:			

F.F. LA

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
12/15/2010	MDS10	SETTLEMENT FOR DISPUTE	1.00	11180.00	0.00	0.00	11180.00	
				11180.00	0.00	0.00	11180.00	

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual providers agreement with the preferred provider organization. PURSUANT TO CA LABOR CODE SECTION 9792.5.1 - YOU MAY REGISTER FOR ELECTRONIC BILL SUBMISSION BY REGISTERING WITH OPTUM AT HTTPS://WCC.INGENIX.COM AND CHOOSE REQUEST AN ACCOUNT

Reconsiderations and or appeals need to be submitted to the carrier listed above and to Mitchell International 14295 Midway Road Suite 300, Addison, Tx 75001

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL Mitchell International AT 888-380-5616.

MR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/07/17 61644

EAMS#(s):
ADJ9429980
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6335083A01686

BILL TO:
INTERCARE INS (ORANGE)
W. C. DEPARTMENT
ATTN: DEBORAH NICHOLAI
P.O. BOX # 14243
ORANGE, CA 92863-4243

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 10/9/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/14	INITIAL EXAM	-DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/08/14	INITIAL EXAM	-DR MIRZABEIGI @ ADV CARE*	230.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
04/18/14	F.C.E. TEST	-FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/24/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
05/13/14	PR2/REEVAL	-DR MIRZABEIGI @ ADV CARE*	180.00
/ /	INTERPRETER:	PATY PAREDES NAVA # 101026	0.00
05/28/14	F/U CHIRO TX	-CHIRO TREATMENT @ ADVANCE CARE W/DR BAHAN*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/03/14	F/U CHIRO TX	-CHIRO TREATMENT @ ACS W DR BAHAN*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/10/14	F/U CHIRO TX	-CHIRO TX W/DR BAHAN & -PR-2 W/DR MIRZABEIGI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341 DOS AMENDED	0.00
/ /	INTERPRETER:	SEAN CRIST # 500186	0.00
06/17/14	PR2/REEVAL	-DR BAHAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/24/14	F/U CHIRO TX	-CHIRO TREATMENT W/DR GHODS @ ADVANCE CARE*	90.00
/ /	INTERPRETER:	ALBERTO BILLAGOMEZ # 500341	0.00
07/03/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/08/14	PR2/REEVAL	-DR MIRZABEIGI @ ADV CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/07/17	61644

EAMS#(s):
ADJ9429980
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6335083A01686

BILL TO:
INTERCARE INS (ORANGE)
W. C. DEPARTMENT
ATTN: DEBORAH NICHOLAI
P.O. BOX # 14243
ORANGE, CA 92863-4243

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 10/9/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/14	F/U CHIRO TX	CHIRO TX W/DR BAHAN @ ACS*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/05/14	INITIAL EXAM	-DR WADE/SCHILLINGS & PR2 W/DR BAHAN (2H 20M)	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301321	0.00
08/26/14	F/U CHIRO TX	S. TALANCON # 100802 -CHIRO TREATMENT @ ADVANCE CARE W/DR BAHAN*	90.00
/ /	INTERPRETER:	AMALIA SILVESTRI # 301467	0.00
08/14/14	PR2/REEVAL	-DR HIGASHI @ ADVANCE CARE (4HRS 15MIN)	382.50
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
09/02/15	LIEN FIL FEE	LIEN FILING FEE	150.00
12/02/15	PENALTIES	FOR DATE OF SERVICE 3/27/14	34.50
03/15/17	INTEREST	FOR DATE OF SERVICE 3/27/14	72.10
12/02/15	PENALTIES	FOR DATE OF SERVICE 4/8/14	34.50
03/15/17	INTEREST	FOR DATE OF SERVICE 4/8/14	72.10
12/02/15	PENALTIES	FOR DATE OF SERVICE 4/18/14	22.50
03/15/17	INTEREST	FOR DATE OF SERVICE 4/18/14	47.02
12/02/15	PENALTIES	FOR DATE OF SERVICE 4/24/14	27.00
03/15/17	INTEREST	FOR DATE OF SERVICE 4/24/14	56.43
12/02/15	PENALTIES	FOR DATE OF SERVICE 5/13/14	27.00
03/15/17	INTEREST	FOR DATE OF SERVICE 5/13/14	56.26
12/02/15	PENALTIES	FOR DATE OF SERVICE 5/28/14	13.50
03/15/17	INTEREST	FOR DATE OF SERVICE 5/28/14	27.79
12/02/15	PENALTIES	FOR DATE OF SERVICE 6/3/14	13.50
03/15/17	INTEREST	FOR DATE OF SERVICE 6/3/14	27.56
12/02/15	PENALTIES	FOR DATE OF SERVICE 6/10/14	27.00
03/15/17	INTEREST	FOR DATE OF SERVICE 6/10/14	53.93
12/02/15	PENALTIES	FOR DATE OF SERVICE 6/17/14	27.00
03/15/17	INTEREST	FOR DATE OF SERVICE 6/17/14	53.88

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/07/17	61644

EAMS#(s):
ADJ9429980
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6335083A01686

BILL TO:
INTERCARE INS (ORANGE)
W. C. DEPARTMENT
ATTN: DEBORAH NICHOLAI
P.O. BOX # 14243
ORANGE, CA 92863-4243

Case: vs CONSOLIDATED STAFFING SOLUTION
Date Of Injury: 10/9/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/02/15	PENALTIES	FOR DATE OF SERVICE 6/24/14	13.50
03/15/17	INTEREST	FOR DATE OF SERVICE 6/24/14	26.71
12/02/15	PENALTIES	FOR DATE OF SERVICE 7/3/14	27.00
03/15/17	INTEREST	FOR DATE OF SERVICE 7/3/14	53.14
12/02/15	PENALTIES	FOR DATE OF SERVICE 7/8/14	27.00
03/15/17	INTEREST	FOR DATE OF SERVICE 7/8/14	53.03
12/02/15	PENALTIES	FOR DATE OF SERVICE 7/29/14	13.50
03/15/17	INTEREST	FOR DATE OF SERVICE 7/29/14	26.03
12/02/15	PENALTIES	FOR DATE OF SERVICE 8/5/14	33.75
03/15/17	INTEREST	FOR DATE OF SERVICE 8/5/14	64.30
12/02/15	PENALTIES	FOR DATE OF SERVICE 8/26/14	13.50
03/15/17	INTEREST	FOR DATE OF SERVICE 8/26/14	24.98
12/02/15	PENALTIES	FOR DATE OF SERVICE 8/14/14	57.38
03/15/17	INTEREST	FOR DATE OF SERVICE 8/14/14	105.93
02/24/17	PMT BY CHECK	DOS 8/26/14* # 3198987	-4000.00
03/07/17	BLCE OFF SET	BALANCE OFF SET	-135.82

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

201702280119

Electronic Service Requested

ALL FOR AADC 926
12541 0.3820 AB 0.400

Joyce Altman Interpeters 166
PO BOX 4165
TUSTIN, CA 92781-4165

Payee: Joyce Altman Interpeters
Company Name: Sussex Insurance
Facility: Consolidated Staffing Solution
Policy ID: CPCA17614
IRS/SSN: XXXXX
Administrator: SPOPE
Claim #: 6335-083-A01686-1
Account #:
Check #: 3198987
Check Total: $4,000.00
Check Date: 02/27/2017
Injury Date: 10/09/2013
From/Through Date: 08/26/14-08/26/14
Claimant Name:
Invoice #:
Description: Medical Lien Payment
Document #: PAL91CA85195
Primary ICD-9: 959.9
Received Date: 02/17/2017
Reviewed Date: 02/24/2017
PPO Name:
Pharmacy #:
DRG Code:

1 OF 1
ENV 12541

61644

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	08/26/14-08/26/14 SETTLEMENT FOR DISPUTE	MDS10	001	4,000.00	MDS10	4,000.00	0.00	4,000.00	MCA-961
	Totals:			4,000.00		4,000.00	0.00	4,000.00	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

Paladin Managed Care Services 1100 W. Town & Country Rd Ste., 1500 Orange, CA 92868
MCA- ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.

F.F. OK
NDJ

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/07/17	64902

EAMS#(s):
ADJ9709930
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2080298108

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: GEORGE ALCANTAR
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs THE TERMINIX INTERNATIONAL
Date Of Injury: 1/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/15	LEGAL_PREP	DEPO PREP @ L/O FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
03/04/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/14/15	LEGAL_PREP	DEPO PREP @ L/O FLOYD, SKEREN & KELLY VOL. II	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
08/21/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/28/17	PENALTIES	FOR DATE OF SERVICE 2/6/15	23.48
02/28/17	INTEREST	FOR DATE OF SERVICE 2/6/15	34.86
02/28/17	PENALTIES	FOR DATE OF SERVICE 3/4/15	37.50
02/28/17	INTEREST	FOR DATE OF SERVICE 3/4/15	55.69
02/28/17	PENALTIES	FOR DATE OF SERVICE 7/14/15	23.48
02/28/17	INTEREST	FOR DATE OF SERVICE 7/14/15	29.83
02/28/17	PENALTIES	FOR DATE OF SERVICE 8/21/15	37.50
02/28/17	INTEREST	FOR DATE OF SERVICE 8/21/15	44.98
03/03/17	PMT BY CHECK	DOS 2/6/15-8/21/15* # 1101154621	-1100.32

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/07/17 64902

EAMS#(s):
ADJ9709930
SS # : XXX-X
DOB :
Terms: 60 days
Claim #(s):
2080298108

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: GEORGE ALCANTAR
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs THE TERMINIX INTERNATIONAL
Date Of Injury: 1/16/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

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.

Visit **enrollments.zurichna.com** to enroll in electronic payments.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

00890

64902

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0311628 001 B0	WC 2938654			10/10/14	02/06/15-08/21/15

Check Number	1101154621	**Date Issued**	03/03/17	**Amount**	$**1,100.32
Insured	The Terminix International Company Limited Partners				
Claimant					
Nature of Payment	FULL&FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Munna CG-Noorbai				
File Supervisor	George Alcantar	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,100.32		
TOTAL	**$1100.32**		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/20/16 22084

EAMS#(s):
ADJ3309126
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06388T508129

BILL TO:
CANNON COCHRAN MGMT SVCS (CON)
W. C. DEPARTMENT
ATTN: Debbie Ancona
1800 SUTTER ST STE 460
CONCORD, CA 94520

Case: vs TAORMINA INDUSTRIES
Date Of Injury: 2/17/06

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/06	FOLLOW-UP	DR PAYANDEH*	180.00
06/22/06	EMG TESTING	REF BY DR BEHZAD:L/E*	150.00
11/16/06	FOLLOW-UP	DR PAYANDEH*	180.00
11/21/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
11/21/06	DEPOSITION	@ THE L/O OF DENNIS FUSI	200.00
01/03/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/07/06	FOLLOW-UP	DR PAYANDEH*	180.00
07/06/15	PENALTIES	FOR DATE OF SERVICE 6/22/06	22.50
08/12/15	INTEREST	FOR DATE OF SERVICE 6/22/06	181.25
07/06/15	PENALTIES	FOR DATE OF SERVICE 11/21/06	22.05
06/09/16	INTEREST	FOR DATE OF SERVICE 11/21/06	162.01
07/06/15	PENALTIES	FOR DATE OF SERVICE 11/21/06	30.00
06/09/16	INTEREST	FOR DATE OF SERVICE 11/21/06	220.42
07/06/15	PENALTIES	FOR DATE OF SERVICE 1/3/07	37.50
06/09/16	INTEREST	FOR DATE OF SERVICE 1/3/07	275.53
07/06/15	PENALTIES	FOR DATE OF SERVICE 6/1/06	27.00
08/12/15	INTEREST	FOR DATE OF SERVICE 6/1/06	181.25
07/06/15	PENALTIES	FOR DATE OF SERVICE 11/16/06	27.00
08/12/15	INTEREST	FOR DATE OF SERVICE 11/16/06	181.25
07/06/15	PENALTIES	FOR DATE OF SERVICE 12/07/06	27.00
08/12/15	INTEREST	FOR DATE OF SERVICE 12/07/06	180.06
11/16/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
06/17/16	PMT BY CHECK	DOS 2/17/06* # 101021532	-2800.00
06/20/16	BLCE OFF SET	BALANCE OFF SET	-161.82

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/20/16	22084

EAMS#(s):
ADJ3309126
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06388T508129

BILL TO:
CANNON COCHRAN MGMT SVCS (CON)
W. C. DEPARTMENT
ATTN: Debbie Ancona
1800 SUTTER ST STE 460
CONCORD, CA 94520

Case: vs TAORMINA INDUSTRIES
Date Of Injury: 2/17/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

CCMSI o/b/o REPUBLIC SERVICES, INC.
2 EAST MAIN STREET, SUITE 208
DANVILLE, IL 61832

BANK OF AMERICA
CHICAGO, IL 60603

2-3/710 IL

Check Number 101021532

Date: 06/17/2016
Batch #: 300837269

Amount

$****2,800.00

Amount: TWO THOUSAND EIGHT HUNDRED 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 D. Golden

⑈101021532⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
02/17/2006		06388T508129	2,800.00	0.00	2,800.00	FULL AND FINAL SATISFACTIO L DATES OF SERVICE	LMURDOC

22084

F.F. OK

LA

PAID JUN 20 2016

MR

atch #: 300837269
Check Number 101021532

Check Amount $****2,800.00

Loc:3876200 RWS OF S. CA - ANAHEIM

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/12/16	31713

EAMS#(s):LBO0396145
ADJ1784635
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710457994

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: ALICIA TIMMIAS
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs COLLINS BUILDERS COMPANY
Date Of Injury: 11/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/08	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
11/04/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
03/05/09	PENALTIES	FOR DATE OF SERVICE 9/22/08	23.48
07/21/16	INTEREST	FOR DATE OF SERVICE 9/22/08	139.74
03/05/09	PENALTIES	FOR DATE OF SERVICE 11/4/08	37.50
07/21/16	INTEREST	FOR DATE OF SERVICE 11/4/08	221.26
04/09/09	WCAB LB	EXP. HEARING	156.50
06/11/09	WCAB LB	EXP. TRIAL	156.50
01/05/10	WCAB LB	EXP. HEARING	156.50
06/29/10	PENALTIES	FOR DATE OF SERVICE 04/09/09	23.48
07/21/16	INTEREST	FOR DATE OF SERVICE 04/09/09	131.60
06/29/10	PENALTIES	FOR DATE OF SERVICE 06/11/09	23.48
07/21/16	INTEREST	FOR DATE OF SERVICE 06/11/09	128.50
06/29/10	PENALTIES	FOR DATE OF SERVICE 01/05/10	23.48
07/21/16	INTEREST	FOR DATE OF SERVICE 01/05/10	117.01
05/27/11	DIAGN STUDY	UGI REF BY DR MARSHAK*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/07/11	MRI	REF BY DR RAJAGOPALAN: C/S, L/S (2.5 HRS)	187.50
/ /	INTERPRETER:	ODALYS DOMINGUEZ # 500014	0.00
10/06/12	MRI	REF BY DR ROSEN: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
08/08/16	COSTS & SANC	COSTS & SANC	1000.00
08/09/16	PMT BY CHECK	DOS 8/8/16* # 30908823	-3333.03

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/12/16	31713

EAMS#(s):LBO0396145
ADJ1784635
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
710457994

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W. C. DEPARTMENT
ATTN: ALICIA TIMMIAS
P.O. BOX # 25977
SHAWNEE MISSION, KS 66225

Case: vs COLLINS BUILDERS COMPANY
Date Of Injury: 11/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

American International Group, Inc.
PO Box 25565
Shawnee Mission, KS 66225

[redacted]

201608091605

Electronic Service Requested

1 OF 1

ENV 2087

MIXED AADC 926
2087 0.3820 MB 0.416

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

153

Check No.: 30908823
RFP No.: 821766
Check Date: 08/09/2016
Check Amount: 3,333.03
Insured: COLLINS BUILDERS

Claimant:

Claim Office: 710
Insuring Company: GRANITE STATE INSURANCE COMPANY

Payee Name: JOYCE ALTMAN INTERPRETERS INC

P

PAID AUG 12 2016

31713

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000000838972	00457994	001	11/08/2007	MED	O	3,333.03
				Total Amount		3,333.03

Reason for Payment
PER STIP AGREEMENT-FULL & FINAL SATISFACTION

F.F.

QA

MR

Use File # 710/00457994 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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/25/16 59702

EAMS#(s):ADJ8819615
ADJ8265433; 8284520
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
ESB2661;EPH3978; EUJ6154

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: JIL CASPERITE
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: . vs SAN GABRIEL TRANSIT
Date Of Injury: 5/1/08; 10/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/13	DEPO PREP	@ THE L/O OF DENNIS FUSI DOI: (5/1/08)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/24/13	WCAB LB	MSC - CARMEN GUZMAN # 100585 DOI: (10/3/11)	156.50
10/10/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP DOI: (5/1/08)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/12/13	PMT BY CHECK	DOS 9/11/13-10/10/13 # 900A 26695907	-313.00
03/03/14	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761 DOI: (5/1/08)	0.00
03/20/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761 DOI:10/3/11;11/16/12	0.00
08/31/15	PMT BY CHECK	DOS 09/11/13-03/20/14* # 896D 86535993	-246.56
09/11/15	PENALTIES	FOR DATE OF SERVICE 10/10/13	37.50
09/11/15	INTEREST	FOR DATE OF SERVICE 10/10/13	55.92
09/11/15	PENALTIES	FOR DATE OF SERVICE 3/3/14	23.48
09/11/15	INTEREST	FOR DATE OF SERVICE 3/3/14	27.07
09/11/15	PENALTIES	FOR DATE OF SERVICE 3/20/14	37.50
09/11/15	INTEREST	FOR DATE OF SERVICE 3/20/14	42.06
10/08/15	LEGAL_WCAB	MSC @ WCAB LBO DOI: 5/1/08; 10/3/11	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/27/15	PMT BY CHECK	DOS 10/8/15* # 896D 86806424	-156.56
12/29/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/25/16 59702

EAMS#(s):ADJ8819615
ADJ8265433; 8284520
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
ESB2661;EPH3978; EUJ6154

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W. C. DEPARTMENT
ATTN: JIL CASPERITE
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: [redacted] vs SAN GABRIEL TRANSIT
Date Of Injury: 5/1/08; 10/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/29/16	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/19/16	PMT BY CHECK	DOS 9/11/13-3/29/16*	-946.41
		# 896D 87633590	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

019025

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09441

900A 26695907

TRAVELERS

DATE: 11/12/13
LOSS DATE: 10/03/11
FILE NUMBER: 152 CB EPH3978 F

EMPLOYEE

ACCOUNT NAME:
SOUTHLAND TRANSIT INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL EXPENSE
FROM: 09/11/2013 TO: 09/24/2013

WEEKLY COMPENSATION RATE: $311.30
TOTAL PAID: $313.00
TAX INFO: 330956713547893 9Y
PAY MISC: 59702
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID NOV 18 2013

FOR ADDITIONAL INFORMATION, CONTACT: JILL CASPERITE AT (909)612-3168

316009584
DETACH CHECK

UNSUMM
OVRPDNS2:121295
DETACH CHECK

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA07156

896D 86535993

TRAVELERS

DATE: 08/31/15
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

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 ELW2620T	07/29/15	$ ~~485.00~~		42755
	152 CB EPH3978F	09/11/13 - 03/20/14	$ 246.56		58702
		PAID			
		Total Amount Paid	$******731.56		

3007262
DETACH CHECK

SUMM OVRPSUM2-021508

DETACH CHECK

018917

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA09411

896D 86806424

TRAVELERS

DATE: 10/27/15
LOSS DATE: 10/03/11
FILE NUMBER: 152 CB EPH3978 F

EMPLOYEE

ACCOUNT NAME:
SOUTHLAND TRANSIT 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: 10/08/2015

TOTAL PAID: $156.56
TAX INFO: 330956713547893 9Y
PAY MISC: 59702
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID NOV 02 2015

FOR ADDITIONAL INFORMATION, CONTACT: JILL CASPERITE AT (909)612-3168

300009506
DETACH CHECK

UVAPUN32-111311
DETACH CHECK

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SA09533

896D 87633590

TRAVELERS

DATE: 04/19/16
LOSS DATE: 10/03/11
FILE NUMBER: 152 CB EPH3978 F

EMPLOYEE

ACCOUNT NAME:
SOUTHLAND TRANSIT INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 09/11/2013 TO: 03/29/2016

TOTAL PAID: $946.41
TAX INFO: 330956713596647 9Y
PAY MISC: 59702
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

A

PAID APR 25 2016

MP

FOR ADDITIONAL INFORMATION, CONTACT: JILL CASPERITE AT (909)612-3168

10009651
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

018866

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 87798928

TRAVELERS

DATE: 05/24/16
LOSS DATE: 11/16/12
FILE NUMBER: 152 CB EUJ6154 J

EMPLOYEE

JOYCE ALTMAN INTERPRETERS, INC
PO BOX 4165
TUSTIN, CA 92781

ACCOUNT NAME:
SOUTHLAND TRANSIT INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 5/9/2016

TOTAL PAID: $156.50
TAX INFO: 330956713 Y C
PAY MISC: 59702
PAYEE:
JOYCE ALTMAN INTERPRETERS, INC

PAID MAY 31 2016

FOR ADDITIONAL INFORMATION, CONTACT: JILL CASPERITE AT (909)612-3168

145009490
DETACH CHECK

UVRPUNS2-111311
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/04/16 63346

EAMS#(s):ADJ9525116
ADJ9525233
SS # :
DOB :
Terms : 45 days
Claim #(s):
004356-000645-WC01

BILL TO:
GALLAGHER BASSETT (CORONA)
W. C. DEPARTMENT
ATTN: KIRSTA THOMASTON
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs AGC FIELD OPERATION
Date Of Injury: 5/2/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/12/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/16/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/31/14	PMT BY CHECK	DOS 10/14/14* # 0113708859	-156.50
09/30/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/19/16	PENALTIES	FOR DATE OF SERVICE 9/16/14	37.50
01/29/16	INTEREST	FOR DATE OF SERVICE 9/16/14	38.52
01/19/16	PENALTIES	FOR DATE OF SERVICE 9/30/15	23.48
01/29/16	INTEREST	FOR DATE OF SERVICE 9/30/15	6.85
01/29/16	PMT BY CHECK	DOS 9/16/14-9/30/15* # 0125261245	-406.50
02/16/16	PMT BY CHECK	DOS 9/16/14-9/30/15* # 0125695011	-106.73
02/22/16	PEN & INT	PENT & INT	0.38
05/05/16	PMT BY CHECK	DOS 5/4/16* # 0127736637	-750.00
05/10/16	COSTS & SANC	COSTS	750.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

004356 PAGE 1 OF 1 004961

MDG2009 00006266 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 FEDERAL INS

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

CLAIM NO.: 004356 000645 WC 01 (154-70)
CLAIMANT:
DESCRIPTION: INV 63346

DATES OF SERVICE: 14Oct14 **THRU** 14Oct14
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 02May14

NO.: 0113708859
VN: 0000049267
DATE: 31Oct14
AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006266 006952 001 002

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

004356 PAGE 1 OF 1 010533

MDG2009 00008659 1 MB 0439 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID FEB 02 2016

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INS

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

**

CLAIM NO.: 004356 000647 WC 01 (154)
CLAIMANT:
DESCRIPTION: DOS 09-16-14; 09-30-15

DATES OF SERVICE: 16Sep14 THRU 30Sep15
BENEFIT PERIOD: THRU

BRANCH NO.: 170
ACC DATE: 28May14

NO.: 0125261245
VN: 0000064115
DATE: 29Jan16
AMOUNT: 406.50

6336

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008659 009520 001 001

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

0102180 01 RE 0.436 **AUTO T7 0 1531 92781 -P02182

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID FEB 22 2016

DIRECT INQUIRIES TO:

PHONE: 1-866-855-0230
GALLAGHER BASSETT - CORON
P.O BOX 6900
CORONA CA 92880-2006

GALLAGHER BASSETT SERVICES INC FOR FEDERAL INS

CLAIM NO. 004356 000645 WC 01

CLAIMANT: 63346

DESCRIPTION: FULL/FINAL SATISFACTION

DATE OF SERVICE: 16-Sep-2014 TO 30-Sep-2015

BRANCH NO. 170

ACC. DATE 02-May-2014

CHECK NO. 0125695011

VN. 0000064570

DATE: 16-Feb-2016

PAYMENT AMOUNT: $106.73

RE0102180-0001_of_0001 1531-0002398 (G26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0125695011 ATTACHED BELOW

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

0102356 01 RE 0.416 **AUTO T7 2 1588 92781 -P02358

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID MAY 09 2016

DIRECT INQUIRIES TO:

PHONE: 1-866-855-0230
GALLAGHER BASSETT - CORON
P.O BOX 6900
CORONA CA 92880-2006

GALLAGHER BASSETT SERVICES INC FOR FEDERAL INS

CLAIM NO. 004356 000647 WC 01

BRANCH NO. 170

CHECK NO. 0127736637

CLAIMANT:

ACC. DATE 28-May-2014

VN. 0000066932

DESCRIPTION: FULL/FINAL SATISFACTION PER STIP/ORDER 05-04-16

DATE: 05-May-2016

DATE OF SERVICE: 04-May-2016 TO 04-May-2016

PAYMENT AMOUNT: $750.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0127736637 ATTACHED BELOW

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/05/16 53062

EAMS#(s):
ADJ8361706
SS # :
DOB :
Terms : 45 days
Claim #(s):
30120359254

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: HEIDI KARRIKER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs McDONALDS
Date Of Injury: 2/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/01/12	INITIAL EXAM	DR OPOKU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS ALEJANDRO CASTILLO # 500358	0.00
05/22/12	PR2/REEVAL	DR OPOKU @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS ALEJANDRO CASTILLO # 500358	0.00
07/03/12	PR2/REEVAL	DR OPOKU* SEAN CRIST # 500186	180.00
08/07/12	PR2/REEVAL	DR OPOKU (3HRS 10MIN)	292.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/18/12	PR2/REEVAL	DR OPOKU* JESUS CASTILLO # 500358	180.00
11/27/12	PR2/REEVAL	DR OPOKU* JASON RAMIREZ # 500371	180.00
01/15/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/04/13	PRP	PLATELET RICH PLASMA THERAPY W/DR DOLPRAT*	90.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
02/19/13	PR2/REEVAL	DR HIGASHI* JESUS CASTILLO # 500358	180.00
03/26/13	PR2/REEVAL	DR HIGASHI* JESUS CASTILLO # 500358	180.00
04/09/13	INITIAL EXAM	DR SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
04/17/13	PR2/REEVAL	DR JACKSON-SCOTT @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/30/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/11/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/05/16 53062

EAMS#(s):
ADJ8361706
SS # :
DOB :
Terms : 45 days
Claim #(s):
30120359254

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: HEIDI KARRIKER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs McDONALDS
Date Of Injury: 2/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/23/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/21/13	PR2/REEVAL	DR JACKSON-SCOTT @ ASC*	180.00
/ /	INTERPRETER:	PATRICIA HAYES # 500287	0.00
08/27/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/08/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/19/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/27/13	INITIAL EXAM	DR MASSIHI, DPM @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/28/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/29/14	PR2/REEVAL	DR JACKSON-SCOTT @ ACS*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/31/14	PR2/REEVAL	DR MASSIHI @ ACS*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/04/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/26/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/01/14	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/04/14	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/30/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/06/14	P AND S	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	BENELLY CURIOSO # 100538	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/05/16 53062

EAMS#(s):
ADJ8361706
SS # :
DOB :
Terms : 45 days
Claim #(s):
30120359254

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: HEIDI KARRIKER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs McDONALDS
Date Of Injury: 2/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/28/14	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
07/23/14	PR2/REEVAL	DR MIRZABEIGI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
04/13/16	PENALTIES	FOR DATE OF SERVICE 5/01/12	34.50
04/13/16	INTEREST	FOR DATE OF SERVICE 5/01/12	94.86
04/13/16	PENALTIES	FOR DATE OF SERVICE 5/22/12	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 5/22/12	74.24
04/13/16	PENALTIES	FOR DATE OF SERVICE 7/03/12	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 7/03/12	74.24
04/13/16	PENALTIES	FOR DATE OF SERVICE 8/07/12	43.88
04/13/16	INTEREST	FOR DATE OF SERVICE 8/07/12	120.63
04/13/16	PENALTIES	FOR DATE OF SERVICE 9/18/12	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 9/18/12	74.18
04/13/16	PENALTIES	FOR DATE OF SERVICE 11/27/12	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 11/27/12	70.21
04/13/16	PENALTIES	FOR DATE OF SERVICE 1/15/13	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 1/15/13	67.43
04/13/16	PENALTIES	FOR DATE OF SERVICE 1/04/13	13.50
04/13/16	INTEREST	FOR DATE OF SERVICE 1/04/13	34.03
04/13/16	PENALTIES	FOR DATE OF SERVICE 2/19/13	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 2/19/13	65.45
04/13/16	PENALTIES	FOR DATE OF SERVICE 3/26/13	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 3/26/13	63.46
04/13/16	PENALTIES	FOR DATE OF SERVICE 4/09/13	34.50
04/13/16	INTEREST	FOR DATE OF SERVICE 4/09/13	80.07
04/13/16	PENALTIES	FOR DATE OF SERVICE 4/17/13	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 4/17/13	62.21
04/13/16	PENALTIES	FOR DATE OF SERVICE 4/30/13	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 4/30/13	61.48

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/05/16 53062

EAMS#(s):
ADJ8361706
SS # :
DOB :
Terms : 45 days
Claim #(s):
30120359254

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: HEIDI KARRIKER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs McDONALDS
Date Of Injury: 2/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/16	PENALTIES	FOR DATE OF SERVICE 6/11/13	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 6/11/13	59.09
04/13/16	PENALTIES	FOR DATE OF SERVICE 7/23/13	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 7/23/13	56.71
04/13/16	PENALTIES	FOR DATE OF SERVICE 8/21/13	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 8/21/13	55.07
04/13/16	PENALTIES	FOR DATE OF SERVICE 8/27/13	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 8/27/13	54.73
04/13/16	PENALTIES	FOR DATE OF SERVICE 10/08/13	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 10/08/13	52.35
04/13/16	PENALTIES	FOR DATE OF SERVICE 11/19/13	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 11/19/13	49.96
04/13/16	PENALTIES	FOR DATE OF SERVICE 12/27/13	34.50
04/13/16	INTEREST	FOR DATE OF SERVICE 12/27/13	61.09
04/13/16	PENALTIES	FOR DATE OF SERVICE 1/28/14	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 1/28/14	45.99
04/13/16	PENALTIES	FOR DATE OF SERVICE 1/29/14	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 1/29/14	45.94
04/13/16	PENALTIES	FOR DATE OF SERVICE 1/31/14	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 1/31/14	45.82
04/13/16	PENALTIES	FOR DATE OF SERVICE 3/04/14	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 3/04/14	44.01
04/13/16	PENALTIES	FOR DATE OF SERVICE 3/26/14	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 3/26/14	42.76
04/13/16	PENALTIES	FOR DATE OF SERVICE 4/01/14	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 4/01/14	42.42
04/13/16	PENALTIES	FOR DATE OF SERVICE 4/04/14	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 4/04/14	39.70
04/13/16	PENALTIES	FOR DATE OF SERVICE 4/30/14	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 4/30/14	38.22
04/13/16	PENALTIES	FOR DATE OF SERVICE 5/06/14	34.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/05/16	53062

EAMS#(s):
ADJ8361706
SS # :
DOB :
Terms : 45 days
Claim #(s):
30120359254

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: HEIDI KARRIKER
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs McDONALDS
Date Of Injury: 2/4/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/16	INTEREST	FOR DATE OF SERVICE 5/06/14	48.41
04/13/16	PENALTIES	FOR DATE OF SERVICE 5/28/14	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 5/28/14	36.64
04/13/16	PENALTIES	FOR DATE OF SERVICE 7/23/14	27.00
04/13/16	INTEREST	FOR DATE OF SERVICE 7/23/14	33.46
05/02/16	PMT BY CHECK	DOS 5/1/12-7/23/14* # 0063944515	-7550.00
05/05/16	BLCE OFF SET	BALANCE OFF SET	-1017.74

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Sedgwick Claims Management Services, Inc
P.O. Box 14573
Lexington, KY 40512

201605021613

Electronic Service Requested

PAID MAY 05 2016

1 OF 2 F

ENV 1175

SINGLE PIECE

1175 0.5486 SP 0.465

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165

3

DATE	CHECK AMT	CHECK NO.
05/02/2016	7,550.00	0063944515

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services, Inc	1 of 3

Claimant Name	Loss Date	Claim Number S3062
	02/04/2012	30120359254-0001

Amt Paid:	3,775.00	Description: Miscellaneous Medical	
Amt Billed:	3,775.00	Invoice:	ICN: 2900-140469
Dates:	05/01/2012-05/01/2012	Comment:	
Amt Paid:	3,775.00	Description: Miscellaneous Medical	
Amt Billed:	3,775.00	Invoice:	ICN: 2900-140469
Dates:	07/23/2014-07/23/2014	Comment:	

F.F.
CA OK

MR

For additional information about this payment or other bills, visit us at https://vlaoneselfservice.sedgwickcms.net/User/Login

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/11/16	67673

EAMS#(s):
ADJ10044632
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080323387

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: IVAN OLISEA
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: , vs PRIORITY WORKFORCE
Date Of Injury: 7/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/09/15	INITIAL ACUP	W/ACUPUNCT JUNGSOOK CHOI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/14/15	INITIAL EXAM	DR J. MILLMAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/02/15	FOLLOW-UP	W/ACUPUNCT CHOI @ ENHANCED PRECISION CARE* EPC	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/03/15	INITIAL EXAM	DR S. ROSTAMI @ ENHANCED PRECISION CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/04/15	INITIAL EXAM	DR TOSHA BROWN @ ENHANCED PRECISION CARE*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/20/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500341	0.00
11/30/15	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/14/15	PR2/REEVAL	DR T. BROWN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/23/16	LIEN FIL FEE	LIEN FILING FEE	150.00
06/29/16	PENALTIES	FOR DATE OF SERVICE 10/2/15	34.50
06/29/16	INTEREST	FOR DATE OF SERVICE 10/2/15	13.19
06/29/16	PENALTIES	FOR DATE OF SERVICE 10/9/15	34.50
06/29/16	INTEREST	FOR DATE OF SERVICE 10/9/15	13.19
06/29/16	PENALTIES	FOR DATE OF SERVICE 10/14/15	34.50
06/29/16	INTEREST	FOR DATE OF SERVICE 10/14/15	13.19
06/29/16	PENALTIES	FOR DATE OF SERVICE 11/2/15	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/11/16 67673

EAMS#(s):
ADJ10044632
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080323387

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: IVAN OLISEA
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs PRIORITY WORKFORCE
Date Of Injury: 7/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/29/16	INTEREST	FOR DATE OF SERVICE 11/2/15	10.32
06/29/16	PENALTIES	FOR DATE OF SERVICE 11/3/15	34.50
06/29/16	INTEREST	FOR DATE OF SERVICE 11/3/15	13.19
06/29/16	PENALTIES	FOR DATE OF SERVICE 11/4/15	34.50
06/29/16	INTEREST	FOR DATE OF SERVICE 11/4/15	13.19
06/29/16	PENALTIES	FOR DATE OF SERVICE 11/20/15	27.00
06/29/16	INTEREST	FOR DATE OF SERVICE 11/20/15	10.32
06/29/16	PENALTIES	FOR DATE OF SERVICE 11/30/15	27.00
06/29/16	INTEREST	FOR DATE OF SERVICE 11/30/15	10.32
06/29/16	PENALTIES	FOR DATE OF SERVICE 12/14/15	27.00
06/29/16	INTEREST	FOR DATE OF SERVICE 12/14/15	10.32
07/07/16	PMT BY CHECK	DOS 8/14/15-7/5/16* # 1100881425	-2289.00
07/11/16	BLCE OFF SET	BALANCE OFF SET	-118.73

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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
PO BOX 4165
TUSTIN CA 92781

00308

PAID JUL 11 2016

67673

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0323387 001 XG	WC 0171066			07/14/15	08/14/15-07/05/16

Check Number	1100881425	Date Issued	07/07/16	Amount	$**2,289.00
Insured	Geneva Staffing Inc				
Claimant					
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS PO BOX 4165				
Requested By	Sriram CG-Saranu				
File Supervisor	Ivan Olisea	Phone Number	818 227-1700		

F.F. OK
CA

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,289.00		
TOTAL	$2289.00		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/11/16 46786

EAMS#(s):ADJ7940564 ADJ7941042
ADJ7940406 ADJ7940353
SS # :
DOB :
Terms : 45 days
Claim #(s):
W1249286

BILL TO:
ALBERTSONS/VONS HOLDING (AZ)
W. C. DEPARTMENT
ATTN: FABIN WEST
P.O. BOX # 29223
PHOENIX, AZ 85038

Case: vs SAFEWAY INC DBA VONS
Date Of Injury: 6/10/98;4/30/10-4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/22/11	MRI	REF BY DR MILES:B/SHDLS; BIL/KNEES @ CAL IMG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
01/17/13	INITIAL EXAM	DR SCHEEL @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/04/13	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/07/13	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/14/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/07/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
03/29/13	PR2/REEVAL	DR SCHEEL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
04/19/13	PR2/REEVAL	DR SCHEEL @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/06/13	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
05/17/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/07/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/28/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/26/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/11/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/02/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/11/16 46786

EAMS#(s):ADJ7940564 ADJ7941042
ADJ7940406 ADJ7940353
SS # :
DOB :
Terms : 45 days
Claim #(s):
W1249286

BILL TO:
ALBERTSONS/VONS HOLDING (AZ)
W. C. DEPARTMENT
ATTN: FABIN WEST
P.O. BOX # 29223
PHOENIX, AZ 85038

Case: SAFEWAY INC DBA VONS
Date Of Injury: 6/10/98;4/30/10-4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/05/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/20/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/09/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/13/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/24/14	PMT BY CHECK	DOS 7/22/11-12/9/13* # 9760424831	-3360.00
02/13/14	PMT BY CHECK	DOS 1/13/14* # 9760430205	-180.00
02/17/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/24/14	PMT BY CHECK	DOS 2/17/14* # 9760440081	-180.00
04/04/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
04/30/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/15/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/19/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/16/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
10/02/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/13/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/18/14	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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/11/16 46786

EAMS#(s):ADJ7940564 ADJ7941042
ADJ7940406 ADJ7940353
SS # :
DOB :
Terms : 45 days
Claim #(s):
W1249286

BILL TO:
ALBERTSONS/VONS HOLDING (AZ)
W. C. DEPARTMENT
ATTN: FABIN WEST
P.O. BOX # 29223
PHOENIX, AZ 85038

Case: vs SAFEWAY INC DBA VONS
Date Of Injury: 6/10/98;4/30/10-4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/15	PR2/REEVAL	DR SCHEEL @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/04/15	LIEN FIL FEE	LIEN FILING FEE	150.00
01/24/14	PENALTIES	FOR DATE OF SERVICE 7/22/11	22.50
01/24/14	INTEREST	FOR DATE OF SERVICE 7/22/11	11.25
01/24/14	PENALTIES	FOR DATE OF SERVICE 1/17/13	34.50
01/24/14	INTEREST	FOR DATE OF SERVICE 1/17/13	17.25
01/24/14	PENALTIES	FOR DATE OF SERVICE 2/4/13	34.50
01/24/14	INTEREST	FOR DATE OF SERVICE 2/4/13	17.25
01/24/14	PENALTIES	FOR DATE OF SERVICE 2/7/13	34.50
01/24/14	INTEREST	FOR DATE OF SERVICE 2/7/13	17.25
01/24/14	PENALTIES	FOR DATE OF SERVICE 2/14/13	27.00
01/24/14	INTEREST	FOR DATE OF SERVICE 2/14/13	13.50
01/24/14	PENALTIES	FOR DATE OF SERVICE 3/7/13	27.00
01/24/14	INTEREST	FOR DATE OF SERVICE 3/7/13	13.50
01/24/14	PENALTIES	FOR DATE OF SERVICE 3/29/13	27.00
01/24/14	INTEREST	FOR DATE OF SERVICE 3/29/13	13.50
01/24/14	PENALTIES	FOR DATE OF SERVICE 4/19/13	27.00
01/24/14	INTEREST	FOR DATE OF SERVICE 4/19/13	13.50
01/24/14	PENALTIES	FOR DATE OF SERVICE 5/6/13	27.00
01/24/14	INTEREST	FOR DATE OF SERVICE 5/6/13	13.50
01/24/14	PENALTIES	FOR DATE OF SERVICE 5/17/13	27.00
01/24/14	INTEREST	FOR DATE OF SERVICE 5/17/13	13.50
01/24/14	PENALTIES	FOR DATE OF SERVICE 6/7/13	27.00
01/24/14	INTEREST	FOR DATE OF SERVICE 6/7/13	13.50
01/24/14	PENALTIES	FOR DATE OF SERVICE 6/28/13	27.00
01/24/14	INTEREST	FOR DATE OF SERVICE 6/28/13	12.19
01/24/14	PENALTIES	FOR DATE OF SERVICE 7/26/13	27.00
01/24/14	INTEREST	FOR DATE OF SERVICE 7/26/13	10.61
01/24/14	PENALTIES	FOR DATE OF SERVICE 9/11/13	27.00
01/24/14	INTEREST	FOR DATE OF SERVICE 9/11/13	7.94

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/11/16 46786

EAMS#(s):ADJ7940564 ADJ7941042
ADJ7940406 ADJ7940353
SS # :
DOB :
Terms : 45 days
Claim #(s):
W1249286

BILL TO:
ALBERTSONS/VONS HOLDING (AZ)
W. C. DEPARTMENT
ATTN: FABIN WEST
P.O. BOX # 29223
PHOENIX, AZ 85038

Case: vs SAFEWAY INC DBA VONS
Date Of Injury: 6/10/98;4/30/10-4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/14	PENALTIES	FOR DATE OF SERVICE 10/2/13	27.00
01/24/14	INTEREST	FOR DATE OF SERVICE 10/2/13	6.75
03/03/16	PENALTIES	FOR DATE OF SERVICE 4/4/14	27.00
03/03/16	INTEREST	FOR DATE OF SERVICE 4/4/14	37.37
03/03/16	PENALTIES	FOR DATE OF SERVICE 4/30/14	27.00
03/03/16	INTEREST	FOR DATE OF SERVICE 4/30/14	35.90
03/03/16	PENALTIES	FOR DATE OF SERVICE 5/15/14	27.00
03/03/16	INTEREST	FOR DATE OF SERVICE 5/15/14	35.05
03/03/16	PENALTIES	FOR DATE OF SERVICE 6/19/14	27.00
03/03/16	INTEREST	FOR DATE OF SERVICE 6/19/14	33.06
03/03/16	PENALTIES	FOR DATE OF SERVICE 7/16/14	27.00
03/03/16	INTEREST	FOR DATE OF SERVICE 7/16/14	31.53
03/03/16	PENALTIES	FOR DATE OF SERVICE 10/2/14	27.00
03/03/16	INTEREST	FOR DATE OF SERVICE 10/2/14	27.11
03/03/16	PENALTIES	FOR DATE OF SERVICE 11/13/14	27.00
03/03/16	INTEREST	FOR DATE OF SERVICE 11/13/14	24.73
03/03/16	PENALTIES	FOR DATE OF SERVICE 12/18/14	27.00
03/03/16	INTEREST	FOR DATE OF SERVICE 12/18/14	22.74
03/03/16	PENALTIES	FOR DATE OF SERVICE 1/26/15	27.00
03/03/16	INTEREST	FOR DATE OF SERVICE 1/26/15	20.53
05/19/16	PMT BY CHECK	DOS 5/10/16-5/10/16 * # 9760602910	-2600.00
05/23/16	BLCE OFF SET	BALANCE OFF SET	-299.01

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/11/16 46786

EAMS#(s):ADJ7940564 ADJ7941042
ADJ7940406 ADJ7940353
SS # :
DOB :
Terms : 45 days
Claim #(s):
W1249286

BILL TO:
ALBERTSONS/VONS HOLDING (AZ)
W. C. DEPARTMENT
ATTN: FABIN WEST
P.O. BOX # 29223
PHOENIX, AZ 85038

Case: vs SAFEWAY INC DBA VONS
Date Of Injury: 6/10/98;4/30/10-4/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

SAFEWAY INC
P.O. BOX 9032
PLEASANTON, CA 94588

No. 9760424831
Date 1/24/2014
66 - 158
531

SAFEWAY INC
AMOUNT
$3,360.00

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

Three Thousand Three Hundred Sixty and 00/100 Dollars**********

CHECK NOT VALID UNLESS WATERMARK APPEARS ON BACK.

⑈9760424831⑈ ⑆053101561⑆ 4759402779⑈

PAID JAN 28 2014

46786

scription	From Date	To Date	Invoice #	Invoice Amt	Amc
c Medical	7/22/2011	12/9/2013	46789	$230.00	$230
c Medical	7/22/2011	12/9/2013	46789	$230.00	$230
c Medical	7/22/2011	12/9/2013	46789	$230.00	$230
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$180.00	$180
c Medical	7/22/2011	12/9/2013	46789	$150.00	$150

n Number: W1249286 Claimant: Payee: Joyce Altman Interpreters, Inc.
ck Number: 9760424831 Total Check Amt: $3,360.00 Event Date: 4/30/2011 Department: SWY 0029 6761 201 06761 201 GROCERY WARE
of Check: 1/24/2014
trol Number: 9743720

SAFEWAY INC
P.O. BOX 9032
PLEASANTON, CA 94588

No. 9760430205
Date 2/13/2014
66 - 156
531

SAFEWAY INC

AMOUNT
$180.00

PAY
TO THE
ORDER OF

Joyce Altman Interpreters, Inc.
PO BOX 4165
TUSTIN, CA 92781

WellsFargoBank,N.A.
ChapelHill,NC
ForInquiriescall:
800-289-3557

One Hundred Eighty and 00/100 Dollars**********

CHECK NOT VALID UNLESS WATERMARK APPEARS ON BACK.

⑈9760430205⑈ ⑆053101561⑆ 475940277⑈

PAID FEB 19 2014

cription	From Date	To Date	Invoice #	Invoice Amt	Amou
: Medical	1/13/2014	1/13/2014	46786	$180.00	$180.

n Number: W1249286 Claimant:
k Number: 9760430205 Total Check Amt: $180.00 Event Date: 4/30/2011 Department: SWY 0029 6761 201 06761 201 GROCERY WARE
of Check: 2/13/2014
rol Number: 9755184

Payee: Joyce Altman Interpreters, Inc.

medical bill has been reviewed pursuant to the rules and regulations of the Official Medical Fee Schedule or state rules. If you disagree with review you may contact the review companies listed below or you may file an appeal with the appropriate Workers' Compensation Appeals Board. For medical bills, call the local claims office.

7275
way - Northern CA
Box 29210
enix, AZ 85038-9210
lealth Services, Inc. 888-507-0616 or Email ProviderInquiry@EKHealth.com

7300
s, a Safeway Company
Box 29223
enix, AZ 85038-9223
Health Services, Inc. 888-507-0616 or Email ProviderInquiry@EKHealth.com

SAFEWAY INC
P.O. BOX 9032
PLEASANTON, CA 94588

No. 9760440081
Date 3/24/2014
66 - 156
531

SAFEWAY INC

AMOUNT
$180.00

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

One Hundred Eighty and 00/100 Dollars**********

CHECK NOT VALID UNLESS WATERMARK APPEARS ON BACK.

VOID VOID VOID

MR

SAFEWAY INC.
P.O. BOX 9032
PLEASANTON, CA 94588

No. 9760602910 66-156/531
Date 5/19/2016
SAFEWAY INC.

AMOUNT
$2,600.00

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 Thousand Six Hundred and 00/100 Dollars**********
CHECK NOT VALID UNLESS WATERMARK APPEARS ON BACK

⑈9760602910⑈ ⑆053101561⑆ 4759402779⑈

PAID
MAY 23 2016
BY: .....

#467866
F&P OK
LA

cription	From Date	To Date	Invoice #	Invoice Amt	Amount
ated	5/10/2016	5/10/2016		$2,600.00	$2,600.00

n Number: W1249286 Claimant: Payee: Joyce Altman Interpreters, Inc
k Number: 9760602910 Total Check Amt: $2,600.00 Event Date: 4/30/2011 Department: SWY 0029 6761 201 06761 201 GROCERY WARE
~~of Check: 5/19/2016~~
ol Number: 10170196

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/07/16	42382

EAMS#(s):
ADJ112167
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
04731236

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: PATRICIA OPBROEK
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs AVC SERVAL
Date Of Injury: 2/13/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/11	INITIAL EXAM	-DR CHAN @ COAST CITY MED (3 HRS 5 MINS)	373.75
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/15/11	INITIAL EXAM	W/ ACUPUNCTURIST HAE OK LEE @ CITY COAST MED*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/23/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
03/17/11	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ -# 500341	180.00
04/14/11	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
05/12/11	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/09/11	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/07/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/22/11	INITIAL EXAM	DR SINGH @ COAST CITY MED (3 HRS)	345.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
08/04/11	PR2/REEVAL	-DR LAZATIN @ COAST CITY MED*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/11/11	PMT BY CHECK	DOS 2/9/11-6/9/11 # CU-827581	-1360.00
09/02/11	PMT BY CHECK	DOS 7/7/11 # CU-835304	-180.00
09/09/11	PMT BY CHECK	DOS 7/15/11 # CU-837304	-180.00
09/08/11	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/20/11	PMT BY CHECK	DOS 8/4/11 # CU-840527	-180.00
10/06/11	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/07/16 42382

EAMS#(s):
ADJ112167
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
04731236

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: PATRICIA OPBROEK
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs AVC SERVAL
Date Of Injury: 2/13/06

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/03/11	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/16/11	PMT BY CHECK	DOS 9/8/11 # CU-857539	-180.00
11/30/11	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/16/11	PMT BY CHECK	DOS 10/6/11 # CU-865668	-180.00
12/28/11	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/19/12	PMT BY CHECK	DOS 10/26/11-11/3/11 # CU-872289	-360.00
01/25/12	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/12	PMT BY CHECK	DOS 11/30/11 # CU-877588	-180.00
02/28/12	INITIAL EXAM	W/ ACUPUCTURIST J. KIM @ COAST CITY MEDICAL*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/07/12	PMT BY CHECK	DOS 12/28/11 # CU-884844	-180.00
02/14/12	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/06/12	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/22/12	PR2/REEVAL	W/ACUPUNCTURIST J. KIM @ COAST CITY MEDICAL*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/29/12	PR2/REEVAL	W/ ACUPUNTURIST J. KIM @ COAST CITY MED GRP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/03/12	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
09/07/16 42382

EAMS#(s):
ADJ112167
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
04731236

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: PATRICIA OPBROEK
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs AVC SERVAL
Date Of Injury: 2/13/06

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/12	PMT BY CHECK	DOS 1/25/12-2/28/12 # CU-900571	-270.00
04/10/12	PR2/REEVAL	W/ACUPUNCTURIST J. KIM @ COAST CITY MEDICAL*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/01/12	PR2/REEVAL	-@ COAST CITY MEDICL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/03/12	PR2/REEVAL	W/ACUPUNCTURIST J. KIM*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/11/12	MRI	-REF BY DR CHAN: L/S @ CALIF IMAGING NETWORK*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
05/24/12	PR2/REEVAL	W/ACUPUNCTURIST J. KIM*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/17/12	PR2/REEVAL	W/ACUPUNCTURIST J. KIM *	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/29/12	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/21/12	PR2/REEVAL	W/ACUPUNCTURIST J. KIM*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/02/12	PMT BY CHECK	DOS 4/3/12 # CU-914555	-180.00
06/13/12	CT SCAN	-REF BY DR SHORTZ: L/S @ CALI IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/26/12	PR2/REEVAL	-@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/31/12	PEN & INT	PER LABOR CODE °4622	150.23
08/31/12	PMT BY CHECK	DOS 5/3/12-5/29/12 # CU-930872	-1020.23
08/24/15	PENALTIES	FOR DATE OF SERVICE 7/22/11	19.31
08/10/16	INTEREST	FOR DATE OF SERVICE 7/22/11	75.67

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/07/16	42382

EAMS#(s):
ADJ112167
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
04731236

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: PATRICIA OPBROEK
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs AVC SERVAL
Date Of Injury: 2/13/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/15	PENALTIES	FOR DATE OF SERVICE 1/25/12	6.75
04/27/16	INTEREST	FOR DATE OF SERVICE 1/25/12	22.10
08/24/15	PENALTIES	FOR DATE OF SERVICE 2/28/12	14.25
08/10/16	INTEREST	FOR DATE OF SERVICE 2/28/12	49.24
08/24/15	PENALTIES	FOR DATE OF SERVICE 2/14/12	27.00
04/27/16	INTEREST	FOR DATE OF SERVICE 2/14/12	86.09
08/24/15	PENALTIES	FOR DATE OF SERVICE 3/6/12	27.00
04/27/16	INTEREST	FOR DATE OF SERVICE 3/6/12	86.09
08/24/15	PENALTIES	FOR DATE OF SERVICE 3/22/12	27.00
04/27/16	INTEREST	FOR DATE OF SERVICE 3/22/12	85.18
08/24/15	PENALTIES	FOR DATE OF SERVICE 3/29/12	27.00
04/27/16	INTEREST	FOR DATE OF SERVICE 3/29/12	84.78
08/24/15	PENALTIES	FOR DATE OF SERVICE 4/10/12	27.00
04/27/16	INTEREST	FOR DATE OF SERVICE 4/10/12	84.10
08/24/15	PENALTIES	FOR DATE OF SERVICE 5/1/12	27.00
04/27/16	INTEREST	FOR DATE OF SERVICE 5/1/12	82.91
08/24/15	PENALTIES	FOR DATE OF SERVICE 6/21/12	27.00
04/27/16	INTEREST	FOR DATE OF SERVICE 6/21/12	80.02
08/24/15	PENALTIES	FOR DATE OF SERVICE 6/13/12	22.50
04/27/16	INTEREST	FOR DATE OF SERVICE 6/13/12	67.06
08/24/15	PENALTIES	FOR DATE OF SERVICE 6/26/12	27.00
04/27/16	INTEREST	FOR DATE OF SERVICE 6/26/12	79.74
11/16/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
09/01/16	COSTS & SANC	COSTS & SANC	579.46
09/02/16	PMT BY CHECK	DOS 8/1/12* # CU-308329	-3700.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/07/16	42382

EAMS#(s):
ADJ112167
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
04731236

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: PATRICIA OPBROEK
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs AVC SERVAL
Date Of Injury: 2/13/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Fresno, CA 93650-5005
(800) 959-3679

Provider Number: 330956713

Check #: **CU-827581**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

PAID

Issue Date: 08/11/11
Doc #: 023359199

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name		42382	**Claim #:**	04731236	**Date of Injury:**	02/13/06	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
1	SF1-SFCA-8775341	02/09/11	999Q2	Interpreter Treatmen	12	373.75	143.75	723	230.00
2	SF1-SFCA-8775341	02/15/11	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
3	SF1-SFCA-8775341	02/23/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
4	SF1-SFCA-8775341	03/17/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
5	SF1-SFCA-8775341	04/14/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
6	SF1-SFCA-8775341	05/12/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
7	SF1-SFCA-8775341	06/09/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
								Subtotal:	**1,360.00**
		Patient Name:			**Claim #:**	05666392	**Date of Injury:**	07/13/10	
		ICD-9 Code:959.9 INJURY-SITE NOS							
8	SF1-SFCA-8776147	06/09/11	999Q2	Interpreter Treatmen	1	180.00	90.00	710	90.00
		Patient Name:			**Claim #:**	05468298	**Date of Injury:**	07/24/09	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
9	SF1-SFCA-8789302	02/25/11	999Q2	Interpreter Treatmen	8	180.00	.00	723	180.00
10	SF1-SFCA-8789302	04/29/11	999Q2	Interpreter Treatmen	8	180.00	.00	723	180.00
11	SF1-SFCA-8789302	12/28/10	999Q2	Interpreter Treatmen	8	230.00	.00	723	230.00
								Subtotal:	**590.00**
							Total Allowances:		**$2,040.00**

* 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.

0136996802335919O012

[redacted]

Provider Number: 330956713

Check #: **CU-835304**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

PAID

Issue Date: 09/02/11
Doc #: 023499042

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name: [redacted]			**Claim #:**	05074702	**Date of Injury:**	06/11/07	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
1	SF1-SFCA-8886822	02/04/11	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
2	SF1-SFCA-8886822	02/18/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
3	SF1-SFCA-8886822	03/04/11	999Q2	Interpreter Treatmen	1	225.00	.00	723	225.00
4	SF1-SFCA-8886822	05/06/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
								Subtotal:	**815.00**
		Patient Name: [redacted] 42357			**Claim #:**	04731236	**Date of Injury:**	02/13/06	
		ICD-9 Code:999.99 NON INDUSTRIAL							
5	SF1-SFCA-8886026	07/07/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
		Patient Name: [redacted]			**Claim #:**	05668056	**Date of Injury:**	11/05/10	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
6	SF1-SFCA-8886929	01/12/11	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
7	SF1-SFCA-8886929	02/16/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
8	SF1-SFCA-8886929	02/23/11	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
9	SF1-SFCA-8886929	03/30/11	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
								Subtotal:	**790.00**
		Patient Name: [redacted]			**Claim #:**	05655190	**Date of Injury:**	11/12/10	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
10	SF1-SFCA-8892818	02/10/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
11	SF1-SFCA-8892818	03/17/11	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
12	SF1-SFCA-8892818	05/12/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
13	SF1-SFCA-8892818	07/07/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
								Subtotal:	**770.00**
		Patient Name: Sandoval, Jose Calde			**Claim #:**	05627328	**Date of Injury:**	08/12/10	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							

[redacted]

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

1725093 1

State Compensation Insurance Fund
Glendale District Office
P.O. Box 65005
Pinedale, CA 93650-5005

CU-835304
Union Bank
Los Angeles, California
90-4150
1222

Medical
SA

Payee IRS Number: 330956713

VOID After 365 Days

Check Date	Check Amount
September 02, 2011	$*****3,095.00

PAY ****Three Thousand Ninety-Five and 00/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

[redacted]

[redacted]

Provider Number: 330956713

Check #: **CU-837304**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/09/11
Doc #: 023534337

42382

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	04731236	**Date of Injury:**	02/13/06	
	ICD-9 Code:999.99 NON INDUSTRIAL								
1	SF1-SFCA-8922208	07/22/11	999Q2	Interpreter Treatmen	12	345.00	210.00	710	135.00
	Patient Name:				**Claim #:**	05666392	**Date of Injury:**	07/13/10	
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
2	SF1-SFCA-8922895	07/15/11	999Q2	Interpreter Treatmen	1	230.00	50.00	723	180.00
							Total Allowances:		**$315.00**

PAID

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[redacted]

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

[redacted]

Provider Number: 330956713

Check #: **CU-840527**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/20/11
Doc #: 023588700

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Nam		42382	**Claim #:**	04731236	**Date of Injury:**	02/13/06	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
1	SF1-SFCA-8958916	08/04/11	999Q2	Interpreter Treatmen	8	180.00	.00	723	180.00
		Patient Name:			**Claim #:**	05567394	**Date of Injury:**	03/10/10	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
2	SF1-SFCA-8959496	07/14/11	999Q2	Interpreter Treatmen	1	485.00	305.00	723	180.00
3	SF1-SFCA-8959496	07/19/11	999Q2	Interpreter Treatmen	24	970.00	430.00	723	540.00
4	SF1-SFCA-8959496	07/28/11	999Q2	Interpreter Treatmen	1	485.00	305.00	723	180.00
5	SF1-SFCA-8959496	08/04/11	999Q2	Interpreter Treatmen	1	485.00	305.00	723	180.00
								Subtotal:	**1,080.00**
		Patient Name:			**Claim #:**	02334746	**Date of Injury:**	12/23/04	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
6	SF1-SFCA-8960977	07/06/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
7	SF1-SFCA-8960977	08/02/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
								Subtotal:	**360.00**
		Patient Name:			**Claim #:**	05666392	**Date of Injury:**	07/13/10	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
8	SF1-SFCA-8960006	08/04/11	999Q2	Interpreter Treatmen	1	180.00	90.00	710	90.00
		Patient Name			**Claim #:**	SA634022	**Date of Injury:**	10/17/03	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
9	SF1-SFCA-8969509	11/08/10	MDO10	Payment By Order	1	.00	.00		.00
10	SF1-SFCA-8969509	11/08/10	MDO10	Payment By Order	1	156.00	.00	961	156.00
								Subtotal:	**156.00**
							Total Allowances:		**$1,866.00**

PAID

BY:

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STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(855)250-5678

Provider Number: 330956713

Check #: **CU-857539**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/16/11
Doc #: 023895456

Medical

#42382

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	04731236	**Date of Injury:**	02/13/06	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
1	SF1-SFCA-9209754	09/08/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
		Patient Name:			**Claim #:**	02275578	**Date of Injury:**	10/08/04	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
2	SF1-SFCA-9216101	02/16/11	MDS10	Settlement For Dispu	1	.00	.00	790	.00
3	SF1-SFCA-9216101	02/16/11	MDS10	Settlement For Dispu	1	308.29	58.29	961	250.00
								Subtotal:	**250.00**
							Total Allowances:		**$430.00**

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BY:.....

Please refer to Define (DEFN) 10 for full explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bill, list the claim number shown above and the injured's name on all future correspondence.
Please detach and retain this statement, page 0 as your record of payment. THANK YOU.

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

[redacted]

Provider Number: 330956713

Check #: **CU-865668**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/16/11
Doc #: 024045791

Medical

42382

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	04731236	**Date of Injury:**	02/13/06	
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-9343425	10/06/11	999Q2	Interpreter Treatmen	8	180.00	.00	723	180.00
							Total Allowances:		**$180.00**

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To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling Regulations.htm

[redacted]

Provider Number: 330956713

Check #: **CU-872289**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/19/12
Doc #: 024179426

42382

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 04731236		**Date of Injury:** 02/13/06		
SSN: XXX-XX-	Employer name: AVC SERVALL			Employer ID: 0005800000896050					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-9447551	10/26/11	999Q2	Interpreter Treatmen	1	180.00	.00	710 723 G5 G67	180.00
2	SF1-SFCA-9447551	11/03/11	999Q2	Interpreter Treatmen	1	180.00	.00	710 723 G5 G67	180.00
							Total Allowances:		**$360.00**

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JAN 23 2012
BY:.....

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To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
Questions & Appeals (951)697-2300

Provider Number: 330956713

Check #: **CU-877588**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/08/12
Doc #: 024275981

42382

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 04731236		**Date of Injury:** 02/13/06		
SSN: XXX-XX	Employer name: AVC SERVALL			Employer ID: 0005800000896050					
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-9521375	11/30/11	999Q2	Interpreter Treatmen	1	180.00	.00	723 G67	180.00

Total Allowances: **$180.00**

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Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

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http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling Regulations.htm

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Provider Number: 330956713

Check #: CU-884844

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/07/12
Doc #: 024407584

42382

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:		**Claim #:** 04731236		**Date of Injury:** 02/13/06		
SSN: XXX-XX	Employer name: AVC SERVALL			Employer ID: 0005800000896050					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-9649570	12/28/11	999Q2	Interpreter Treatmen	1	180.00	.00	723 G67	180.00

Total Allowances: **$180.00**

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To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

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Provider Number: 330956713

Check #: **CU-900571**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/07/12
Doc #: 024699219

42382

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:					**Claim #:** 04731236	**Date of Injury:** 02/13/06		
SSN: XXX-X	Employer name: AVC SERVALL			Employer ID: 0005800000896050					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-9931046	01/25/12	999Q2	Interpreter Treatmen	1	180.00	.00	723 G67	180.00
2	SF1-SFCA-9931046	02/28/12	999Q2	Interpreter Treatmen	1	230.00	140.00	710 G5	90.00
							Total Allowances:		**$270.00**

PAID
MAY 07 2012
BY:----------

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To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

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Provider Number: 330956713

Check #: **CU-914555**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/02/12
Doc #: 024971176

412382

Medical

Line #	Bill ID.	DOS	Billed Proc	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 04731236		**Date of Injury:** 02/13/06		
SSN: XXX-XC	Employer name: AVC SERVALL			Employer ID: 0005800000896050					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-10159314	04/03/12	999Q2	Interpreter Treatmen	1	180.00	.00	723 G67	180.00
							Total Allowances:		**$180.00**

PAID
JUL 05 2012
BY:----------

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To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

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Provider Number: 330956713

Check #: **CU-930872**

JOYCE ALTMAN INTERPRETERS INC
PO Box 4165
Tustin CA 92781

Issue Date: 08/31/12
Doc #: 025266466

Medical

BY:.....

4/2382

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:					**Claim #:** 04731236	**Date of Injury:**	02/13/06	
SSN: XXX-XX	Employer name: AVC SERVALL			Employer ID: 0005800000896050					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-10413810	01/25/12	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
2	SF1-SFCA-10413810	02/09/11	999Q2	Interpreter Treatmen	185	373.75	373.75	224 A01 G56	.00
3	SF1-SFCA-10413810	02/14/12	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
4	SF1-SFCA-10413810	02/15/11	999Q2	Interpreter Treatmen	1	230.00	230.00	224 A01 G56	.00
5	SF1-SFCA-10413810	02/23/11	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
6	SF1-SFCA-10413810	02/28/12	999Q2	Interpreter Treatmen	1	230.00	230.00	224 A01 G56	.00
7	SF1-SFCA-10413810	03/06/12	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
8	SF1-SFCA-10413810	03/17/11	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
9	SF1-SFCA-10413810	03/22/12	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
10	SF1-SFCA-10413810	03/29/12	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
11	SF1-SFCA-10413810	04/03/12	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
12	SF1-SFCA-10413810	04/10/12	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
13	SF1-SFCA-10413810	04/14/11	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
14	SF1-SFCA-10413810	05/01/12	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
15	SF1-SFCA-10413810	05/03/12	999Q2	Interpreter Treatmen	1	180.00	.00	723 A01 G67	180.00
16	SF1-SFCA-10413810	05/11/12	999Q2	Interpreter Treatmen	1	150.00	.00	723 A01 G67	150.00
17	SF1-SFCA-10413810	05/12/11	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
18	SF1-SFCA-10413810	05/17/12	999Q2	Interpreter Treatmen	1	180.00	.00	723 A01 G67	180.00
19	SF1-SFCA-10413810	05/24/12	999Q2	Interpreter Treatmen	1	180.00	.00	723 A01 G67	180.00
20	SF1-SFCA-10413810	05/29/12	999Q2	Interpreter Treatmen	1	180.00	.00	723 A01 G67	180.00
21	SF1-SFCA-10413810	06/09/11	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
22	SF1-SFCA-10413810	07/07/11	999Q2	Interpreter Treatmen	1	180.00	180.00	G56 224 A01	.00
23	SF1-SFCA-10413810	07/22/11	999Q2	Interpreter Treatmen	1	345.00	345.00	224 A01 G56	.00

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To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

State Compensation Insurance Fund
P.O. Box 65002
Phoenix, CA 85082-5002
Questions & Appeals 1-800-992-3011

Provider Number: 330956713

Check #: **CU-930872**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/31/123
Doc #: 025266466

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
24	SF1-SFCA-10413810	08/04/11	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
25	SF1-SFCA-10413810	09/08/11	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
26	SF1-SFCA-10413810	10/06/11	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
27	SF1-SFCA-10413810	11/03/11	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
28	SF1-SFCA-10413810	11/30/11	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
29	SF1-SFCA-10413810	12/28/11	999Q2	Interpreter Treatmen	1	180.00	180.00	224 A01 G56	.00
30	SF1-SFCA-10413810			Medical Penalty					130.50
31	SF1-SFCA-10413810			Medical Interest					19.73

Total Allowances: **$1,020.23**

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BY:_____

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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 #: **CU-308329**

Issue Date: 09/02/16
Doc #: 031461484

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:			92382 **Claim #:** 04731236			**Date of Injury:** 02/13/06		
SSN: XXX-XX	Employer name: AVC SERVALL			Employer ID: 0005800000896050					
	ICD-9 Code: 959.9 INJURY-SITE NOS								
1	SF1-SFCA-17147012	08/01/12	MDS10	Settlement For Dispu	1	3,700.00	.00	375 961 G5 G67	3,700.00
	Patient Name:			70014 **Claim #:** 06147196			**Date of Injury:** 06/15/15		
SSN: XXX-XX-	Employer name: BBB ELECTRIC			Employer ID: 0000009104649140					
2	SF1-SPCA-239465	07/28/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
						Total Allowances:			**$3,856.50**

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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.

MP

"GO GREEN! Ebilling is an efficient way to submit bills that also expedites payment. Visit: www.statefundca.com/provider/ElectronicMedicalBilling.asp"

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/10/16 61015

EAMS#(s):
ADJ9403159
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05982556

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LEE HEARRON
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs CHARLES VAN NORTWICK WEED
Date Of Injury: 12/28/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/20/14	PT INITIAL	-PHYSICAL THERAPY DR ATAMIAN @ SPECIALTY CARE*	90.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
02/13/14	INITIAL EXAM	-DR ATAMIAN @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
02/24/14	INITIAL EXAM	-DR MIRZABEIGI @ SPECIALTY CARE*	230.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
03/13/14	PR2/REEVAL	-DR ATAMIAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
03/24/14	PR2/REEVAL	-DR MIRZABEIGI @ ACS*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
04/10/14	PR2/REEVAL	-DR ATAMIAN ACS*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500279	0.00
04/11/14	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ACS W/DR RINK*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
04/28/14	PR2/REEVAL	-DR MIRZABEIGI @ ACS*	180.00
/ /	INTERPRETER:	SUZANNE REQUEJO # 100081	0.00
05/08/14	PR2/REEVAL	-DR ATAMIAN @ ACS*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
05/03/14	EMG TESTING	& NCV BY DR SCHILLING: U/E @ SPECIALTY CARE*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
06/05/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
07/03/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/31/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
08/19/14	INITIAL EXAM	-DR MENDELSON @ ADVANCE CARE*	230.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/10/16 61015

EAMS#(s):
ADJ9403159
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05982556

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LEE HEARRON
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs CHARLES VAN NORTWICK WEED
Date Of Injury: 12/28/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
09/11/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
09/15/14	PR2/REEVAL	-DR WADE @ SCC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
10/09/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
11/06/14	PR2/REEVAL	-DR ATAMIAN @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
11/25/14	FOLLOW-UP	-W/ ACUPUNCT GARBANDI @ SPECIALTY CARE*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
12/09/14	FOLLOW-UP	-W/ ACUPUNCT GARBANDI @ SCC*	180.00
/ /	INTERPRETER:	JORGE MORAN # 500278	0.00
12/11/14	P AND S	DR ATAMIAN @ SPECIATY CARE*	230.00
/ /	INTERPRETER:	CECILIA LOPEZ # 100613	0.00
03/08/14	EMG TESTING	& NCV TESTING: L/E BY DR SCHILLING @ SCC*	150.00
/ /	INTERPRETER:	JORGE MORAN # 500270	0.00
05/03/16	LIEN FIL FEE	LIEN FILING FEE	150.00
08/10/16	PENALTIES	FOR DATE OF SERVICE 02/20/14	13.50
08/10/16	INTEREST	FOR DATE OF SERVICE 02/10/14	23.05
08/10/16	PENALTIES	FOR DATE OF SERVICE 02/13/14	34.50
08/10/16	INTEREST	FOR DATE OF SERVICE 02/13/14	58.91
08/10/16	PENALTIES	FOR DATE OF SERVICE 02/24/14	34.50
08/10/16	INTEREST	FOR DATE OF SERVICE 02/24/14	58.91
08/10/16	PENALTIES	FOR DATE OF SERVICE 03/13/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 03/13/14	46.11
08/10/16	PENALTIES	FOR DATE OF SERVICE 03/24/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 03/24/14	46.11
08/10/16	PENALTIES	FOR DATE OF SERVICE 04/10/14	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/10/16	61015

EAMS#(s):
ADJ9403159
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05982556

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LEE HEARRON
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs CHARLES VAN NORTWICK WEED
Date Of Injury: 12/28/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/16	INTEREST	FOR DATE OF SERVICE 04/10/14	46.11
08/10/16	PENALTIES	FOR DATE OF SERVICE 04/11/14	22.50
08/10/16	INTEREST	FOR DATE OF SERVICE 04/11/14	38.42
08/10/16	PENALTIES	FOR DATE OF SERVICE 04/28/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 04/28/14	44.86
08/10/16	PENALTIES	FOR DATE OF SERVICE 05/08/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 05/08/14	44.86
08/10/16	PENALTIES	FOR DATE OF SERVICE 05/03/14	22.50
08/10/16	INTEREST	FOR DATE OF SERVICE 05/03/14	36.67
08/10/16	PENALTIES	FOR DATE OF SERVICE 06/05/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 06/05/14	42.42
08/10/16	PENALTIES	FOR DATE OF SERVICE 07/03/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 07/03/14	40.86
08/10/16	PENALTIES	FOR DATE OF SERVICE 07/31/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 07/31/14	39.36
08/10/16	PENALTIES	FOR DATE OF SERVICE 08/19/14	34.50
08/10/16	INTEREST	FOR DATE OF SERVICE 08/19/14	48.77
08/10/16	PENALTIES	FOR DATE OF SERVICE 09/11/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 09/11/14	36.81
08/10/16	PENALTIES	FOR DATE OF SERVICE 09/15/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 09/15/14	36.52
08/10/16	PENALTIES	FOR DATE OF SERVICE 10/09/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 10/09/14	33.23
08/10/16	PENALTIES	FOR DATE OF SERVICE 11/06/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 11/06/14	30.57
08/10/16	PENALTIES	FOR DATE OF SERVICE 11/25/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 11/25/14	30.57
08/10/16	PENALTIES	FOR DATE OF SERVICE 12/09/14	27.00
08/10/16	INTEREST	FOR DATE OF SERVICE 12/09/14	25.24
08/10/16	PENALTIES	FOR DATE OF SERVICE 12/11/14	34.50
08/10/16	INTEREST	FOR DATE OF SERVICE 12/11/14	32.03

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/10/16 61015

EAMS#(s):
ADJ9403159
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05982556

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: LEE HEARRON
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs CHARLES VAN NORTWICK WEED
Date Of Injury: 12/28/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/16	PENALTIES	FOR DATE OF SERVICE 03/08/14	22.50
08/10/16	INTEREST	FOR DATE OF SERVICE 03/08/14	6.14
08/19/16	PMT BY CHECK	DOS 5/3/16* # CT-451631	-5000.00
09/15/16	BLCE OFF SET	BALANCE OFF SET	-573.53

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CT-451631**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/19/16
Doc #: 031412906

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05982556		**Date of Injury:** 12/28/13		
SSN: XXX-XX	Employer name: CHARLES VAN NORTWICK WEED ABATEM				Employer ID: 0000009069245130				
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFCA-17095061	05/03/16	MDO21	Payment By Order	1	5,573.53	573.53	375 961 G5 G67	5,000.00
					Total Allowances:				**$5,000.00**

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"

0133377503141290600l 2

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
Questions & Appeals: 1888STATEFUND

Provider Number: XXXXX6713

Check #: **CT-451631**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/19/16
Doc #: 031412906

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-17095061	05982556	LS	5,573.53	573.53	5,000.00	.00	5,000.00

Provider NPI: Rendering Provider NPI: Rendering Provider:

Patient Acct #: LS ReviewerID: OT Carrier Receive Date: 08/10/16 Review Date: 08/18/16 Payment Code: 1 UB04:

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.

TIME LIMITS TO DISPUTE PAYMENT AMOUNT

Request for Second Review

After an Explanation of Review (EOR) is received on an original bill submission, a health care provider, health care facility, or billing agent/assignee that disputes the amount paid may submit an appeal/reconsideration/Request for Second Review to the claims administrator within 90 days of service of the explanation of review. The Request for Second Review must conform to the requirements of the Division of Workers Compensation Medical Billing and Payment Guide, and regulations at title 8, California Code of Regulations section 9792.5.4 et seq. If the dispute is the amount of payment and the health care provider, health care facility, or billing agent/assignee does not request a second review within 90 days of the service of the explanation of review, the bill shall be deemed satisfied and neither the employer nor the employee shall be liable for any further payment.

Request for Independent Bill Review

After a health care provider, health care facility, or billing agent/assignee submits a Request for Second Review, the claims administrator will review the bill and issue an EOR, which is the final written determination by the claims administrator on the bill. After the EOR is received on the second bill review submission, a health care provider, health care facility, or billing agent/assignee that still disputes the amount paid may submit a request for independent bill review within 30 days of service of the EOR. The Request for Independent Bill Review must conform to the requirements of title 8, California Code of Regulations section 9792.5.4 et seq. If the health care provider, health care facility, or billing agent/assignee fails to request an independent bill review within 30 days, the bill shall be deemed satisfied, and neither the employer nor the employee shall be liable for any further payment. If the employer has contested liability for any issue other than the reasonable amount payable for services, that issue shall be resolved prior to filing a request for independent bill review, and the time limit for requesting independent bill review shall not begin to run until the resolution of that issue becomes final.

The following PO Box should be used for any 2nd review request or IBR determinations only: PO Box 28919, FRESNO, CA 93729. All other correspondence should be directed to PO Box listed at the top of this form.

EOR Reduction Code Explanation:

375 : PLEASE SEE SPECIAL *NOTE* BELOW.
961 : Allowance reflects the lump sum settlement amount
G5 : This charge was adjusted for the reasons set forth in the attached letter.
G67 : Payment based on individual pre-negotiated agreement for this specific service.

Reviewer's Comments:

SF1-SFCA-17095061 375: The Award covers the following dates of service 12/28/13 thru 09/18/15.

0133377503141290600l 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/24/16	47642

EAMS#(s):
ADJ7159949
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2080196554

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: DENNIS LITCHFIELD
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs VTI INSTRUMENTS
Date Of Injury: 10/6/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/11	INITIAL EXAM	RPT W/DR SAM EMAD @ PAIN RELIEF *	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/01/11	INITIAL EXAM	W/ ACUPUNCTURIST SEGEUN @ PAIN RELIEF CTR*	230.00
/ /	INTERPRETER:	CAROLYN SALGADO	0.00
09/19/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF (2H 15M)	168.75
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
09/15/11	PR2/REEVAL	W/ ACUPUNCTURIST SEGEUN @ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/21/11	PR2/REEVAL	DR HAZEN @ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
09/22/11	PR2/REEVAL	W/ ACUPUNCTURIST SEGEUM @ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	ROSA GREEN # 500292	0.00
10/06/11	PR2/REEVAL	W/ ACUPUNCTURIST SEGEUN @ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
11/07/11	MRI	REF BY DR RIVAS: LT FOOT, LT ANKLE*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
08/19/15	PENALTIES	FOR DATE OF SERVICE 8/17/11	34.50
03/16/16	INTEREST	FOR DATE OF SERVICE 8/17/11	112.47
08/19/15	PENALTIES	FOR DATE OF SERVICE 9/1/11	34.50
03/16/16	INTEREST	FOR DATE OF SERVICE 9/1/11	112.47
08/19/15	PENALTIES	FOR DATE OF SERVICE 9/19/11	25.31
03/16/16	INTEREST	FOR DATE OF SERVICE 9/19/11	82.52
08/19/15	PENALTIES	FOR DATE OF SERVICE 9/15/11	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 9/15/11	88.02

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/24/16 47642

EAMS#(s):
ADJ7159949
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2080196554

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W. C. DEPARTMENT
ATTN: DENNIS LITCHFIELD
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs VTI INSTRUMENTS
Date Of Injury: 10/6/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/15	PENALTIES	FOR DATE OF SERVICE 9/21/11	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 9/21/11	88.02
08/19/15	PENALTIES	FOR DATE OF SERVICE 9/22/11	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 9/22/11	88.02
08/19/15	PENALTIES	FOR DATE OF SERVICE 10/6/11	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 10/6/11	88.02
08/19/15	PENALTIES	FOR DATE OF SERVICE 11/7/11	22.50
03/16/16	INTEREST	FOR DATE OF SERVICE 11/7/11	73.35
12/14/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/21/16	PMT BY CHECK	DOS 3/16/17* # 1100753911	-2000.00
03/24/16	BLCE OFF SET	BALANCE OFF SET	-556.45

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

ZAIC formerly Assurance Co Am

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

00945

PAID MAR 24 2016

47642

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0196554 001 DL	WC 03047463			10/06/08	03/16/17-03/16/17

Check Number	1100753911	Date Issued	03/21/16	Amount	$**2,000.00 ✓
Insured	VXI TECHNOLOGY INC.				
Claimant					
Nature of Payment	FULL AND FINAL F.F.				
Issued To	JOYCE ALTMAN INTERPRETERS CA BB				
Requested By	Sriram CG-Saranu				
File Supervisor	Dennis Litchfield	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,000.00		
			MP

TOTAL	$2,000.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/28/16	54423

EAMS#(s):
ADJ8511804
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
12478016

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W. C. DEPARTMENT
ATTN: ERIKA LAVADA
P.O. BOX 2805
CLINTON, IA 52733

Case: vs CEDARS SINAI MEDICAL
Date Of Injury: 12/15/08 - 6/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/12	EMG TESTING	& NCV BY DR DI JULIO: U/E @ WILLOW MEDICAL*	150.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/23/12	INITIAL EXAM	DR SCHEEL* ELENA LOPEZ # 100821	230.00
08/06/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
09/05/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
10/03/12	PR2/REEVAL	DR SCHEEL* GLADYS REYNA # 100755	180.00
11/12/12	DEPO PREP	@ THE L/O OF GURVITZ, MARLOWE & FERRIS	156.50
/ /	INTERPRETER:	LETTY JULIAO GREEN # 100569	0.00
10/31/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
11/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/21/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
12/17/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
12/19/12	PR2/REEVAL	DR LOW @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/27/12	MRI	REF BY DR DOMARACKI: L/ANKLE, L/S @ CA IMG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
01/07/13	PR2/REEVAL	DR SCHEEL* ELIZABETH VARGA # 500106	180.00
12/04/12	INITIAL EXAM	DR LOW @ WILLOW MEDICAL*	230.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/28/16 54423

EAMS#(s):
ADJ8511804
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
12478016

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W. C. DEPARTMENT
ATTN: ERIKA LAVADA
P.O. BOX 2805
CLINTON, IA 52733

Case: vs CEDARS SINAI MEDICAL
Date Of Injury: 12/15/08 - 6/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/23/13	PR2/REEVAL	DR LOW* GLADYS REYNA # 100755	180.00
02/07/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
02/20/13	PR2/REEVAL	DR LOW @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/07/13	PR2/REEVAL	DR SCHEEL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/20/13	PR2/REEVAL	DR LOW @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
04/10/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/30/13	PR2/REEVAL	DR LOW @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
05/22/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/26/13	PR2/REEVAL	DR LOW @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/23/13	PR2/REEVAL	DR LOW @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/07/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/07/14	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/06/15	PENALTIES	FOR DATE OF SERVICE 7/23/12	34.50
03/16/16	INTEREST	FOR DATE OF SERVICE 7/23/12	90.58
07/31/14	PENALTIES	FOR DATE OF SERVICE 11/12/12	23.48
07/31/14	INTEREST	FOR DATE OF SERVICE 11/12/12	31.61
07/31/14	PENALTIES	FOR DATE OF SERVICE 11/27/12	37.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/28/16 54423

EAMS#(s):
ADJ8511804
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
12478016

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W. C. DEPARTMENT
ATTN: ERIKA LAVADA
P.O. BOX 2805
CLINTON, IA 52733

Case: [redacted] vs CEDARS SINAI MEDICAL
Date Of Injury: 12/15/08 - 6/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/16	INTEREST	FOR DATE OF SERVICE 11/27/12	8.96
07/06/15	PENALTIES	FOR DATE OF SERVICE 12/04/12	34.50
03/16/16	INTEREST	FOR DATE OF SERVICE 12/04/12	87.18
07/31/14	PENALTIES	FOR DATE OF SERVICE 1/07/14	23.48
03/16/16	INTEREST	FOR DATE OF SERVICE 1/07/14	39.64
07/31/14	PMT BY CHECK	DOS 11/12/12-1/7/14* # 299473	-563.00
03/18/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/10/15	LEGAL_WCAB	STATUS CONF. @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/06/15	PENALTIES	FOR DATE OF SERVICE 3/18/15	23.48
03/16/16	INTEREST	FOR DATE OF SERVICE 3/18/15	18.19
07/09/15	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
10/19/15	PENALTIES	FOR DATE OF SERVICE 06/10/15	23.48
03/16/16	INTEREST	FOR DATE OF SERVICE 06/10/15	14.05
10/19/15	PENALTIES	FOR DATE OF SERVICE 07/09/15	37.50
03/16/16	INTEREST	FOR DATE OF SERVICE 07/09/15	20.16
11/12/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
11/25/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/16/16	PENALTIES	FOR DATE OF SERVICE 7/25/12	22.50
03/16/16	INTEREST	FOR DATE OF SERVICE 7/25/12	59.08
03/16/16	PENALTIES	FOR DATE OF SERVICE 8/6/12	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 8/6/12	70.89
03/16/16	PENALTIES	FOR DATE OF SERVICE 9/5/12	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 9/5/12	70.89
03/16/16	PENALTIES	FOR DATE OF SERVICE 10/3/12	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 10/3/12	70.89
03/16/16	PENALTIES	FOR DATE OF SERVICE 11/21/12	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/28/16	54423

EAMS#(s):
ADJ8511804
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
12478016

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W. C. DEPARTMENT
ATTN: ERIKA LAVADA
P.O. BOX 2805
CLINTON, IA 52733

Case: vs CEDARS SINAI MEDICAL
Date Of Injury: 12/15/08 - 6/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/16	INTEREST	FOR DATE OF SERVICE 11/21/12	68.96
03/16/16	PENALTIES	FOR DATE OF SERVICE 12/17/12	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 12/17/12	67.49
03/16/16	PENALTIES	FOR DATE OF SERVICE 12/19/12	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 12/19/12	67.37
03/16/16	PENALTIES	FOR DATE OF SERVICE 12/27/12	22.50
03/16/16	INTEREST	FOR DATE OF SERVICE 12/27/12	56.15
03/16/16	PENALTIES	FOR DATE OF SERVICE 1/7/13	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 1/7/13	66.92
03/16/16	PENALTIES	FOR DATE OF SERVICE 1/23/13	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 1/23/13	65.39
03/16/16	PENALTIES	FOR DATE OF SERVICE 2/7/13	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 2/7/13	64.54
03/16/16	PENALTIES	FOR DATE OF SERVICE 2/20/13	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 2/20/13	63.80
03/16/16	PENALTIES	FOR DATE OF SERVICE 3/7/13	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 3/7/13	62.95
03/16/16	PENALTIES	FOR DATE OF SERVICE 3/20/13	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 3/20/13	62.21
03/16/16	PENALTIES	FOR DATE OF SERVICE 4/10/13	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 4/10/13	61.02
03/16/16	PENALTIES	FOR DATE OF SERVICE 4/30/13	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 4/30/13	59.89
03/16/16	PENALTIES	FOR DATE OF SERVICE 5/22/13	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 5/22/13	58.64
03/16/16	PENALTIES	FOR DATE OF SERVICE 6/26/13	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 6/26/13	56.66
03/16/16	PENALTIES	FOR DATE OF SERVICE 7/23/13	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 7/23/13	55.12
03/16/16	PENALTIES	FOR DATE OF SERVICE 8/7/13	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 8/7/13	54.27

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/28/16	54423

EAMS#(s):
ADJ8511804
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
12478016

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W. C. DEPARTMENT
ATTN: ERIKA LAVADA
P.O. BOX 2805
CLINTON, IA 52733

Case: vs CEDARS SINAI MEDICAL
Date Of Injury: 12/15/08 - 6/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/16	PENALTIES	FOR DATE OF SERVICE 10/31/12	27.00
03/16/16	INTEREST	FOR DATE OF SERVICE 10/31/12	36.35
03/16/16	PENALTIES	FOR DATE OF SERVICE 11/25/15	23.48
03/16/16	INTEREST	FOR DATE OF SERVICE 11/25/15	5.77
03/24/16	PMT BY CHECK	DOS 3/16/16* # 345331	-7000.00
03/28/16	BLCE OFF SET	BALANCE OFF SET	-434.52

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Client: Cedars-Sinai Health System

Payee: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Check Number: 299473
Check Date: 07/31/2014
Check Amount: $563.00

Claim Number: 12478016
Claimant/Employee:
From - To: 11/12/2012 - 01/07/2014
For:
CEDARS - Sinai Health System

Amount: $563.00
Incident Date: 06/29/2012
Payment Type: LEGAL INTERPRETER
Invoice No: 54423;
Invoice Date:

PAID AUG 02 2014

[redacted]

Client: Cedars-Sinai Health System

Payee: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

Check Number: 345331
Check Date: 03/24/2016
Check Amount: $7,000.00

54423

Claim Number: 12478016
Claimant/Employee:
From - To: 03/16/2016 - 03/16/2016
For:
CEDARS - Sinai Health System

Amount: $7,000.00
Incident Date: 06/29/2012
Payment Type: LANGUAGE TRANSLATOR
Invoice No: Full and final resolution of lien
Invoice Date:

F.F. 08
CA

PAID MAR 28 2016

MC

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/28/17 49993

EAMS#(s):
ADJ8130638
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6334-719-235394

BILL TO:
INTERCARE/ENSTAR INS (5915)
W. C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX 5915
ORANGE, CA 92863

Case: vs DOMINO'S PIZZA DBA MAR PIZZA
Date Of Injury: 11/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/28/11	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/21/11	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
12/19/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/16/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/26/12	INITIAL EXAM	DR OBUKHOFF @ WILLOW MEDICAL* GLADYS REYNA #100755	230.00
02/06/12	PR2/REEVAL	DR JARCHI * ELIZABETH HERRERA # 301231	180.00
01/30/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/07/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
02/20/12	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/16/12	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/06/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/12/12	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
04/19/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 500289	180.00
05/17/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00

Joyce Altman Interpreters, Inc.
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Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/28/17 49993

EAMS#(s):
ADJ8130638
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6334-719-235394

BILL TO:
INTERCARE/ENSTAR INS (5915)
W. C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX 5915
ORANGE, CA 92863

Case: vs DOMINO'S PIZZA DBA MAR PIZZA
Date Of Injury: 11/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/12	PR2/REEVAL	DR OBUKHOFF* JASON RAMRIEZ # 500371	180.00
05/03/12	WCAB LB	PRI-CONF - CARMEN GUZMAN # 100585	156.50
06/04/12	PR2/REEVAL	DR JARCHI* ELIZABETH HERERRA # 301231	180.00
06/07/12	PR2/REEVAL	DR OBUKHOFF* GLADYS REYNA # 100755	180.00
06/11/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
07/11/12	PR2/REEVAL	DR SCHEEL* GLADYS REYNA # 100755	180.00
08/06/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
08/29/12	PR2/REEVAL	DR SCHEEL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/10/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
09/24/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
10/15/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
11/05/12	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/19/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
01/07/13	PR2/REEVAL	DR SCHEEL* ELIZABETH VARGA # 500106	180.00
01/24/13	PR2/REEVAL	DR OBUKHOFF* ELENA LOPEZ # 100821	180.00

Joyce Altman Interpreters, Inc.
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*** INVOICE ***

Date	NO#
03/28/17	49993

EAMS#(s):
ADJ8130638
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6334-719-235394

BILL TO:
INTERCARE/ENSTAR INS (5915)
W. C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX 5915
ORANGE, CA 92863

Case: vs DOMINO'S PIZZA DBA MAR PIZZA
Date Of Injury: 11/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/13	PRE-OP	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
02/01/13	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 100821	180.00
02/04/13	SURGERY	DR OBUKHOFF: L/S @ MONROVIA HOSPITAL (10 HRS)	900.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/21/13	POST-OP	DR OBUKHOFF (L/S) @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/25/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/07/13	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/23/13	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL III	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/26/12	PENALTIES	FOR DATE OF SERVICE 11/28/11	34.50
03/02/17	INTEREST	FOR DATE OF SERVICE 11/28/11	132.03
03/26/12	PENALTIES	FOR DATE OF SERVICE 11/21/11	34.50
03/02/17	INTEREST	FOR DATE OF SERVICE 11/21/11	132.03
03/26/12	PENALTIES	FOR DATE OF SERVICE 12/19/11	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 12/19/11	103.33
03/26/12	PENALTIES	FOR DATE OF SERVICE 01/16/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 01/16/12	103.33
03/26/12	PENALTIES	FOR DATE OF SERVICE 01/26/12	34.50
03/02/17	INTEREST	FOR DATE OF SERVICE 01/26/12	132.03
03/26/12	PENALTIES	FOR DATE OF SERVICE 02/06/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 02/06/12	103.33
03/26/12	PENALTIES	FOR DATE OF SERVICE 01/30/12	23.48
02/09/17	INTEREST	FOR DATE OF SERVICE 01/30/12	88.80

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
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*** INVOICE ***

Date	NO#
03/28/17	49993

EAMS#(s):
ADJ8130638
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6334-719-235394

BILL TO:
INTERCARE/ENSTAR INS (5915)
W. C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX 5915
ORANGE, CA 92863

Case: vs DOMINO'S PIZZA DBA MAR PIZZA
Date Of Injury: 11/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/12	PENALTIES	FOR DATE OF SERVICE 02/07/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 02/07/12	100.55
03/26/12	PENALTIES	FOR DATE OF SERVICE 02/20/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 02/20/12	100.55
03/26/12	PENALTIES	FOR DATE OF SERVICE 02/16/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 02/16/12	102.54
03/26/12	PENALTIES	FOR DATE OF SERVICE 03/06/12	37.50
02/09/17	INTEREST	FOR DATE OF SERVICE 03/06/12	140.76
03/26/12	PENALTIES	FOR DATE OF SERVICE 03/12/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 03/12/12	103.22
06/06/13	PENALTIES	FOR DATE OF SERVICE 04/19/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 04/19/12	100.15
06/06/13	PENALTIES	FOR DATE OF SERVICE 05/17/12	23.48
02/09/17	INTEREST	FOR DATE OF SERVICE 05/17/12	85.50
06/06/13	PENALTIES	FOR DATE OF SERVICE 05/08/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 05/08/12	99.30
06/06/13	PENALTIES	FOR DATE OF SERVICE 05/03/12	23.48
02/09/17	INTEREST	FOR DATE OF SERVICE 05/03/12	85.01
06/06/13	PENALTIES	FOR DATE OF SERVICE 06/04/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 06/04/12	98.00
06/06/13	PENALTIES	FOR DATE OF SERVICE 06/07/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 06/07/12	97.94
06/06/13	PENALTIES	FOR DATE OF SERVICE 06/11/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 06/11/12	97.38
06/06/13	PENALTIES	FOR DATE OF SERVICE 07/11/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 07/11/12	95.56
06/06/13	PENALTIES	FOR DATE OF SERVICE 08/06/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 08/06/12	94.14
06/06/13	PENALTIES	FOR DATE OF SERVICE 08/29/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 08/29/12	91.82
06/06/13	PENALTIES	FOR DATE OF SERVICE 10/10/12	37.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
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*** INVOICE ***
Date NO#
03/28/17 49993

EAMS#(s):
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Claim #(s):
6334-719-235394

BILL TO:
INTERCARE/ENSTAR INS (5915)
W. C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX 5915
ORANGE, CA 92863

Case: vs DOMINO'S PIZZA DBA MAR PIZZA
Date Of Injury: 11/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/17	INTEREST	FOR DATE OF SERVICE 10/10/12	125.32
06/06/13	PENALTIES	FOR DATE OF SERVICE 09/24/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 09/24/12	90.91
06/06/13	PENALTIES	FOR DATE OF SERVICE 10/15/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 10/15/12	88.47
06/06/13	PENALTIES	FOR DATE OF SERVICE 11/05/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 11/05/12	86.83
06/06/13	PENALTIES	FOR DATE OF SERVICE 11/19/12	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 11/19/12	86.66
06/06/13	PENALTIES	FOR DATE OF SERVICE 01/07/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 01/07/13	85.30
06/06/13	PENALTIES	FOR DATE OF SERVICE 01/24/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 01/24/13	84.16
06/06/13	PENALTIES	FOR DATE OF SERVICE 01/28/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 01/28/13	84.10
06/06/13	PENALTIES	FOR DATE OF SERVICE 02/01/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 02/01/13	83.76
06/06/13	PENALTIES	FOR DATE OF SERVICE 02/04/13	135.00
03/02/17	INTEREST	FOR DATE OF SERVICE 02/04/13	418.82
06/06/13	PENALTIES	FOR DATE OF SERVICE 02/21/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 02/21/13	82.46
06/06/13	PENALTIES	FOR DATE OF SERVICE 02/25/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 02/25/13	82.23
06/06/13	PENALTIES	FOR DATE OF SERVICE 03/07/13	27.00
07/14/16	INTEREST	FOR DATE OF SERVICE 03/07/13	81.33
06/06/13	LIEN FIL FEE	LIEN ACTIVATION FEE	100.00
05/07/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/13/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL III	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/28/17 49993

EAMS#(s):
ADJ8130638
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6334-719-235394

BILL TO:
INTERCARE/ENSTAR INS (5915)
W. C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX 5915
ORANGE, CA 92863

Case: vs DOMINO'S PIZZA DBA MAR PIZZA
Date Of Injury: 11/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/13	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
05/31/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/30/13	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/06/13	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/01/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/25/13	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/05/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
08/09/13	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 30123	0.00
09/09/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/19/13	PR2/REEVAL	DR OBKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/14/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/11/13	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/14/13	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/05/13	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/21/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/06/14	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/28/17 49993

EAMS#(s):
ADJ8130638
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6334-719-235394

BILL TO:
INTERCARE/ENSTAR INS (5915)
W. C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX 5915
ORANGE, CA 92863

Case: vs DOMINO'S PIZZA DBA MAR PIZZA
Date Of Injury: 11/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/24/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/31/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
04/04/14	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
04/14/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/19/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
06/09/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/14/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/28/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/28/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/16/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/13/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/15/14	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
01/09/15	PR2/REEVAL	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
01/27/15	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
02/11/15	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/28/17	49993

EAMS#(s):
ADJ8130638
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6334-719-235394

BILL TO:
INTERCARE/ENSTAR INS (5915)
W. C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX 5915
ORANGE, CA 92863

Case: vs DOMINO'S PIZZA DBA MAR PIZZA
Date Of Injury: 11/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/07/16	PENALTIES	FOR DATE OF SERVICE 05/13/13	37.50
02/09/17	INTEREST	FOR DATE OF SERVICE 05/13/13	107.67
04/07/16	PENALTIES	FOR DATE OF SERVICE 06/06/13	23.48
02/09/17	INTEREST	FOR DATE OF SERVICE 06/06/13	66.57
04/07/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/21/16	PENALTIES	FOR DATE OF SERVICE 4/23/13	23.48
02/09/17	INTEREST	FOR DATE OF SERVICE 4/23/13	68.39
07/14/16	PENALTIES	FOR DATE OF SERVICE 5/7/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 5/7/13	78.55
07/14/16	PENALTIES	FOR DATE OF SERVICE 5/20/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 5/20/13	78.09
07/14/16	PENALTIES	FOR DATE OF SERVICE 5/31/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 5/31/13	77.53
07/14/16	PENALTIES	FOR DATE OF SERVICE 5/30/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 5/30/13	77.75
07/14/16	PENALTIES	FOR DATE OF SERVICE 7/1/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 7/1/13	76.28
07/14/16	PENALTIES	FOR DATE OF SERVICE 7/25/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 7/25/13	73.90
07/14/16	PENALTIES	FOR DATE OF SERVICE 8/5/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 8/5/13	73.73
07/14/16	PENALTIES	FOR DATE OF SERVICE 8/9/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 8/9/13	73.10
07/14/16	PENALTIES	FOR DATE OF SERVICE 9/9/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 9/9/13	71.53
07/14/16	PENALTIES	FOR DATE OF SERVICE 9/19/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 9/19/13	71.06
07/14/16	PENALTIES	FOR DATE OF SERVICE 10/14/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 10/14/13	69.19
07/14/16	PENALTIES	FOR DATE OF SERVICE 11/11/13	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/28/17 49993

EAMS#(s):
ADJ8130638
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
6334-719-235394

BILL TO:
INTERCARE/ENSTAR INS (5915)
W. C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX 5915
ORANGE, CA 92863

Case: vs DOMINO'S PIZZA DBA MAR PIZZA
Date Of Injury: 11/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/17	INTEREST	FOR DATE OF SERVICE 11/11/13	67.88
07/14/16	PENALTIES	FOR DATE OF SERVICE 11/14/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 11/14/13	67.60
07/14/16	PENALTIES	FOR DATE OF SERVICE 12/5/13	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 12/5/13	66.18
07/14/16	PENALTIES	FOR DATE OF SERVICE 1/21/14	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 1/21/14	64.77
07/14/16	PENALTIES	FOR DATE OF SERVICE 2/6/14	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 2/6/14	63.63
07/14/16	PENALTIES	FOR DATE OF SERVICE 2/24/14	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 2/24/14	62.33
07/14/16	PENALTIES	FOR DATE OF SERVICE 3/31/14	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 3/31/14	59.21
07/14/16	PENALTIES	FOR DATE OF SERVICE 4/4/14	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 4/4/14	58.75
07/14/16	PENALTIES	FOR DATE OF SERVICE 4/14/14	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 4/14/14	58.07
07/14/16	PENALTIES	FOR DATE OF SERVICE 5/19/14	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 5/19/14	55.12
07/14/16	PENALTIES	FOR DATE OF SERVICE 6/9/14	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 6/9/14	53.71
07/14/16	PENALTIES	FOR DATE OF SERVICE 7/28/14	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 7/28/14	51.10
07/14/16	PENALTIES	FOR DATE OF SERVICE 9/16/14	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 9/16/14	48.04
07/14/16	PENALTIES	FOR DATE OF SERVICE 10/13/14	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 10/13/14	44.35
07/14/16	PENALTIES	FOR DATE OF SERVICE 12/15/14	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 12/15/14	36.81
07/14/16	PENALTIES	FOR DATE OF SERVICE 1/9/15	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 1/9/15	34.99

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/28/17	49993

EAMS#(s):
ADJ8130638
SS # : XXX-XX
DOB : 12/4/76
Terms: 60 days
Claim #(s):
6334-719-235394

BILL TO:
INTERCARE/ENSTAR INS (5915)
W. C. DEPARTMENT
ATTN: BRIAN PRUITT
P.O. BOX 5915
ORANGE, CA 92863

Case: vs DOMINO'S PIZZA DBA MAR PIZZA
Date Of Injury: 11/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/16	PENALTIES	FOR DATE OF SERVICE 1/27/15	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 1/27/15	34.82
07/14/16	PENALTIES	FOR DATE OF SERVICE 2/11/15	27.00
03/02/17	INTEREST	FOR DATE OF SERVICE 2/11/15	33.86
11/10/16	PENALTIES	FOR DATE OF SERVICE 4/7/16	23.48
02/09/17	INTEREST	FOR DATE OF SERVICE 4/7/16	15.78
02/09/17	PMT BY CHECK	DOS 1/30/12-4/7/16* # 3196497	-2339.88
03/22/17	PMT BY CHECK	DOS 4/7/16* # 3203015	-16500.00
03/28/17	BLCE OFF SET	BALANCE OFF SET	-2583.99

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

P8528028003

20170323020 4 HD

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

Electronic Service Requested

Joyce Altman Interpeters
PO BOX 4165
TUSTIN, CA 92781-4165

RECEIVED
MAR 28 2017
BY:

Payee: Joyce Altman Interpeters
Company Name: Sussex Insurance Company
Facility: MAR Pizza, Inc.
Policy ID: CPCA12905
IRS/SSN: XXXXX6713
Administrator: BPRUITT
Claim #: 6334-719-235394-1
Account #:
Check #: 3203015
Check Total: $16,500.00
Check Date: 03/22/2017
Injury Date: 11/08/2011
From/Through Date: 04/07/16-04/07/16
Claimant Name: [redacted]
Invoice #:
Description: Medical Lien Payment
Document #: PAL91CA88909
Primary ICD-9:
Received Date: 03/07/2017
Reviewed Date: 03/21/2017
PPO Name:
Pharmacy #:
DRG Code:

49993

ENV 15 23 OF 143

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	04/07/16-04/07/16 SETTLEMENT FOR DISPUTE	MDS10	001	16,500.00	MDS10	16,500.00	0.00	16,500.00	MCA-961
	Totals:			16,500.00		16,500.00	0.00	16,500.00	

Reason Code Description

This analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of Regulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the injured worker. LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate the matter

Paladin Managed Care Services 1100 W. Town & Country Rd Ste., 1500 Orange, CA 92868
MCA- ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.

F.F.
CA OK

MR

P852802802

Intercare Holdings Insurance Services
P.O. Box 579
Roseville, CA 95661

Electronic Service Requested

201702100109

PAID
FEB 16 2017

ENV 10509 1 OF 1

ALL FOR AADC 926
10509 0.3820 AB 0.400

Joyce Altman Interpeters
PO BOX 4165 109
TUSTIN, CA 92781-4165

Payee:	Joyce Altman Interpeters
Company Name:	Sussex Insurance Company
Facility:	MAR Pizza, Inc.
Policy ID:	CPCA12905
IRS/SSN:	XXXXX6713
Administrator:	BPRUITT
Claim Number:	6334-719-235394-1
Check #:	3196497
Check Total:	2,339.88
Check Date:	02/09/2017

Explanation of Benefits

Incident Date	Claim Number Invoice Number	Account Number From/Through Date	Claimant Name Document Number	Description Amount
11/8/2011	6334-719-235394-1 med legal interpr	01/30/12-04/07/16		Med-Other 2,339.88

Totals: 2,339.88

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/04/16	59143

EAMS#(s):ADJ8438312
ADJ8438367
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
186321123; 2193083778

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: LINDA MCDONELL
P.O. BOX 14352
LEXINGTON, KY 40512

Case: . vs MV TRANSPORTATION
Date Of Injury: 11/2/11; 3/7/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/13	INITIAL EXAM	DR OBUKHOFF @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/25/13	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/20/14	PRE-OP	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/03/14	SURGERY	DR OBOKOFF: L/S @ MONROVIA HOSPITAL (4H 30M)	405.00
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
03/02/14	ADMISSION	DR OBUKHOFF @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
07/16/15	LIEN FIL FEE	LIEN FILING FEE	150.00
02/16/16	PENALTIES	FOR DATE OF SERVICE 6/27/13	34.50
02/16/16	INTEREST	FOR DATE OF SERVICE 6/27/13	46.02
02/16/16	PENALTIES	FOR DATE OF SERVICE 7/25/13	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 7/25/13	36.01
02/16/16	PENALTIES	FOR DATE OF SERVICE 2/20/14	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 2/20/14	36.01
02/16/16	PENALTIES	FOR DATE OF SERVICE 3/3/14	60.75
02/16/16	INTEREST	FOR DATE OF SERVICE 3/3/14	81.03
02/16/16	PENALTIES	FOR DATE OF SERVICE 3/2/14	27.00
02/16/16	INTEREST	FOR DATE OF SERVICE 3/2/14	36.01
03/30/16	PMT BY CHECK	DOS 3/7/12-3/8/16* # 5638925826	-1650.00
04/04/16	BLCE OFF SET	BALANCE OFF SET	-86.33

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/04/16	59143

EAMS#(s):ADJ8438312
ADJ8438367
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
186321123; 2193083778

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W. C. DEPARTMENT
ATTN: LINDA MCDONELL
P.O. BOX 14352
LEXINGTON, KY 40512

Case: vs MV TRANSPORTATION
Date Of Injury: 11/2/11; 3/7/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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	:	03/30/2016
Check Amount	:	$1650.00
Check Number	:	5638925826

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

PAID APR 04 2016

S9143

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
186321123-001 WC RANCHO CORD-RT Lump Sum Settlement, Medical	03/07/2012 $1650.00 $1650.00	Michelle L. Mata F&F	559-451-3867 03/07/2012-03/08/2016

F. F. OK

NDT

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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/06/17 32558

EAMS#(s):ADJ6720363 ADJ6726588
ADJ6694679+
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
ECA900097897

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: CINDY WILLIAMS
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs COLIMA GLASS
Date Of Injury: 9/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/08	INITIAL EXAM	-DR RAHIMIAN @ AMERI CHIRO*	230.00
01/20/09	PR2/REEVAL	-DR RAHIMIAN @ AMERI CHIRO*	180.00
03/24/09	PR2/REEVAL	-DR RAHIMIAN @ AMERI CHIRO*	180.00
05/28/09	PR2/REEVAL	-DR RAHIMIAN @ AMERI CHIRO*	180.00
07/30/09	P AND S	-DR RAHIMIAN @ AMERI CHIRO*	230.00
02/18/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/29/15	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/08/15	PENALTIES	FOR DATE OF SERVICE 2/18/15	23.48
06/12/15	INTEREST	FOR DATE OF SERVICE 2/18/15	5.87
06/12/15	PMT BY CHECK	DOS 2/18/15-4/29/15* # 70122715	-313.00
08/06/15	PENALTIES	FOR DATE OF SERVICE 11/11/08	34.50
01/31/17	INTEREST	FOR DATE OF SERVICE 11/11/08	96.67
08/06/15	PENALTIES	FOR DATE OF SERVICE 1/20/09	27.00
01/31/17	INTEREST	FOR DATE OF SERVICE 1/20/09	75.65
08/06/15	PENALTIES	FOR DATE OF SERVICE 3/24/09	27.00
01/31/17	INTEREST	FOR DATE OF SERVICE 3/24/09	75.65
08/06/15	PENALTIES	FOR DATE OF SERVICE 5/28/09	27.00
01/31/17	INTEREST	FOR DATE OF SERVICE 5/28/09	75.65
08/06/15	PENALTIES	FOR DATE OF SERVICE 7/30/09	34.50
01/31/17	INTEREST	FOR DATE OF SERVICE 7/30/09	96.67
11/25/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/02/17	PMT BY CHECK	DOS 11/11/08-1/31/17* # 70139324	-1750.00
02/28/17	COSTS & SANC	COST AND SANCTIONS	50.36

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/06/17	32558

EAMS#(s):ADJ6720363 ADJ6726588
ADJ6694679+
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
ECA900097897

BILL TO:
FIRST COMP/MARKEL INS (OMAHA)
W. C. DEPARTMENT
ATTN: CINDY WILLIAMS
P.O. BOX # 3188
OMAHA, NE 68103

Case: [redacted] vs COLIMA GLASS
Date Of Injury: 9/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-3188

Claims Disbursement

32558

CLAIM #: ECA900097897
PAYEE: JOYCE ALTMAN INTERPRETERS INC

CHECK NUMBER: 70122715
CHECK DATE: 06/12/2015
CHECK AMOUNT: $313.00

Check Information

CLAIMANT NAME:
POLICY #: WEN0025677-02
INVOICE #: 32558wcab
INVOICE DATE: 05/26/2015
BILL ID #: 5383053
BILL REVIEW ID #:
BENEFIT BEGIN: 11/11/2008
BENEFIT END: 04/29/2015
RESERVE TYPE: EX
SUB-RESERVE TYPE: Experts and Consultants

PAID JUN 16 2015

CHECK MEMO:

Please contact our Customer Service Department at 1-888-500-3344 if you have any questions.



FIRST COMP
MARKEL Insuring America's Small Business®

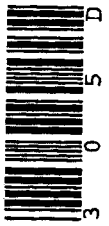
PO Box 3188
Omaha, NE 68103-3188

Claims Disbursement

CLAIM #: ECA900097897
PAYEE: JOYCE ALTMAN INTERPRETERS INC

CHECK NUMBER: 70139324
CHECK DATE: 02/02/2017
CHECK AMOUNT: $1,750.00

Check Information



CLAIMANT NAME:
POLICY #: WEN0025677-02
INVOICE #: Lien F & F
INVOICE DATE: 02/01/2017
BILL ID #: 3389353
BILL REVIEW ID #:
BENEFIT BEGIN: 11/11/2008
BENEFIT END: 01/31/2017
RESERVE TYPE: ME
SUB-RESERVE TYPE: Other

CHECK MEMO:

PAID
FEB 06 2017
BY: .....

Please contact our Customer Service Department at 1-888-500-3344 if you have any questions.

[redacted]

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/22/17	58159

EAMS#(s):
ADJ8782598
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000891092551-WC-01

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W. C. DEPARTMENT
ATTN: COURTLAND MILLER
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs GAS INTEGRATED FLEET
Date Of Injury: 9/13/12

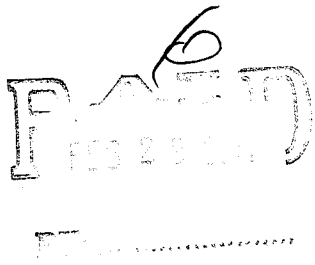
DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/13	PR2/REEVAL	DR HIAGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ROBERTO VILLALTA # 301474	0.00
03/07/13	PR2/REEVAL	DR MENDOZA @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/28/13	PR2/REEVAL	DR MENDOZA*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/18/13	PR2/REEVAL	DR MENDOZA @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/25/13	PR2/REEVAL	DR MENDOZA @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/02/13	PR2/REEVAL	DR MENDOZA @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/08/13	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
10/14/15	LIEN FIL FEE	LIEN FILING FEE	150.00
11/15/16	PENALTIES_U	FOR UNPAID STLM'T 9/27/16	352.50
01/18/17	INTEREST_U	FOR UNPAID STLM'T 9/27/16	49.74
02/22/17	COSTS & SANC	COSTS & SANC	87.76
02/16/17	PMT BY CHECK	DOS 1/18/17* # 0134804432	-1900.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165



GALLAGHER BASSETT SERVICES INC
FOR WACKENHUT CORPORATION

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

58159

CLAIM NO.: 000891 092551 WC 01 (002-LA1-1)

CLAIMANT:

DESCRIPTION: FULL AND FINAL PAYMENT PER 1/18/17 AGREEMENT

DATES OF SERVICE: 18Jan17 **THRU** 18Jan17

BENEFIT PERIOD: **THRU**

BRANCH NO.: 174

ACC DATE: 13Sep12

NO.: 0134804432

VN: 0001226147

DATE: 16Feb17

AMOUNT: 1900.00

**

T. F.
AM OK

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005123 005785 002 002

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/03/17 64557

EAMS#(s):ADJ9640403
ADJ9640384
SS # : XXX-XX-
DOB : 4
Terms: 60 days
Claim #(s):
33057346

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: CHRISTOPHER WORKMAN
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs GENERAL TRUCK BODY
Date Of Injury: 2/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/14	LEGAL_PREP	DEPO PREP @ L/O JEFFREY DORMAN	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
05/20/16	PENALTIES	FOR DATE OF SERVICE 12/3/14	23.48
06/16/16	INTEREST	FOR DATE OF SERVICE 12/3/14	9.96
06/16/16	PMT BY CHECK	DOS 12/3/14* # 0628421	-90.00
08/09/16	INTEREST	FOR DATE OF SERVICE 12/3/14	5.36
08/09/16	PMT BY CHECK	DOS 12/3/14* # 0648617	-46.65
03/23/17	PMT BY CHECK	DOS 3/22/17* # 10027353	-250.00
05/24/17	COSTS & SANC	COST & SANCTIONS	191.35

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 06/16/2016
Check Number : 0628421
Check Amount : $363.96

FX2Z1J

RETURN SERVICE REQUESTED

OZ 01
JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

9s25a
00070

PAID JUN 20 2016

Payment Summary

Claim #	Claimant	Date of Injury	Payment Type	From	To	Total Payment
33057346		02/02/2013	Interpreter Fees -	12/03/2014	12/03/2014	$90.00
33042601		09/03/2013	Interpreter Fees -	12/10/2014	12/10/2014	$273.96

64557

70-70
4014

[redacted]

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 08/09/2016
Check Number : 0648617
Check Amount : $46.65

G8PZ1W

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS
P.O.BOX 4165
TUSTIN, CA 92781

i7s5a
00064

Payment Summary

33057346	02/02/2013	Penalty & Interest	12/03/2014	12/03/2014	$46.65

64-64
4014

Client: General Truck Body, Inc
Payee: Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 927814165

Delivery Method: in-house

IRS/SSN:
Check Number: 10027353
Check Date: 03/23/2017
Check Amount: 250.00

Claimant:
Claim#: 4920762
For: CA Lien
From: 03/22/2015
Through: 03/22/2015

Incident Date: 09/10/2014
Payment Type: Translation
Invoice No:
Invoice Date: 03/23/2017
Payment Amount: 250.00

MAR 28 2017

WARNING — THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

VOID VOID VOID

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/22/17 70145

EAMS#(s):
ADJ9888832
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
57564943323232

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W. C. DEPARTMENT
ATTN: JANELLE PRICE
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs YMCA ANDERSON MUNGER
Date Of Injury: 2/15/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/16	LEGAL_WCAB	MSC @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/16/16	LEGAL_WCAB	TRIAL @ WCAB POMONA	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
03/14/17	PENALTIES	FOR DATE OF SERVICE 08/08/16	23.48
04/07/17	INTEREST	FOR DATE OF SERVICE 08/08/16	11.78
03/14/17	PENALTIES	FOR DATE OF SERVICE 11/28/16	23.48
04/07/17	INTEREST	FOR DATE OF SERVICE 11/28/16	7.40
04/07/17	PMT BY CHECK	DOS 8/8/16-3/14/17* # FE60416926	-376.77
04/24/17	COSTS & SANC	COSTS & SANC	397.63
05/18/17	PMT BY CHECK	DOS 8/8/16-11/16/16* # FE60591764	-400.00

BALANCE 0.00

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PDWLDMCD-000896-01-01-00

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 04/07/17
CHECK NO. **FE60416926**

STATEMENT

ESIS®

5900C13FE 00 00238 FE60416926

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
5756494332323

DOLLARS
$********376.77

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201504071209057349587 3

FOR
08/08/16 THRU 03/14/17 F&F
CLAIMANT

DATE OF EVENT
02/15/11

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

APR 11 2017

PDWLDMCD-000896-01-01-00

BOA10B (07/2016)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-001142-01-01-00

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 05/18/17
CHECK NO. **FE60591764**

STATEMENT

ESIS®

5900C13FE 00 00361 FE60591764

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
5756494332323

DOLLARS
$********400.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201504071209057349587 3

FOR
08/08/16 THRU 11/16/16 F&F
CLAIMANT

DATE OF EVENT
02/15/11

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PAID
MAY 22 2017
BY

PDWLDMCD-001142-01-01-00

BOA10B (07/2016)

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
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/16/17	69677

EAMS#(s):
ADJ10274435
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001960-074714-WC-01

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W. C. DEPARTMENT
ATTN: JEREMY MARIANO
PO BOX 610
ROSEVILLE, CA 95661

Case: vs COAST ALUMINUM & ARCHITECTURAL
Date Of Injury: 3/10/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/07/17	PENALTIES	FOR DATE OF SERVICE 6/14/16	23.48
04/07/17	INTEREST	FOR DATE OF SERVICE 6/14/16	14.25
04/11/17	PMT BY CHECK	DOS 6/14/16* # 0136132370	-194.23
05/09/17	COSTS & SANC	COSTS & S ANC	500.00
05/11/17	PMT BY CHECK	DOS 5/10/17* # 0136912732	-500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

001960 PAGE 1 OF 1 003818

PAID
APR 17 2017
BY: .....

MDG2009 00004961 1 MB .423 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 001960 074714 WC 01 (00214-400)
CLAIMANT:
DESCRIPTION: INVOICE #69677

DATES OF SERVICE: 14Jun16 **THRU** 14Jun16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 10Mar15

NO.: 0136132370
VN: 0002120599
DATE: 11Apr17

AMOUNT: 194.23

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004961 005654 001 001

GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID
MAY 16 2017
BY: .....

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GB-SACRAMENTO EAST
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 001960 074714 WC 01 (00214-400)
CLAIMANT:
DESCRIPTION: LIEN

BRANCH NO.: 094
ACC DATE: 10Mar15

NO.: 0136912732
VN: 0002148902
DATE: 11May17

DATES OF SERVICE: 10May17 **THRU** 10May17
BENEFIT PERIOD: **THRU**

AMOUNT: 500.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004963 005740 002 003

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/10/17 62310

EAMS#(s):ADJ9336180 ADJ9336235
ADJ9336091 ADJ9338911
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
08235932

BILL TO:
TRISTAR RISK MGMT (CLINT-2805)
W. C. DEPARTMENT
ATTN: KAREN KEELER
P.O. BOX 2805
CLINTON, IA 52733

Case: vs LAKE ELSINORE UNIFIED SCHOOL
Date Of Injury: 10/22/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/16/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/03/16	PMT BY CHECK	DOS 6/12/14-7/16/14* # 520254	-406.50
11/07/16	LEGAL WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/07/16	PENALTIES	FOR DATE OF SERVICE 6/12/14	23.48
02/03/16	INTEREST	FOR DATE OF SERVICE 6/12/14	27.66
12/07/16	PENALTIES	FOR DATE OF SERVICE 7/16/14	37.50
02/03/16	INTEREST	FOR DATE OF SERVICE 7/16/14	43.95
12/13/16	PMT BY CHECK	DOS 11/7/16* # 523339	-156.50
02/15/17	COSTS & SANC	COSTS & SANC	1000.00
03/08/17	PMT BY CHECK	DOS 2/15/17* # 524137	-1132.59

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Client: Lake Elsinore School District

Payee: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

Check Number: 520254
Check Date: 02/03/2016
Check Amount: $406.50

Claim Number: 08235932
Claimant/Employee:
From - To: 06/12/2014 - 07/16/2014
For: Direct pay - 2 DOS
Food Service

Amount: $406.50
Incident Date: 10/22/2008
Payment Type: LEGAL INTERPRETER
Invoice No: 62310
Invoice Date:

PAID

MR

Client:	Lake Elsinore School District	**Check Number:**	523339
Payee:	Joyce Altman Interpreters Inc PO Box 4165 Tustin, CA 92781	**Check Date:**	12/13/2016
		Check Amount:	$156.50

		Amount:	$156.50
Claim Number:	08235932	**Incident Date:**	10/22/2008
Claimant/Employee:		**Payment Type:**	COURT REPORTER/TRANSCRIPT FEES
From - To:	11/07/2016 - 11/07/2016	**Invoice No:**	100585
For:	Direct pay Food Service	**Invoice Date:**	

62310

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

Lake Elsinore School District
Lake Elsinore, CA 92530

Citizens Business Bank
3102176000
970 West 190th Street

90-3414
1222

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 523339
Date: 12/13/2016
Void After 120 Days
Amount: $**$156.50

PAY One Hundred Fifty-Six & 50 / 100

TO THE ORDER OF
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

HEAT GLANCE SECURITY SPOT
PRESS OR RUB WITH FINGER. IF PINK COLORED SPOT DISAPPEARS, THIS DOCUMENT IS AUTHENTIC.

MP

⑈523339⑈ ⑆122234149⑆ 04703548 3⑈

Client: Lake Elsinore School District

Payee: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

Check Number: 524137
Check Date: 03/08/2017
Check Amount: $1,132.59

Claim Number: 11308417
Claimant/Employee:
From - To: 02/15/2017 - 02/15/2017
For: Full & Final Satis of Lien All DOS Inc Pen & Int
Lakeside High School

Amount: $1,132.59
Incident Date: 04/18/2011
Payment Type: LANGUAGE TRANSLATOR
Invoice No:
Invoice Date:

PAID
DOS: .....

MP

THIS DOCUMENT WAS PRINTED ON PAPER CONTAINING ULTRAVIOLET FIBERS AND A TRUE WATERMARK

Lake Elsinore School District
Lake Elsinore, CA 92530

Citizens Business Bank
3102176000
970 West 190th Street

90-3414
1222

TRISTAR Risk Management
P.O. Box 2805
Clinton, IA 52733-2805

Check No: 524137
Date: 03/08/2017
Void After 120 Days
Amount: $**$1,132.59

Deneese Cotter

PAY One Thousand One Hundred Thirty-Two & 59 / 100

TO THE ORDER OF
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

HEAT GLANCE SECURITY SPOT
PRESS OR RUB WITH FINGER. IF PINK COLORED SPOT DISAPPEARS, THIS DOCUMENT IS AUTHENTIC.

MP

⑈524137⑈ ⑆122234149⑆ 04703548 3⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/19/16 40032

EAMS#(s):ADJ7595331 ADJ7595302
ADJ7595274
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2010231370/3672/6743

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: TAMMY JIMENEZ
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs ST. FRANCIS MED CTR.
Date Of Injury: 7/14; 5/17; 7/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/10	INITIAL EXAM	DR YOON @ ADVANCE CARE* DOI-5/17/10	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/22/10	INITIAL EXAM	DR YOON @ ADVANCE CARE* 2ND DOI:7/14/10	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/01/10	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (3H 15 MIN	243.75
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/13/10	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358-DOI:7/28/10	180.00
12/16/10	INITIAL EXAM	DR PARVIN -PSYCH EVAL* DOI:7/28/10	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
12/22/10	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358-DOI:7/28/10	180.00
11/29/10	INITIAL EXAM	DR YOON @ ADVANCE CARE* DOI: 7/28/10	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/10/11	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358-DOI:5/17/10	180.00
01/19/11	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358-DOI:7/28/10	180.00
02/02/11	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358-DOI:7/14/10	180.00
03/02/11	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358-DOI:7/28/10	180.00
04/21/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
03/07/11	DEPO PREP	@ THE L/O OF DENNIS TRIPLETT	156.50
/ /	INTERPRETER:	NANCY SILVA # 22056879	0.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/19/16 40032

EAMS#(s):ADJ7595331 ADJ7595302
ADJ7595274
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2010231370/3672/6743

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: TAMMY JIMENEZ
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs ST. FRANCIS MED CTR.
Date Of Injury: 7/14; 5/17; 7/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/11	PR2/REEVAL	DR YOON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ODALYS DOMINGUEZ # 500014	0.00
05/05/11	PR2/REEVAL	DR YOON* FRANCISCO SOMOANO # 500263	180.00
01/03/11	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358-DOI:7/14/10	0.00
05/17/11	PR2/REEVAL	DR HIGASHI* JOSE LUGO #500049	180.00
06/28/11	PR2/REEVAL	DR HIGASHI* JASON RAMIREZ # 500371	180.00
06/14/11	PR2/REEVAL	DR HIGASHI* JESUS CASTILLO # 500358	180.00
07/28/11	PR2/REEVAL	DR YOON* VINCENT MEJIA # 500309	180.00
08/11/11	PR2/REEVAL	DR YOON* TITO SILVA # 500272	180.00
08/23/11	PR2/REEVAL	DR HIGASHI* CLARA BONILLA # 500320	180.00
08/30/11	INITIAL EXAM	DR SHAMLOU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/25/11	PR2/REEVAL	DR HIGASHI @ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS ALEJANDRO CASTILLO #500358	0.00
10/28/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA #100755	0.00
11/09/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/05/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL III	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/20/11	PR2/REEVAL	DR HIGASHI* JESUS CASTILLO # 500358	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/19/16 40032

EAMS#(s):ADJ7595331 ADJ7595302
ADJ7595274
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2010231370/3672/6743

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SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: TAMMY JIMENEZ
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs ST. FRANCIS MED CTR.
Date Of Injury: 7/14; 5/17; 7/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/12	P AND S	DR OPOKU @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/27/12	PR2/REEVAL	DR OPOKU*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/31/12	PR2/REEVAL	DR YOON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/28/12	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358	180.00
08/02/12	PR2/REEVAL	DR YOON* JASON RAMIREZ # 500371	180.00
08/07/12	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/10/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
08/20/12	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/23/12	INITIAL EXAM	DR GALLONI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
09/26/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
10/17/12	PR2/REEVAL	DR DOAMRACKI*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
10/29/12	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/19/12	PRE-OP	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/26/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
01/07/13	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
01/23/13	SURGERY	DR GALLONI: LT KNEE @ MONROV-	450.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/19/16 40032

EAMS#(s):ADJ7595331 ADJ7595302
ADJ7595274
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Terms : 45 days
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2010231370/3672/6743

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SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: TAMMY JIMENEZ
P.O. BOX 14522
LEXINGTON, KY 40512

Case: _ vs ST. FRANCIS MED CTR.
Date Of Injury: 7/14; 5/17; 7/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
		IA HOSPITAL (5 HRS)	
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
01/30/13	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 100821	180.00
02/25/13	PR2/REEVAL	DR DOMARACKI* VINCENT MEJIA # 500309	180.00
04/04/13	PMT BY CHECK	DOS 1/7/13-1/30/13 # 100156295 sedgwick	-810.00
03/27/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
05/01/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
05/29/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
06/26/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/09/13	PMT BY CHECK	DOS 8/7/12-5/1/13 # 100159939	-1850.00
07/16/13	PMT BY CHECK	DOS 5/29/13 # 100160304	-180.00
07/12/13	PRE-OP	DR JARCHI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	ELIZEBETH HERRERA # 301231	0.00
08/01/13	PMT BY CHECK	DOS 6/26/13 # 100161022	-180.00
07/31/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED* DOI: 7/14/10	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
08/14/13	SURGERY	DR GALLONI: LT SHDR @ MONROV-IA HOSP (8 HRS)	720.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/04/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00

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Tustin, CA 92781-4165
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TAX ID# 33-0956713

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Date NO#
04/19/16 40032

EAMS#(s):ADJ7595331 ADJ7595302
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Terms : 45 days
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2010231370/3672/6743

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SEDGWICK CLAIMS (LEXINGT14522)
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ATTN: TAMMY JIMENEZ
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs ST. FRANCIS MED CTR.
Date Of Injury: 7/14; 5/17; 7/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/13	PMT BY CHECK	DOS 7/31/13 # 100163299 SEDGWICK	-180.00
10/07/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/01/13	PMT BY CHECK	DOS 9/4/13 # 100164102	-180.00
11/01/13	PMT BY CHECK	DOS 8/14/13 # 100164101	-720.00
11/06/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
12/11/13	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/20/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
02/06/14	INITIAL EXAM	DR OBUKHOFF @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/26/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
03/20/14	PRE-OP	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/24/14	SURGERY	DR OBUKHOFF @ MONROVIA HOSPITAL (6H 45M)	607.50
/ /	INTERPRETER:	LESLIE MELTON # 500259	0.00
03/23/14	ADMISSION	DR OBUKHOFF @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	ROBERT MENDOZA # 01408180	0.00
03/31/14	PR2/REEVAL	DR AVILES @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/03/14	POST-OP	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/24/14	PR2/REEVAL	DR OBUCKOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00

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Case: --- vs ST. FRANCIS MED CTR.
Date Of Injury: 7/14; 5/17; 7/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/14	PR2/REEVAL	DR DOMARACKI @WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/02/14	PR2/REEVAL	DR DOMARACKI @WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/13/14	PMT BY CHECK	DOS 11/1/10-4/28/14* # 100173872 SEDGWICK	-6300.00
06/12/14	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/02/14	PMT BY CHECK	DOS 11/1/10-8/13/14* # 100174612	-3574.25
07/14/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MEDICAL *	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/24/14	PR2/REEVAL	DR OBUKHOFF @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
08/19/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MEDICAL *	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/29/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/17/14	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
11/20/14	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/13/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
12/03/15	PENALTIES	FOR DATE OF SERVICE 4/21/11	37.50
08/13/14	INTEREST	FOR DATE OF SERVICE 4/21/11	95.70
12/03/15	PENALTIES	FOR DATE OF SERVICE 3/7/11	23.48
08/13/14	INTEREST	FOR DATE OF SERVICE 3/7/11	62.13
12/03/15	PENALTIES	FOR DATE OF SERVICE 10/28/11	37.50
08/13/14	INTEREST	FOR DATE OF SERVICE 10/28/11	80.74

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/19/16	40032

EAMS#(s):ADJ7595331 ADJ7595302
ADJ7595274
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2010231370/3672/6743

BILL TO:
SEDGWICK CLAIMS (LEXINGT14522)
W. C. DEPARTMENT
ATTN: TAMMY JIMENEZ
P.O. BOX 14522
LEXINGTON, KY 40512

Case: vs ST. FRANCIS MED CTR.
Date Of Injury: 7/14; 5/17; 7/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/15	PENALTIES	FOR DATE OF SERVICE 11/9/11	23.48
08/13/14	INTEREST	FOR DATE OF SERVICE 11/9/11	49.95
12/03/15	PENALTIES	FOR DATE OF SERVICE 12/5/11	37.50
08/13/14	INTEREST	FOR DATE OF SERVICE 12/5/11	77.74
04/15/16	PMT BY CHECK	DOS 4/12/16* # 100194370	-1800.00
04/19/16	BLCE OFF SET	BALANCE OFF SET	-85.72

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Daughters Of Charity Health Sys / PPIC
Sedgwick CMS Inc.
Workers Compensation Account
P.O. Box 14479
Lexington, KY 40512-4479

DATE	CHECK AMT	CHECK NO.
04/04/2013	810.00	100156295

PAYEE	TAX ID
JOYCE ALTMAN	

SCMS UNIT	PAGE
011 DOCHS - WC Van Nuys Office	001

*000361 0100156295 00001 OF 00001 OCM 130404 1249

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781

Claimant Name	Loss Date	Claim Number	SSN

FACILITY: St. Francis Medical Center(Lynwood)
ACCOUNT NUMBER:

07/14/2010 2010231370

Amt Paid: 810.00
Amt Billed: 810.00

Description: Other Medical
Invoice: 40032
ICN:
Comment:

Dates: 01/07/2013 - 01/30/2013

$169/p

PAID APR 08 2013

E1991.FRM (02-28-01)

Daughters Of Charity Health Sys / PPIC
Sedgwick CMS Inc.
Workers Compensation Account
P.O. Box 14522
Lexington, KY 40512-4522

DATE	CHECK AMT	CHECK NO.
07/09/2013	1,850.00	100159939

PAYEE	TAX ID
JOYCE ALTMAN	

SCMS UNIT	PAGE
011 DDCHS - WC Van Nuys Office	001

*000326 0100159939 00001 OF 00001 OCM 130709 1235

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781

Claimant Name	Loss Date	Claim Number	SSN

FACILITY: St. Francis Medical Center(Lynwood)
ACCOUNT NUMBER:

07/14/2010 2010231370

Amt Paid: 1850.00
Amt Billed: 1850.00
Dates: 08/07/2012 - 05/01/2013

Description: Other Medical
Invoice: 40032
ICN:
Comment: Dr Domaracki Dates of Service

PAID JUL 15 2013

Daughters Of Charity Health Sys / PPIC
Sedgwick CMS Inc.
Workers Compensation Account
P.O. Box 14522
Lexington, KY 40512-4522

DATE	CHECK AMT	CHECK NO.
07/16/2013	180.00	100160304

PAYEE	TAX ID
JOYCE ALTMAN	

SCMS UNIT	PAGE
011 DOCHS - WC Van Nuys Office	001

*000425 0100160304 00001 OF 00001 OCM 130716 1250

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781

Claimant Name	Loss Date	Claim Number	SSN

FACILITY: St. Francis Medical Center(Lynwood)
ACCOUNT NUMBER:

07/14/2010 2010231370

Amt Paid: 180.00 Description: Other Medical
Amt Billed: 180.00 Invoice: 40032
ICN:
Dates: 05/29/2013 - 05/29/2013 Comment: Dr Domaracki Dates of Service 5/29/13

PAID JUL 19 2013

E1991.FRM (02-28-01)

Daughters Of Charity Health Sys / PPIC
Sedgwick CMS Inc.
Workers Compensation Account
P.O. Box 14522
Lexington, KY 40512-4522

DATE	CHECK AMT	CHECK NO.
08/01/2013	180.00	100161022

PAYEE	TAX ID
JOYCE ALTMAN	

SCMS UNIT	PAGE
011 DOCHS - WC Van Nuys Office	001

*000307 0100161022 00001 OF 00001 OCM 130801 1144

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781

RECEIVED JUL 0 6 2013

Claimant Name	Loss Date	Claim Number	SSN

FACILITY: St. Francis Medical Center(Lynwood)
ACCOUNT NUMBER:

07/14/2010 2010231370

Amt Paid: 180.00
Amt Billed: 180.00

Description: Other Medical
Invoice: 40032
ICN:

Dates: 06/26/2013 - 06/26/2013

Comment: Dr Domaracki Dates of Service 6/26/13

S1696

Daughters Of Charity Health Sys / PPIC
Sedgwick CMS Inc.
Workers Compensation Account
P.O. Box 14522
Lexington, KY 40512-4522

DATE	CHECK AMT	CHECK NO.
10/08/2013	180.00	100163299

PAYEE	TAX ID
JOYCE ALTMAN	

SCMS UNIT	PAGE
011 DOCHS - WC Van Nuys Office	001

*000430 0100163299 00001 OF 00001 OCM 131008 1312

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781

PAID OCT 15 2013

Claimant Name	Loss Date	Claim Number	SSN

FACILITY: St. Francis Medical Center(Lynwood)
ACCOUNT NUMBER:

07/14/2010 2010231370

Amt Paid: 180.00
Amt Billed: 180.00
Dates: 07/31/2013 - 07/31/2013

Description: Other Medical
Invoice: 40032
ICN:
Comment: Dr Domaracki dos 7/31/13

51696

PAID OCT 15 2013

B1001 EBLK (00.00.00)

Daughters Of Charity Health Sys / PPIC
Sedgwick CMS Inc.
Workers Compensation Account
P.O. Box 14522
Lexington, KY 40512-4522

DATE	CHECK AMT	CHECK NO.
11/01/2013	180.00	100164102

PAYEE	TAX ID
JOYCE ALTMAN	

SCMS UNIT	PAGE
011 DOCHS - WC Van Nuys Office	001

*000237 0100164102 00001 OF 00001 OCM 131101 1151

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781

PAID NOV 05 2013

Claimant Name	Loss Date	Claim Number	SSN

FACILITY: St. Francis Medical Center(Lynwood)
ACCOUNT NUMBER:

07/14/2010 2010231370

Amt Paid: 180.00
Amt Billed: 180.00

Description: Other Medical
Invoice: 40032
ICN:

51696

Dates: 09/04/2013 - 09/04/2013
Comment: Dr Domaracki

R1001 RPM (03-12-01)

Daughters Of Charity Health Sys / PPIC
Sedgwick CMS Inc.
Workers Compensation Account
P.O. Box 14522
Lexington, KY 40512-4522

DATE	CHECK AMT	CHECK NO.
11/01/2013	720.00	100164101

PAYEE	TAX ID
JOYCE ALTMAN	

SCMS UNIT	PAGE
011 DOCHS - WC Van Nuys Office	001

*000236 0100164101 00001 OF 00001 OCM 131101 1151

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781

PAID NOV 05 2013

51696
40032

Claimant Name	Loss Date	Claim Number	SSN

FACILITY: St. Francis Medical Center(Lynwood)
ACCOUNT NUMBER:

07/14/2010 2010231370

Amt Paid: 720.00 Description: Other Medical
Amt Billed: 720.00 Invoice: 40032
ICN:
Dates: 08/14/2013 - 08/14/2013 Comment: Dr Galloni Surgery

E1991.FRM (02-28-01)

Daughters Of Charity Health Sys / PPIC
Sedgwick CMS Inc.
Workers Compensation Account
P.O. Box 14522
Lexington, KY 40512-4522

DATE	CHECK AMT	CHECK NO.
08/13/2014	6,300.00	100173872

PAYEE	TAX ID
JOYCE ALTMAN	

SCMS UNIT	PAGE
011 DOCHS - WC Van Nuys Office	001

*000639 0100173872 00001 OF 00001 OCM 140813 1231

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781

PAID AUG 18 2014

40032 ✓

Claimant Name	Loss Date	Claim Number	SSN
			51696

FACILITY: St. Francis Medical Center(Lynwood)
ACCOUNT NUMBER:

07/28/2010 2010236743

Amt Paid: 6300.00
Amt Billed: 6300.00
Dates: 11/01/2010 - 04/28/2014

Description: Other Medical
Invoice:
ICN:
Comment:

E1991.FRM (02-28-01)

Daughters Of Charity Health Sys / PPIC
Sedgwick CMS Inc.
Workers Compensation Account
P.O. Box 14522
Lexington, KY 40512-4522

DATE	CHECK AMT	CHECK NO.
09/02/2014	3,574.25	100174612

PAYEE	TAX ID
JOYCE ALTMAN	

SCMS UNIT	PAGE
011 DOCHS - WC Van Nuys Office	001

*000295 0100174612 00001 OF 00001 OCM 140902 1217

JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781

Claimant Name	Loss Date	Claim Number	SSN

FACILITY: St. Francis Medical Center(Lynwood)
ACCOUNT NUMBER:

07/14/2010 2010231370

Amt Paid: 3574.25 Description: Defense Atty Fees
Amt Billed: 3574.25 Invoice: 40032
ICN:
Dates: 11/01/2010 - 08/13/2014 Comment: 51696

PAID SEP 08 2014

E1991.FRM (02-28-01)

DATE	CHECK AMOUNT	CHECK NUMBER
04/15/2016	1,800.00	100194370

PAYEE	TAX ID
JOYCE ALTMAN	

SCMS UNIT	PAGE
011 Verity - WC Van Nuys Office	1

Verity Health System of California Inc
Sedgwick CMS Inc.
Workers Compensation Account
P.O. Box 14522
Lexington, KY 40512-4522

CHK0001
000 0000070 00000000 001 001 00070 INS: 0 0
JOYCE ALTMAN
PO BOX 4165
TUSTIN, CA 92781

PAID APR 18 2016

CLAIMANT NAME	LOSS DATE	CLAIM NUMBER	SSN
FACILITY: St Francis Medical Center ACCOUNT NUMBER:	07/14/2010	2010231370	
Amount Paid: 1,800.00	Description: Other Medical		
Amount Billed: 2,831.41	Invoice:	ICN:	40032
Dates: 04/12/2016 – 04/12/2016	Comment:		

CHK0001 V1.50

F.F. OK
SP

MP

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/22/16 37329

EAMS#(s):ADJ7464791 ADJ7447047
ADJ6987916+
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
WC604-A27119

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: TRAVIS MCKENZIE
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs GREGG INDUSTRIES, INC./NEENAH
Date Of Injury: 4/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/10	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/17/10	PR2/REEVAL	DR KATTAR* CLARA BONILLA # 500320	180.00
06/30/10	DEPO PREP	@ THE OFFICE OF HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	GRACE HERNANDEZ # 22859879	0.00
07/19/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
07/30/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
08/23/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
09/27/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
11/01/10	P AND S	DR KATTAR* JASON RAMIREZ # 500371	230.00
01/19/11	WCAB SA	MSC - MARIA SIONO # 43442382	156.50
03/01/11	PENALTIES	FOR DATE OF SERVICE 04/12/10	34.50
03/02/16	INTEREST	FOR DATE OF SERVICE 04/12/10	157.32
10/01/15	PENALTIES	FOR DATE OF SERVICE 06/30/10	23.48
02/15/12	INTEREST	FOR DATE OF SERVICE 06/30/10	27.27
10/01/15	PENALTIES	FOR DATE OF SERVICE 07/30/10	37.50
02/15/12	INTEREST	FOR DATE OF SERVICE 07/30/10	43.56
03/01/11	PENALTIES	FOR DATE OF SERVICE 11/01/10	34.50
03/02/16	INTEREST	FOR DATE OF SERVICE 11/01/10	141.53
05/02/11	WCAB LB	MSC- (FULL DAY)	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/18/12	PENALTIES	FOR DATE OF SERVICE 5/17/10	27.00
03/02/16	INTEREST	FOR DATE OF SERVICE 5/17/10	123.12
01/18/12	PENALTIES	FOR DATE OF SERVICE 7/19/10	27.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/22/16	37329

EAMS#(s):ADJ7464791 ADJ7447047
ADJ6987916+
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
WC604-A27119

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: TRAVIS MCKENZIE
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs GREGG INDUSTRIES, INC./NEENAH
Date Of Injury: 4/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/12	INTEREST	FOR DATE OF SERVICE 7/19/10	31.36
01/18/12	PENALTIES	FOR DATE OF SERVICE 8/23/10	27.00
03/02/16	INTEREST	FOR DATE OF SERVICE 8/23/10	15.38
01/18/12	PENALTIES	FOR DATE OF SERVICE 9/27/10	27.00
03/02/16	INTEREST	FOR DATE OF SERVICE 9/27/10	112.74
10/01/15	PENALTIES	FOR DATE OF SERVICE 1/19/11	23.48
03/02/16	INTEREST	FOR DATE OF SERVICE 1/19/11	92.40
10/01/15	PENALTIES	FOR DATE OF SERVICE 5/2/11	46.65
03/02/16	INTEREST	FOR DATE OF SERVICE 5/2/11	174.65
01/23/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/15/12	PMT BY CHECK	DOS 6/30/10-5/2/11 # 96311192	-626.24
02/22/12	PMT BY CHECK	P & I DOS 6/30/10-5/2/11 # 96342505	-116.21
02/27/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/12/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
06/11/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
07/23/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
10/13/12	MRI	REF BY DR KATTAR: LT KNEE @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/05/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
03/18/13	PR2/REEVAL	DR KATTAR* JESUS CASTILLO # 500358	180.00
04/22/13	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
07/08/13	PR2/REEVAL	DR KATTAR* JASON RAMIREZ	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/22/16 37329

EAMS#(s):ADJ7464791 ADJ7447047
ADJ6987916+
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
WC604-A27119

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: TRAVIS MCKENZIE
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs GREGG INDUSTRIES, INC./NEENAH
Date Of Injury: 4/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 500371	
08/05/13	PR2/REEVAL	DR KATTAR* JOHANNA JORDAN	180.00
		# 100793	
08/10/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/15/15	LEGAL_WCAB	C&R READING @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/15/15	PENALTIES	FOR DATE OF SERVICE 2/27/12	23.48
03/02/16	INTEREST	FOR DATE OF SERVICE 2/27/12	72.48
09/15/15	PENALTIES	FOR DATE OF SERVICE 3/12/12	27.00
03/02/16	INTEREST	FOR DATE OF SERVICE 3/12/12	82.57
09/15/15	PENALTIES	FOR DATE OF SERVICE 6/11/12	27.00
03/02/16	INTEREST	FOR DATE OF SERVICE 6/11/12	77.41
09/15/15	PENALTIES	FOR DATE OF SERVICE 7/23/12	27.00
03/02/16	INTEREST	FOR DATE OF SERVICE 7/23/12	75.03
09/15/15	PENALTIES	FOR DATE OF SERVICE 10/13/12	22.50
03/02/16	INTEREST	FOR DATE OF SERVICE 10/13/12	58.65
09/15/15	PENALTIES	FOR DATE OF SERVICE 11/5/12	27.00
03/02/16	INTEREST	FOR DATE OF SERVICE 11/5/12	69.08
09/15/15	PENALTIES	FOR DATE OF SERVICE 3/18/13	27.00
03/02/16	INTEREST	FOR DATE OF SERVICE 3/8/13	62.10
09/15/15	PENALTIES	FOR DATE OF SERVICE 4/22/13	27.00
03/02/16	INTEREST	FOR DATE OF SERVICE 4/22/13	59.55
09/15/15	PENALTIES	FOR DATE OF SERVICE 7/8/13	27.00
03/02/16	INTEREST	FOR DATE OF SERVICE 7/8/13	55.18
09/15/15	PENALTIES	FOR DATE OF SERVICE 8/5/13	27.00
03/02/16	INTEREST	FOR DATE OF SERVICE 8/5/13	53.59
09/15/15	LEGAL_WCAB	TRIAL @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/05/15	INTEREST	FOR DATE OF SERVICE 5/2/11	127.64
10/05/15	PENALTIES	FOR DATE OF SERVICE 1/23/12	23.48

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
03/22/16 37329

EAMS#(s):ADJ7464791 ADJ7447047
ADJ6987916+
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
WC604-A27119

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: TRAVIS MCKENZIE
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs GREGG INDUSTRIES, INC./NEENAH
Date Of Injury: 4/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/15	INTEREST	FOR DATE OF SERVICE 1/23/12	66.71
10/05/15	PENALTIES	FOR DATE OF SERVICE 2/27/12	23.48
10/05/15	PENALTIES	FOR DATE OF SERVICE 2/27/12	65.38
11/20/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
03/02/16	PENALTIES	FOR DATE OF SERVICE 8/10/15	23.48
03/02/16	INTEREST	FOR DATE OF SERVICE 8/10/15	8.14
03/02/16	PENALTIES	FOR DATE OF SERVICE 9/15/15	46.96
03/02/16	INTEREST	FOR DATE OF SERVICE 9/15/15	12.72
03/02/16	COSTS & SANC	COSTS & SANC	160.90
03/18/16	PMT BY CHECK	DOS 3/8/16* # 0029635906	-6500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

BRANCH OFFICE ADDRESS:
1915 NW AMBER GLEN PKWY
PO BOX 4025
BEAVERTON, OR 97076
800-424-0054

Liberty Mutual.

B. CODE	CHECK NUMBER	CHECK DATE
189	96311192	02/15/12
	CHECK AMOUNT ****6626.24	BLOCK NUMBER 006667

OSN: EE3801021504-000958

CLAIM #: WC 905-495117
CONTRACT #: WCJ-Y91-509058-039-92

CONTROL #: 000003879 ID: C905A66
PROVIDER #: N2189926503339

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 01/15/09
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: NEENAH ENTERPRISES
DATES OF SERVICE 06/30/10-05/02/11
LOCATION CODE: 030021

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
06/30/10	05/02/11	MISC		626.24	626.24	

NOTE: INTERPRETING SERVICE - I RAMOS

TOTAL CHARGES	626.24
TOTAL PAYABLE:	626.24
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	626.24

PAID
FEB 29 2012
BY:.....

#37329

2848.34 CA | C&S

P&I Updated 1/18

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

√L Ø/M Ø/P&I

BRANCH OFFICE ADDRESS:
1915 NW AMBER GLEN PKWY
PO BOX 4025
BEAVERTON, OR 97076
800-424-0054

Liberty Mutual

B. CODE	CHECK NUMBER	CHECK DATE
189	96342505	02/22/12
	CHECK AMOUNT ****$116.21	BLOCK NUMBER 006695

OSN: EE3801022204-000933

CLAIM #: WC 905-495117
CONTRACT #: WCJ-Y91-509058-039-92

CONTROL #: 000002117 ID: C905B24
PROVIDER #: N2189926548057

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 01/15/09
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: NEENAH ENTERPRISES
DATES OF SERVICE 06/30/10-05/02/11
LOCATION CODE: 030021

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
06/30/10	05/02/11	CA EXPNS		116.21	116.21	

NOTE: PENALTY & INTEREST PER ORDER - ISRAEL RAMOS

TOTAL CHARGES	116.21
TOTAL PAYABLE:	116.21
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	116.21

PAID FEB 27 2012
BY:.....

37329

Adj 6987916

$2333.10 CA/CAS CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS Paid to date this lien

Liberty Mutual. INSURANCE

B. CODE	CHECK REFERENCE	CHECK DATE
288	0029635906	03/18/16
	CHECK AMOUNT ***$6500.00	BLOCK NUMBER 007443

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801031803-001225
BANK: 288
CHECK REF: 0029635906 DATE: 03/18/16 AMT: 6,500.00
INTERNAL BILL NO: 112302985 MSR: N0077377
CUST/EXTERNAL BILL NO: 06160750302100
BR PROVIDER #: 008330956713A0 37329

CLAIM NO. WC 604-A01649 HOD
CONTRACT NO: WCJ-Y91-509058-039-92
DOCUMENT NO:

PAYEE: JOYCE ALTMAN INTERPRETING
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #:
SSN: XXX-XX-9265
DOI: 09/25/09
PATIENT:

F.F.

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

AGENCY CLAIM #(BOARD COMM #): 200910201458377181 2683
DIAG CODES: R68.89

EMPLOYER: NEENAH ENTERPRISES
ADDRESS: 10460 HICKSON ST
EL MONTE, CA 91731

PAID [illegible]

LOCATION CODE: 030021

DATES OF SERVICE: 03/08/16-03/08/16
AUDIT DATE: 03/15/16

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/08/16	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	6500.00	6500.00	N/A	0.00	6500.00 G5	Z473

TOTAL CHARGES:	6500.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	6500.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	6500.00

EXPLANATION CODE DESCRIPTIONS:
G5 THIS CHARGE WAS ADJUSTED FOR THE REASONS SET FORTH IN THE ATTACHED LETTER.
Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)
ZCA1 THE PAYMENT STATUS CODE REFLECTS THE RECOMMENDED ALLOWANCE AS A RESULT OF OUR BILL REVIEW ANALYSIS. THE ACTUAL PAYMENT WILL BE DETERMINED BY THE PAYOR. (ZCA1)
ZC72 IN THE EVENT THIS PAYMENT NEEDS TO BE RETURNED TO THE PAYER, PLEASE RETURN THE CHECK TO PO BOX 8011, WAUSAU, WI 54402. TO SUBMIT A DISPUTE OR APPEAL, PLEASE SEE THE ADDRESS IN THE UPPER LEFT HAND CORNER OF THIS EOB.

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS