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Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
69280	4/14/16 - 5/12/16	7/19/2016	$ 1,000.00	Initial, Initial Acup., PR-2 & F/U acup.	$ 1,000.00	6018591	7/14/2016	Corvel
69394	4/20/16 - 4/21/16	7/18/2016	$ 810.00	Admission & Surgery (6hrs 55mins)	$ 810.00	110890284	7/14/2016	Zurich
70867	11/28/2016	1/18/2017	$ 313.00	Board appear. Pom (Full day)	$ 313.00	01493490	1/11/2017	AmTrust
71314	2/9/17 - 4/4/17	5/9/2017	$ 406.50	Depo prep & Depo review	$ 406.50	0079259344	5/3/2017	Sedgwick
68727	3/3/2016	4/18/2016	$ 250.00	C&R reading	$ 250.00	0127086547	4/11/2016	Gallagher Bassett
68188	3/23/2016	4/20/2016	$ 250.00	Depo review	$ 250.00	520054	4/18/2016	LWP
67276	4/6/16 - 4/7/16	7/14/2016	$ 562.00	Admission & Surgery (4hrs)	$ 562.00	0129337718	7/18/2016	Gallagher Bassett
68726	3/3/16 - 3/23/16	4/21/2016	$ 563.00	Board appear. LBO, Depo prep & Depo review	$ 563.00	0127204877	4/14/2016	Gallagher Bassett
68985	3/14/2016	4/5/2016	$ 250.00	C&R reading	$ 250.00	001710922	4/22/2016	Lumbermen's (LUA)
68566	12/7/2016	3/14/2017	$ 230.00	P&S	$ 230.00	0135269846	3/8/2017	Gallagher Bassett
68283	3/29/2016	4/25/2016	$ 250.00	Depo review	$ 250.00	001710800	4/21/2016	Lumbermen's (LUA)
68623	3/31/2016	4/25/2016	$ 250.00	Depo review	$ 250.00	0063661899	4/22/2016	Sedgwick
67002	1/13/16 - 1/26/16	3/2/2013	$ 360.00	2 PR-2's	$ 360.00	1188029	2/25/2016	Ins. Co. of the West

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
69113	4/8/2016	6/24/2016	$ 250.00	Depo review	$ 250.00	7772901	6/21/2016	Corvel
68796	4/14/2016	6/27/2016	$ 250.00	Depo review	$ 250.00	00109857	6/22/2016	AmTrust (Sequoia Ins)
69288	4/28/2016	6/30/2016	$ 250.00	C&R reading	$ 250.00	CU-296125	6/28/2016	SCIF
69229	8/1/16 - 9/13/16	10/26/2016	$ 960.00	F/U acup., 3 PR-2's, Injection, & F/U phys tx	$ 960.00	891A87764051	10/20/2016	Travelers
69194	6/10/2016	7/6/2016	$ 250.00	Depo review	$ 250.00	259108	7/1/2016	Sedgwick
69338	5/9/2016	7/8/2016	$ 250.00	C&R reading	$ 250.00	872471	7/6/2016	Alaska National
69472	5/10/16 - 6/13/16	7/11/2016	$ 406.50	Depo prep & Depo review	$ 406.50	01224135	7/5/2016	AmTrust (Security National)
66912	6/9/2016	7/11/2016	$ 313.00	Board appear. LBO (Full day)	$ 313.00	64-748880	7/6/2016	York (State of California)
66774	6/14/2016	7/11/2016	$ 250.00	Depo review	$ 250.00	4408701	7/8/2016	Sedgwick
69528	5/2/2016	7/18/2016	$ 313.00	Board appear. LBO (Full day)	$ 313.00	1651595	7/12/2016	Meadowbrook (Star ins)
68678	2/15/16 - 3/31/16	5/25/2016	$ 770.00	Initial & 3 PR-2's	$ 770.00	0000415254	5/20/2016	York (Frank Gates)
69457	5/16/2016	7/19/2016	$ 250.00	C&R reading	$ 250.00	CP-927796	7/15/2016	SCIF

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
67487	6/8/2016	7/20/2016	$ 250.00	C&R reading	$ 250.00	CU-299464	7/15/2016	SCIF
70539	4/28/16 - 5/24/16	6/5/2017	$ 1,260.00	6 F/U acups. & PR-2	$ 1,260.00	0137407767	5/31/2016	Gallagher Bassett
69065	4/5/2016	5/31/2016	$ 250.00	C&R reading	$ 250.00	0000872463	5/26/2016	Applied Risk (California ins. Co.)
69098	4/28/2016	5/31/2016	$ 250.00	Depo review	$ 250.00	1258277263	5/23/2016	The Hartford
68291	3/31/2016	5/27/2016	$ 250.00	C&R reading	$ 250.00	5639704488	5/23/2016	Broadspire
68890	3/17/2016	5/16/2016	$ 250.00	C&R reading	$ 250.00	5085332	5/11/2016	Corvel
68354	1/29/16 - 3/25/16	6/6/2016	$ 820.00	Initial, Initial Acup., PR-2 & F/U acup.	$ 820.00	3256220	5/31/2016	Protective Insurance
68284	1/19/16 - 3/30/16	5/16/2016	$ 563.00	Depo prep, Depo review & Board appear. LBO	$ 563.00	02172378	5/9/2016	AmTrust (Technology Insurance)
68893	3/21/2016	5/9/2016	$ 250.00	C&R reading	$ 250.00	1100807102	5/4/2016	Zurich
68866	3/23/16 - 4/8/16	5/9/2016	$ 406.50	Depo prep & Depo review	$ 406.50	0127736921	5/5/2016	Gallagher Bassett
68707	3/29/2016	5/2/2016	$ 250.00	Depo review	$ 250.00	132178	4/29/2016	Illinois Midwest
68530	3/31/2016	5/4/2016	$ 250.00	Depo review	$ 250.00	1256978400	4/26/2016	The Hartford
68728	3/3/2016	5/2/2016	$ 250.00	Depo review	$ 250.00	0063897243	4/27/2016	Sedgwick

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of syc(s)	Paid Amt	Check No.	Check Date	Payment Authority
68250	12/15/15 - 3/3/16	5/2/2016	$ 590.00	Initial & 2 PR-2's	$ 590.00	000001723	4/29/2016	Carl Warren & Co.
68520	3/29/2016	4/28/2016	$ 250.00	Depo review	$ 250.00	0127356885	4/21/2016	Gallagher Bassett
68856	3/22/2016	4/25/2016	$ 250.00	C&R reading	$ 250.00	CS-595618	4/25/2016	SCIF
68621	2/26/2016	4/28/2016	$ 250.00	C&R reading	$ 250.00	0000854885	4/21/2016	Applied Risk (California ins. Co.)
67994	12/1/15 - 3/15/16	4/29/2016	$ 1,130.00	Initial & 5 PR-2's	$ 1,130.00	1441660	4/22/2016	Broadspire
67905	2/2/2016	2/29/2016	$ 250.00	Depo review	$ 250.00	0125890855	2/24/2016	Gallagher Bassett
68039	2/4/2016	2/29/2016	$ 250.00	Depo review	$ 250.00	1222740	2/25/2016	Argonaut
68190	1/13/2016	2/24/2016	$ 250.00	C&R reading	$ 250.00	0000826275	2/22/2016	Applied Risk (California ins. Co.)
61524	1/25/2016	2/24/2016	$ 180.00	PR-2	$ 180.00	1801641	2/22/2016	York
68306	2/3/2016	2/22/2016	$ 313.00	Board appear. AHM (Full day)	$ 313.00	54890	2/19/2016	American Claims (Zurich)
68416	5/16/2016	6/6/2016	$ 313.00	Board appear. LBO (Full day)	$ 313.00	896D87833454	6/1/2016	Travelers
68427	4/19/16 - 5/2/16	6/6/2016	$ 406.50	Depo prep & Depo review	$ 406.50	5639762349	5/26/2016	Broadspire
65060	4/18/2017	5/9/2017	$ 165.00	Board appear. SA	$ 165.00	8122456	4/24/2017	Corvel
71490	3/22/2017	5/5/2017	$ 250.00	Depo review	$ 250.00	1927818	5/2/2017	York

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68414	1/28/16 - 4/20/16	6/6/2016	$ 876.00	Depo prep, Board appear. LBO, Depo review, Board appear. LBO (Full day)	$ 876.00	CU-291603	6/3/2016	SCIF
68730	5/11/2016	6/6/2016	$ 250.00	Depo review	$ 250.00	167666	5/31/2016	LWP
68059	12/4/15 - 4/20/16	6/6/2016	$ 950.00	Initial & 4 PR-2's	$ 950.00	3772	6/2/2016	Athens
68798	4/19/2016	6/6/2016	$ 250.00	Depo review	$ 250.00	01181640	6/2/2016	AmTrust (Security National)
68210	5/9/2016	6/13/2016	$ 250.00	C&R reading	$ 250.00	335198	6/9/2016	American Claims (Everest National)
69334	5/3/2016	6/13/2016	$ 250.00	C&R reading	$ 250.00	5639935203	6/8/2016	Broadspire
68252	3/31/16 - 4/29/16	6/13/2016	$ 360.00	2 PR-2's	$ 360.00	DA76250646	6/8/2016	ACE/ESIS
69489	12/12/2016	1/9/2017	$ 190.00	Board appear. SBR	$ 190.00	CS-623807	1/6/2017	SCIF
70437	9/21/2016	12/7/2016	$ 313.00	Board appear. Pom (Full day)	$ 313.00	CS-620596	12/5/2016	SCIF
70647	10/20/2016	12/12/2016	$ 250.00	C&R reading	$ 250.00	0000965880	12/8/2016	Applied Risk (California ins. Co.)
70267	8/24/16 - 10/11/16	12/15/2016	$ 406.50	Depo prep & Depo review	$ 406.50	0133156627	12/9/2016	Gallagher Bassett
69325	4/21/16 - 10/13/16	12/19/2016	$ 770.00	Initial & 3 PR-2's	$ 770.00	1534179	12/8/2016	Ins. Co. of the West

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
70799	11/17/2016	12/27/2016	$ 250.00	C&R reading	$ 250.00	DA77271612	12/26/2016	ACE/ESIS
70599	10/11/16 - 11/9/16	12/29/2016	$ 563.00	Depo prep, Board appear. LBO & Depo review	$ 563.00	1546510	12/19/2016	Ins. Co. of the West
70443	12/2/2016	12/22/2016	$ 250.00	Depo review	$ 250.00	2242684	12/20/2016	Berkshire Hathaway (Redwood fire & Casualty)
68530	12/21/2016	1/25/2017	$ 250.00	C&R reading	$ 250.00	1268519650	1/17/2017	The Hartford
70573	9/27/2016	12/12/2016	$ 900.00	Surgery (10 hrs)	$ 900.00	891A87900207	12/8/2016	Travelers
69679	7/26/16 - 1/4/17	1/25/2017	$ 500.00	Depo review & C&R reading	$ 500.00	1268523739	1/17/2017	The Hartford
70158	12/2/2016	1/23/2017	$ 250.00	Depo review	$ 250.00	1583770	1/18/2017	Ins. Co. of the West
70050	7/27/16 - 12/19/16	1/19/2017	$ 406.50	Depo prep & Depo review	$ 406.50	1268440396	1/13/2017	The Hartford
67486	12/1/2016	1/17/2017	$ 250.00	C&R reading	$ 250.00	0070062294	1/10/2017	Sedgwick
70598	11/29/2016	1/17/2017	$ 250.00	Depo review	$ 250.00	2594160	1/12/2017	AmTrust (Technology Insurance)
70812	11/16/2016	1/12/2017	$ 250.00	Depo review	$ 250.00	0000056256	1/4/2017	American Equity
70588	10/5/16 - 10/11/16	1/6/2017	$ 630.00	Pre-op, Admission & Surgery (2 hrs 45 mins)	$ 630.00	0701324	1/3/2017	Berkshire Hathaway (Cypress Insurance)
67259	10/26/2016	1/3/2017	$ 250.00	Depo review Vol II	$ 250.00	2402181	12/27/2016	CHUBB

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Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
70755	11/7/16 - 12/7/16	12/14/2016	$ 406.50	Depo prep & Depo review	$ 406.50	7930019	12/27/2016	Corvel
70312	9/13/16 - 10/21/16	1/4/2017	$ 406.50	Depo prep & Depo review	$ 406.50	5642954856	12/28/2016	Broadspire
71378	2/23/2017	5/9/2017	$ 250.00	C&R reading	$ 250.00	0001029760	5/4/2017	Applied Risk (California ins. Co.)
64316	9/9/2016	10/19/2016	$ 250.00	C&R reading	$ 250.00	0000941309	10/17/2016	Applied Risk (California ins. Co.)
70264	8/23/2016	10/20/2016	$ 250.00	C&R reading	$ 250.00	CT-456402	10/18/2016	SCIF
67515	8/25/2016	10/24/2016	$ 180.00	PR-2	$ 180.00	1460381	10/11/2016	Ins. Co. of the West
69895	6/29/16 - 9/13/16	10/21/2016	$ 719.50	Depo prep, 2 Board appear. AHM & Depo review	$ 719.50	10020200	10/18/2016	Packard Claims
68520	9/15/2016	10/24/2016	$ 250.00	C&R reading	$ 250.00	0131796370	10/17/2016	Gallagher Bassett
70140	9/20/2016	10/24/2016	$ 250.00	Depo review	$ 250.00	0072803399	10/21/2016	Sedgwick
61575	10/3/2016	10/24/2016	$ 250.00	C&R reading	$ 250.00	65-368067	10/20/2016	York (State of California)
70269	9/20/2016	10/24/2016	$ 250.00	Depo review	$ 250.00	896D88473739	10/20/2016	Travelers
70302	9/9/2016	10/25/2016	$ 250.00	C&R reading	$ 250.00	0003135672	10/20/2016	Crum & Forster
71200	2/3/17 - 3/24/17	5/31/2017	$ 813.00	2 Depo preps & 2 Depo reviews	$ 813.00	CS-636968	5/25/2017	SCIF

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71492	3/23/2017	5/31/2017	$ 313.00	Board appear. LBO (Full day)	$ 313.00	CE-842965	5/25/2017	SCIF
70949	12/12/16 - 2/27/17	3/14/2017	$ 406.50	Depo prep & Depo review	$ 406.50	896D89079048	3/8/2017	Travelers
70962	12/19/2016	3/14/2017	$ 190.00	Board appear. SBR	$ 190.00	1648846	3/9/2017	Ins. Co. of the West
70865	12/2/16 - 12/16/16	3/14/2017	$ 406.50	Depo prep & C&R reading	$ 406.50	128370905	3/10/2017	Cannon Cochran (CCMSI)
71171	1/31/2017	3/14/2017	$ 250.00	C&R reading	$ 250.00	0724476	3/9/2017	Berkshire Hathaway (Cypress Insurance)
69870	1/5/2017	3/16/2017	$ 313.00	Board appear. AHM (Full day)	$ 313.00	0078050742	3/9/2017	Sedgwick
71037	12/13/2016	3/14/2017	$ 607.50	Surgery (6hrs 45mins)	$ 607.50	0480245	3/10/2017	Berkshire Hathaway (Oak River)
70050	5/8/2017	5/31/2017	$ 313.00	Board appear. LBO (Full day)	$ 313.00	1274041848	5/25/2017	The Hartford
68256	1/4/16 - 8/29/16	2/27/2017	$ 1,950.00	4 PR-2's, 4 F/U acups. & Lien fil fee	$ 1,950.00	01312896	2/22/2017	AmTrust (Wesco Insurance)
70644	10/25/16 - 11/8/16	3/6/2017	$ 406.50	Depo prep & Depo review	$ 406.50	7986201	2/28/2017	Corvel
71071	1/5/2017	3/6/2017	$ 250.00	C&R reading	$ 250.00	0001002771	1/5/2017	Applied Risk (California ins. Co.)

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69470	5/5/16 - 1/19/17	3/7/2017	$ 719.50	Depo prep, Depo review & Board appear. LBO (Full day)	$ 719.50	0069018278	3/1/2017	Sedgwick
70577	9/30/16 - 11/30/16	3/7/2017	$ 1,090.00	Initial, Initial chiro, PR-2, Initial acup., & 2 F/U acups.	$ 1,090.00	1635405	2/28/2017	Ins. Co. of the West
71273	2/14/2017	2/23/2017	$ 165.00	Board appear. SA	$ 165.00	492605	2/14/2017	Berkshire Hathaway
68976	3/29/16 - 1/23/17	2/21/2017	$ 563.00	Depo prep, Depo review & Board appear. AHM	$ 563.00	013480930	2/16/2017	Gallagher Bassett
71621	1/25/17 - 3/8/17	5/19/2017	$ 406.50	Depo prep & Depo review	$ 406.50	0749167	5/17/2017	Berkshire Hathaway (Cpyress insurance)
70752	10/11/16 - 12/22/16	2/23/2017	$ 540.00	3 PR-2's	$ 540.00	66-028012	2/17/2017	York (State of California)
35027	4/11/2017	5/25/2017	$ 250.00	Depo review	$ 250.00	66601668	5/22/2017	York (State of California)
70606	10/6/16 - 12/14/16	2/21/2017	$ 445.00	Board appear. SBR & Depo review	$ 445.00	1618378	2/15/2017	Ins. Co. of the West
69619	5/19/2016	9/7/2016	$ 230.00	Initial	$ 230.00	144629170	5/19/2016	Cannon Cochran (CCMSI)
60987	2/19/2016	3/14/2016	$ 250.00	C&R reading	$ 250.00	0057970971	2/19/2016	Sedgwick

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68205	1/11/16 - 2/8/16	3/15/2016	$ 406.50	Depo prep & Depo review	$ 406.50	7691070	3/11/2016	Corvel
35016	12/19/2016	3/23/2016	$ 250.00	C&R reading	$ 250.00	26464	3/17/2016	Athens
68274	2/12/2016	3/22/2016	$ 250.00	Depo review	$ 250.00	0003062204	3/17/2016	Crum & Forster
67860	1/20/16 - 1/21/16	3/17/2016	$ 630.00	Admission & Surgery (5 hrs)	$ 630.00	3133377	3/10/2016	Intercare
70152	8/8/2016	9/30/2016	$ 250.00	C&R reading	$ 250.00	CU-312158	9/28/2016	SCIF
65628	1/29/16 - 8/1/16	10/7/2016	$ 3,580.00	P&S, 13 PR-2's, F/U acup., Initial & 4 L.I.N.T.	$ 3,580.00	1446103	9/29/2016	Ins. Co. of the West
68304	2/3/2016	3/7/2016	$ 250.00	C&R reading	$ 250.00	CE-799049	3/4/2016	SCIF
64904	1/26/2016	3/1/2016	$ 250.00	Depo review	$ 250.00	0060424472	3/1/2016	Sedgwick
64925	2/3/2016	3/1/2016	$ 250.00	C&R reading	$ 250.00	0000402126	2/26/2016	York (Frank Gates)
69812	6/15/16 - 7/20/16	9/22/2016	$ 500.00	Initial, Initial Chiro. & PR-2	$ 500.00	5075474	9/14/2016	Corvel
70210	8/17/2016	9/20/2016	$ 250.00	C&R reading	$ 250.00	891A87668944	9/16/2016	Travelers
70062	8/18/16 - 9/14/16	9/20/2016	$ 406.50	Depo prep & Board appear. LBO	$ 406.50	891A87668945	9/16/2016	Travelers
69326	4/26/16 - 5/16/16	9/16/2016	$ 406.50	Depo prep & C&R reading	$ 406.50	148939640	9/13/2016	Cannon Cochran (CCMSI)

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69764	6/7/16 - 7/27/16	9/27/2016	$ 1,900.00	Initial, Initial Acup., 7 F/U acups. & PR-2	$ 1,900.00	01319531	9/12/2016	AmTrust (ANA UBI Claims)
68627	4/5/2016	9/16/2016	$ 250.00	Depo review	$ 250.00	0130888885	9/9/2016	Gallagher Bassett
70078	8/3/2016	9/16/2016	$ 250.00	C&R reading	$ 250.00	4916	9/13/2016	Carl Warren & Co.
69901	6/30/16 - 8/1/16	9/26/2016	$ 406.50	Depo prep & Depo review	$ 406.50	0131185078	9/21/2016	Gallagher Bassett
69989	7/14/16 - 11/10/16	3/7/2017	$ 950.00	Initial & 4 PR-2's	$ 950.00	903A66559222	3/1/2017	Travelers
70064	8/18/2016	9/26/2016	$ 250.00	Depo prep & Depo review	$ 250.00	2236259	11/17/2016	Berkshire Hathaway (Redwood fire & Casualty)
69190	4/11/2016	7/29/2016	$ 250.00	C&R reading	$ 250.00	1555855	7/25/2016	Liberty Mutual
68622	10/4/2016	10/31/2016	$ 156.50	Board Appear. (LBO)	$ 156.50	5642017641	10/26/2016	Broadspire
69254	4/4/16 - 6/1/16	8/2/2016	$ 1,000.00	Initial, PR-2, Initial acup & 2 F/U acups.	$ 1,000.00	0129820006	7/28/2016	Gallagher Bassett
68183	6/14/2016	8/1/2016	$ 250.00	Depo review	$ 250.00	0000042113	7/29/2016	Benchmark
69453	5/17/2016	8/1/2016	$ 313.00	Board appear. LBO (Full day)	$ 313.00	0066565510	7/27/2016	Sedgwick
70070	8/26/2016	9/23/2016	$ 250.00	Depo review	$ 250.00	0069541835	9/20/2016	Sedgwick

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70204	8/22/2016	10/10/2016	$ 190.00	Board appear. SBR	$ 190.00	31155234	10/4/2016	Chartis/AIG (American International Group)
69038	3/18/16 - 5/26/16	8/2/2016	$ 1,000.00	Initial, PR-2, Initial acup & 2 F/U acups.	$ 1,000.00	0129859928	7/29/2016	Gallagher Bassett
71268	2/15/2017	4/13/2017	$ 250.00	C&R reading	$ 250.00	CU-340904	4/11/2017	SCIF
69572	3/6/2017	4/17/2017	$ 250.00	Depo review	$ 250.00	0001020995	4/13/2017	Applied Risk (California ins. Co.)
69812	10/3/16	11/22/2016	$ 180.00	PR2	$ 180.00	5082664	11/15/2016	Corvel
71452	3/14/2017	4/21/2017	$ 250.00	C&R reading	$ 250.00	CP-967881	4/19/2017	SCIF
70503	9/16/16 - 2/27/17	4/11/2017	$ 2,350.00	Initial, F/U chiro tx, 3 PR-2's, Initial Acup. & 7 F/U acups.	$ 2,350.00	1101194633	4/6/2017	Zurich
69967	7/13/16 - 9/21/16	10/31/2016	$ 563.00	2 Depo preps & Depo review	$ 563.00	0131965600	3/2/2016	Gallagher Bassett
68344	1/26/16 - 2/2/16	4/14/2016	$ 585.00	Pre-op & Surgery (4.5 hrs)	$ 585.00	01115228	4/11/2016	Amtrust (Security National)
69929	7/8/16 - 7/29/16	11/8/2016	$ 406.50	Depo prep & Depo review	$ 406.50	148945543	11/4/2016	CCMSI
67733	10/3/2016	11/8/2016	$ 250.00	C&R reading	$ 250.00	02475532	11/2/2016	AmTrust (Technology Insurance)

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
December 2015 - June 2017

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
69686	6/9/16 - 7/5/16	11/8/2016	$ 563.00	Board appear. (LBO) & 2 C&R readings	$ 563.00	1019454	11/1/2016	Corvel
71026	2/20/2017	4/14/2017	$ 180.00	PR-2	$ 180.00	1684116	4/10/2017	Ins. Co. of the West
69674	10/24/2016	11/15/2016	$ 313.00	Board appear. Pom (Full day)	$ 626.00	891A87823372	11/10/2016	Travelers
70428	10/26/2016	11/21/2016	$ 250.00	Depo review	$ 250.00	1884770	11/18/2016	York
70064	10/26/2016	11/2/2016	$ 250.00	C&R reading	$ 250.00	2236259	11/17/2016	Berkshire Hathaway (Redwood fire & Casualty)
70295	10/27/2016	11/28/2016	$ 250.00	Depo review	$ 250.00	3000412014	11/23/2016	Republic Indemnity
68566	2/9/16 - 9/13/16	11/23/2016	$ 1,260.00	7 PR-2's	$ 1,260.00	0132475401	11/13/2016	Gallagher Bassett
69335	5/3/16 - 6/20/16	8/8/2016	$ 563.00	2 Board appear. (LBO) & (ANA) & Depo review	$ 563.00	80013246	8/2/2016	CIGA (LUA)
70283	9/22/2016	11/16/2016	$ 250.00	Depo review	$ 250.00	CU-319547	11/14/2016	SCIF
71376	2/23/2017	4/10/2017	$ 250.00	C&R reading	$ 250.00	CS-632509	4/7/2017	SCIF
69489	8/22/16	9/15/2016	$ 190.00	Board appear. SBR	$ 190.00	CS-612083	9/13/2016	SCIF

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
December 2015 - June 2017

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
69274	4/13/16 - 6/14/16	8/10/2016	$ 820.00	2 Initial's, PR-2 & 2 F/U chiro tx	$ 820.00	3127983	8/3/2016	Sedgwick
70594	9/21/16 - 10/8/16	12/2/2016	$ 406.50	Depo prep & Depo review	$ 406.50	148763	11/29/2016	York
68136	1/4/2016	2/5/2016	$ 250.00	C&R reading	$ 250.00	8815734880	2/2/2016	Farners
68275	3/1/2016	4/12/2016	$ 250.00	Depo review	$ 250.00	0064189587	4/8/2016	Sedgwick
69682	6/8/2016	8/23/2016	$ 313.00	Board appear. LBO (Full day)	$ 313.00	896D88189251	8/18/2016	Travelers
69788	3/18/16 - 10/7/16	12/5/2016	$ 1,130.00	5 PR-2's & P&S	$ 1,130.00	0132821010	11/28/2016	Gallagher Bassett
69950	7/13/16 - 8/1/16	8/23/2016	$ 406.50	Depo prep & Depo review	$ 406.50	2218531	8/16/2016	Berkshire Hathaway (Redwood fire & Casualty)
69784	6/15/16 - 7/13/16	8/16/2016	$ 406.50	Depo prep & Depo review	$ 406.50	0130172997	8/11/2016	Gallagher Bassett
69678	6/15/2016	8/17/2016	$ 250.00	C&R reading	$ 250.00	0000911114	8/15/2016	Applied Risk (California ins. Co.)
68353	1/29/16 - 11/8/16	12/5/2016	$ 945.00	2 Surgeries (6.5 hrs & 4 hrs)	$ 945.00	896D88654742	11/30/2016	Travelers
69080	6/22/2016	7/27/2016	$ 250.00	Depo review	$ 250.00	CU-301067	7/25/2016	SCIF
69548	5/4/16 - 5/5/16	8/16/2016	$ 495.00	Admission & Surgery (3 hrs 30 mins)	$ 495.00	0130175856	8/11/2016	Gallagher Bassett

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
December 2015 - June 2017

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
70250	8/2/16 - 9/6/16	11/17/2016	$ 1,050.00	2 Initial's, Initial Acup, F/U acup & PR-2	$ 1,050.00	1498875	11/9/2016	Ins. Co. of the West
68252	12/14/15 - 2/29/16	6/13/2016	$ 590.00	Initial& 2 PR-2's	$ 590.00	DA75950780	4/12/2016	ACE/ESIS
70349	8/11/16 - 10/5/16	11/17/2016	$ 2,000.00	2 Initial's, Initial acup, F/U acup & 5 PR-2's	$ 2,000.00	1101024118	11/8/2016	Zurich
69922	6/17/2016	10/7/2016	$ 540.00	Admin/Surgery (6 hrs 5 min)	$ 540.00	688535	10/3/2016	Care West Claims
71334	2/14/2017	4/21/2017	$ 540.00	Surgery (6 hrs)	$ 540.00	2268631	4/19/2017	Berkshire Hathaway (Redwood fire & Casualty)
69229	4/5/16 - 7/27/16	8/31/2016	$ 2,900.00	3 Initial's, 9 PR-2's, Initial acup & 2 F/U acups.	$ 2,900.00	891A87601143	8/23/2016	Travelers
70128	7/28/16 - 10/13/16	11/28/2016	$ 1,180.00	Initial, 2 PR-2's. Initial acup. & 2 F/U acups.	$ 1,180.00	3015819	11/15/2016	Corvel
69006	3/14/16 - 5/11/16	6/22/2016	$ 640.00	Initial, Initial acup. & PR-2	$ 640.00	1100857959	6/16/2016	Zurich
68684	2/29/16 - 10/3/16	2/15/2017	$ 3,410.00	6 PR-2's, 2 shockwave tx, 9 F/U acups & P&S	$ 3,410.00	1605009	2/3/2017	Ins. Co. of the West

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
December 2015 - June 2017

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
69280	4/14/16 - 5/12/16	7/19/2016	$ 1,000.00	Initial, Initial acup, PR-2 & 2 F/U acup	$ 1,000.00	6018591	7/14/2016	Corvel
69392	4/21/16 - 6/30/16	8/16/2016	$ 3,520.00	Initial, Initial acup, 12 F/U acups., 4 PR-2's & 2 F/U chiro	$ 3,520.00	64-936294	8/8/2016	York (State of California)
69186	5/12/2016	8/4/2016	$ 250.00	Depo review	$ 250.00	877762	7/28/2016	Alaska National
69274	4/13/16 - 6/14/16	8/10/2016	$ 820.00	2 Initial's, PR-2 & 2 F/U chiro tx	$ 820.00	3127983	8/3/2016	Sedgwick
69870	6/21/16 - 8/1/16	9/1/2016	$ 406.50	Depo prep & Depo review	$ 406.50	0073136162	8/29/2016	Sedgwick
69952	7/14/16 - 9/2/16	10/14/2016	$ 406.50	Depo prep & Depo review	$ 406.50	013167359	10/9/2016	Gallagher Bassett
66440	12/2/2016	12/27/2016	$ 250.00	C&R reading	$ 250.00	1267345748	12/19/2016	The Hartford
70589	10/5/16 - 10/11/16	12/30/2016	$ 832.00	Pre-op, Admission & Surgery (5 hrs)	$ 832.00	209610	12/27/2016	York
69700	7/6/2016	8/23/2016	$ 250.00	C&R reading	$ 250.00	CP-933696	8/19/2016	SCIF

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
December 2015 - June 2017

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
68559	2/17/16 - 6/27/16	8/25/2016	$ 2,350.00	Initial acup., 6 F/U acups., Initial, 3 PR-2's & 3 F/U chiro tx.	$ 2,350.00	01279777	8/15/2016	AmTrust (ANA UBI Claims)
69337	7/19/2016	9/9/2016	$ 313.00	Board appear. LBO (Full day)	$ 313.00	0657539	7/19/2016	Berkshire Hathaway (Cypress Insurance)
70051	7/21/2016	9/9/2016	$ 250.00	C&R reading	$ 250.00	1414617	9/2/2016	Ins. Co. of the West
70751	10/18/2016	1/12/2017	$ 810.00	Admission/Surgery (8.5 hrs)	$ 810.00	0703270	1/9/2017	Berkshire Hathaway (Cypress Insurance)
70239	6/30/16 - 7/27/16	9/12/2016	$ 406.50	Depo prep & Depo review	$ 406.50	0020272	9/6/2016	Patriot Risk (National Casualty)
69735	6/2/2016	9/6/2016	$ 540.00	Surgery (6 hrs)	$ 540.00	0000215530	9/1/2016	Gallagher Bassett
69290	8/17/2016	9/15/2016	$ 250.00	Depo prep	$ 250.00	0070832752	9/6/2016	Sedgwick
69059	7/22/2016	9/1/2016	$ 180.00	PR-2	$ 180.00	0000014460	8/26/2016	Matrix
66107	9/12/2016	10/12/2016	$ 313.00	Board appear. LBO (Full day)	$ 313.00	1264214723	10/5/2016	The Hartford
69946	6/17/2016	10/7/2016	$ 720.00	Surgery (8 hrs 5mins)	$ 720.00	138327	10/4/2016	Illinois Midwest (Benchmark)
61575	9/1/2016	10/3/2016	$ 313.00	Board appear. LBO (Full day)	$ 313.00	65-257141	9/29/2016	York (State of California)

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
December 2015 - June 2017

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
70014	7/19/16 - 8/25/16	10/17/2016	$ 1,590.00	2 Initial's, Initial acup., 3 F/U acups. & 2 PR-2's	$ 1,590.00	0131429410	9/30/2016	Gallagher Bassett
68110	1/20/2016	3/23/2016	$ 250.00	Depo review	$ 250.00	02090130	3/17/2016	AmTrust (Technology Insurance)
69280	8/25/2016	10/3/2016	$ 180.00	PR-2	$ 180.00	6020085	9/27/2016	Corvel
68425	2/4/2016	3/25/2016	$ 250.00	C&R reading	$ 250.00	1703158	3/22/2016	Lumbermen's (LUA)
70349	12/15/16 - 3/24/17	5/1/2017	$ 2,070.00	9 PR-2's, 2 F/U acups. & Initial Phys tx.	$ 2,070.00	1101212961	4/24/2017	Zurich
68174	1/8/2016	2/12/2016	$ 250.00	C&R reading	$ 250.00	0125468227	2/7/2016	Gallagher Bassett
68288	1/22/16 - 2/12/16	4/6/2016	$ 406.50	Depo prep & Depo review	$ 406.50	01098643	3/29/2016	AmTrust (ANA UBI Claims)
65459	3/8/2016	4/5/2016	$ 250.00	C&R reading	$ 250.00	0126835481	3/31/2016	Gallagher Bassett
67731	1/28/2016	4/11/2016	$ 250.00	Depo review	$ 250.00	0126916002	4/4/2016	Gallagher Bassett
68559	7/21/2016	9/19/2016	$ 180.00	PR-2	$ 180.00	01317645	9/9/2016	AmTrust (ANA UBI Claims)

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
December 2015 - June 2017

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
69274	6/28/2016	8/29/2016	$ 180.00	PR-2	$ 180.00	3139263	8/25/2016	Sedgwick
70961	12/9/16 - 12/30/16	1/30/2017	$ 406.50	Depo prep & Depo review	$ 406.50	CE-832182	1/25/2017	SCIF
70994	12/21/2016	2/14/2017	$ 250.00	C&R reading	$ 250.00	0000994041	12/21/2016	Applied Risk (California ins. Co.)
68288	1/17/2017	2/13/2017	$ 195.00	Board appear. Riv	$ 195.00	01541510	2/7/2017	AmTrust (ANA UBI Claims)
69280	7/21/2016	8/29/2016	$ 180.00	PR-2	$ 180.00	6019369	8/25/2016	Corvel
70798	12/28/2016	2/6/2016	$ 250.00	Depo review	$ 250.00	46847848	2/1/2017	Sentry
69981	7/14/16 - 12/3/16	2/7/2017	$ 1,180.00	Initial, Initial acup. & 4 PR-2's	$ 1,180.00	1597532	1/30/2017	Ins. Co. of the West
70760	12/27/2016	2/3/2017	$ 250.00	Depo review	$ 250.00	105301619	1/30/2017	C.N.A. Claims
70964	12/5/16 - 12/27/16	1/31/2017	$ 406.50	Depo prep & Depo review	$ 406.50	01526227	12/27/2016	AmTrust (ANA UBI Claims)
71207	1/31/2017	3/20/2017	$ 250.00	Depo review	$ 250.00	66-183922	1/31/2017	York (State of California)

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
December 2015 - June 2017

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
70452	8/29/16 -2/6/17	3/23/2017	$ 5,730.00	2 Initial's, Initial acup., 10 PR-2's & 17 F/U acups.	$ 5,730.00	1653273	3/14/2017	Ins. Co. of the West
71164	1/26/17 - 2/22/17	3/23/2017	$ 406.50	Depo prep & Depo review	$ 406.50	1270956795	3/15/2017	The Hartford
71214	1/25/2017	3/8/2017	$ 250.00	C&R reading	$ 250.00	0067601268	3/20/2017	Sedgwick
71061	12/29/2016	3/20/2017	$ 675.00	Admission/Surgery (7.5 hrs)	$ 675.00	0135395621	3/13/2017	Gallagher Bassett
68435	10/21/16 - 1/10/17	2/14/2017	$ 656.50	Depo review, C&R reading & Board appear. LBO	$ 656.50	144631361	2/9/2017	Cannon Cochran (CCMSI)
70665	10/27/16 - 2/21/17	3/17/2017	$ 563.00	Depo prep, Depo review & Board appear. LBO	$ 563.00	01595944	3/14/2017	AmTrust (ANA UBI Claims)
71010	12/27/2016	2/15/2017	$ 832.50	Surgery (9 hrs 10 mins)	$ 832.50	891A88072271	2/10/2017	Travelers
69776	6/20/2016	8/4/2016	$ 250.00	C&R reading	$ 250.00	CE-815716	8/2/2016	SCIF
69573	7/8/2016	7/8/2016	$ 250.00	Depo review	$ 250.00	891A87531059	7/29/2016	Travelers
69280	6/22/16 - 6/24/16	8/1/2016	$ 360.00	2 F/U acups.	$ 360.00	6018821	7/26/2016	Corvel

Spanish Language Market Rate Summary Graph (per 8 CCR, Article 5.7)
December 2015 - June 2017

Invoice	Service Date(s)	Invoice Date	Billed Amt	Tpye of svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
70861	11/29/2016	3/27/2017	$ 250.00	C&R reading	$ 250.00	344679	3/24/2017	Sedgwick
71206	2/2/2017	3/20/2017	$ 250.00	Depo review	$ 250.00	896D89106851	2/2/2017	Travelers
70389	8/26/16 - 2/22/17	3/30/2017	$ 5,730.00	Initial, 6 Chiro tx., Initial acup., 23 F/U acups. 2 PR-2's & Final acup.	$ 5,730.00	2006861	3/28/2017	Broadspire
70619	8/17/16 - 4/11/17	5/22/2017	$ 5,910.00	Initial, Initial acup., 18 F/U acups., 11 PR-2's & P&S	$ 5,910.00	1101240656	5/17/2017	Zurich
70539	9/22/16 - 4/7/17	5/17/2017	$ 9,250.00	Initial, Initial acup., 42 acups., 6 PR-2's & F.C.E.	$ 9,250.00	0136916844	5/11/2017	Gallagher Bassett
61464	1/29/16 - 3/1/16	5/11/2017	$ 360.00	2 PR-2's	$ 360.00	000037572	5/1/2016	Frye (Transguard insurance)
71280	2/14/17 - 5/3/17	6/8/2017	$ 406.50	Depo prep & Depo review	$ 406.50	0137465857	6/2/2017	Gallagher Bassett

Joyce Altman Interpreters, 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 69280

EAMS#(s):ADJ9807508
ADJ9807511
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
PP-15-010101; PP-15-01009

BILL TO:
CORVEL CORPORATION (SACREM)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs ALCAL SPECIALTY CONTRACTING
Date Of Injury: 10/16/14; 8/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/16	INITIAL EXAM	DR GALAL GOUBRAN/DAVE FRANKE, P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/11/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/10/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/16/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/14/16	PMT BY CHECK	DOS 4/14/16-5/12/16* =# 6018591	-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#
07/19/16 69280

EAMS#(s):ADJ9807508
ADJ9807511
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
PP-15-010101; PP-15-01009

BILL TO:
CORVEL CORPORATION (SACREM)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs ALCAL SPECIALTY CONTRACTING
Date Of Injury: 10/16/14; 8/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 900.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent 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 ENTERPRISE COMP, INC.
PACIFIC COAST BUILDING PRODUCTS PAID ON BEHALF OF
SAFETY NATIONAL / SAFETY FIRST INSURANCE COMPANY
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= PCBP1
11-24
1210(8)

CHECK NUMBER	CHECK DATE
6018591	07/14/16

Claim#: PP-15-010101

PAY EXACTLY: *One thousand and 00/100 Dollars*

******$1,000.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000601859⑈ ⑆121000248⑆ 4122 383730⑈

TACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: Alcal Riverside, Multi Product
1614 Marlborough Ave Unit S2
Riverside, CA 92507

Employer
Patient:

Patient DOB: 11/11/1991

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3140173 - 1
Reprice: CA, 92781
Billed Date: 06/10/2016
Business Rcvd: 06/22/2016
MBR Rcvd: 06/22/2016
MBR Date: 07/13/2016
Date Approved: 07/13/2016
DOS From - To: 04/14/2016 - 05/12/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Leos, June

Treating Provider:
Referring Physician: GALAL GOURBRAN
Patient Control #: 69280
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: PP-15-010101
Processor Initials: JL
DOI: 10/16/2014
RX Number:
Claim Rep Ext.:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/14/16	T1013 523, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
04/22/16	T1013 523, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
04/27/16	T1013 523, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
05/11/16	T1013 523, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00

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#
07/18/16 69394

EAMS#(s):
ADJ10128790
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
208030730900

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

Case: vs FLAGSHIP FACILITY SERVICES INC
Date Of Injury: 8/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/16	SURGERY	DR MOSHE WILKER: L/S @ MONROVIA MEMORIAL HOSP.	630.00
/ /	-	(6HRS 55MIN)	0.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
04/20/16	ADMISSION	DR MOSHE WILKER @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
07/14/16	PMT BY CHECK	DOS 4/20/16-4/21/16* # 1100890284	-810.00

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

01153

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

1010115300154

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0307309 001 NG	WC 8298036	69394		08/07/14	04/20/16-04/21/16
Check Number	1100890284	Date Issued	07/14/16	Amount	$***810.00
Insured	Flagship Facility Services				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Pavithra CG-Selvam		Phone Number	818 227-1700	
File Supervisor	Nicole Corey				

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	810.00		
	TOTAL $810.00		

MR

[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#
01/18/17	70867

EAMS#(s):
ADJ9758560
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1685530

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

Case: vs INLAND STAFFING CLASSIC
Date Of Injury: CT 9/29/13 - 9/29/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/28/16	LEGAL_WCAB	FULL DAY MSC @ WCAB POMONA	313.00
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
01/11/17	PMT BY CHECK	DOS 11/28/16* # 01493490 AMTRUST	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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TEST AT 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.
01493490
1685530-1
SWC1033650

DATE
1/11/2017

AMOUNT
$313.00

Three Hundred Thirteen 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

⑈01493490⑈ ⑆021309379⑆ 790262463⑈

Check Number	01493490
Claim Number:	1685530-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1033650/Classic Containers Inc.(A Corp.)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/29/2014
Location:	CA -
Examiner Code:	23348

PAID
JAN 18 2017
BY: .....

Amount:	$313.00
Dates of Service:	11/28/2016-11/28/2016
Explanation:	INV#:70867 79947
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

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 71314

EAMS#(s):ADJ10312522
ADJ10312505
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30166739049-0001; 3016673

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

Case: vs PRO AMERICA PREMIUM TOOLS
Date Of Injury: 6/1/15; 6/15 - 12/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/17	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
04/04/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/03/17	PMT BY CHECK	DOS 2/9/17-4/4/17* # 0079259344	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6905028006

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

201705031616

Electronic Service Requested

1 OF 1

ENV 2918

SINGLE PIECE
2918 0.3820 SP 0.460

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781-4165 5

DATE	CHECK AMT	CHECK NO.
05/03/2017	406.50	0079259344

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
	12/24/2015	30166739049-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 71314 ICN: 301667390490001
Dates: 02/09/2017-04/04/2017 Comment:

MAY 09 2017

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

[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#
04/18/16 68727

EAMS#(s):
ADJ9992744
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
002979-047138-WC-01

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

Case: vs UNITED PAVING
Date Of Injury: 3/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/16	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
04/11/16	PMT BY CHECK	DOS 3/3/16* # 0127086547	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92880-2006

002979 PAGE 1 OF 1 006729

MDG2009 00004873 1 MB 0419 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 92880-2006

CLAIM NO.: 002979 047138 WC 01 (1W0619001)
CLAIMANT:
DESCRIPTION: INV#68727 INVDATE 3/23/16

DATES OF SERVICE: 03Mar16 **THRU** 03Mar16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 12Mar14

NO.: 0127086547
VN: 0002191311
DATE: 11Apr16
AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004873 005547 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#
04/20/16 68188

EAMS#(s):
ADJ10115523
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
SAC0000165320

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W. C. DEPARTMENT
ATTN: RHINA CHAGAS
P.O. BOX 349016
SACRAMENTO, CA 95834

Case: vs SILVER CREEK INDUSTRIES
Date Of Injury: /9/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/16	LEGAL_PREP	DEPO PREP @ L/O SAMUELSON & GONZALEZ	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
02/10/16	PMT BY CHECK	DOS 1/13/16* # 517994	-156.50
03/23/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/18/16	PMT BY CHECK	DOS 3/23/16* # 520054	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ARCH INSURANCE COMPANY
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: Silver Creek Industries Inc

Wells Fargo Bank
Commercial Banking
299 South Main Street, 4th Floor
Salt Lake City, UT 84111

11-24
1210 (8)

CHECK NO. 520054

DATE
04/18/2016

$250.00

VOID AFTER 180 DAYS

PAY Two Hundred Fifty & 00/100 Dollars

TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

⑈00520054⑈ ⑆121000248⑆4000036228⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000165320		07/09/2015	681868	01/13/2016 - 03/23/2016

Reference: **BR# LWPSPB6057919*
Comments: **ImgID 6057919*

Service	Service Dates	Amount Paid
Deposition	01/13/2016 - 03/23/2016	250.00

PAID APR 20 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#
07/14/16 67276

EAMS#(s):ADJ10044488
ADJ9103886
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
001064046459WC01

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

Case: vs 7 FOR ALL MANKIND
Date Of Injury: 6/12/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/15	SURGERY	DR WILKER: LT KNEE @ MONROVIA HOSP (6hrs 40mins)	607.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
12/03/15	SURGERY	DR WILKER: LT CTR @ MONROVIA HOSPITAL (2.5 HRS)	225.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
01/12/16	PMT BY CHECK	DOS 7/30/15* # 0124801931	-607.50
01/14/16	PMT BY CHECK	DOS 12/3/15* # 0124876183	-225.00
04/06/16	ADMISSION	DR WILKER @ MONROVIA HOSPITAL (2hrs 15mins)	202.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/07/16	SURGERY	DR WILKER: C/S & RIGHT CTR @ MONROVIA HOSPITAL	360.00
/ /	-	(4 HRS)	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/08/16	PMT BY CHECK	DOS 4/6/16-4/7/16- # 0129337718	-562.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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GB-ROSEVILLE,CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

001064 PAGE 1 OF 1 004795

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

PAID JUL 14 20[illegible]

GALLAGHER BASSETT SERVICES INC
FOR VF CORPORATION

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

CLAIM NO.: 001064 046459 WC 01 (12SVEN701)
CLAIMANT:
DESCRIPTION: INV #: 67276

DATES OF SERVICE: 06Apr16 **THRU** 07Apr16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 180
ACC DATE: 12Jun13

NO.: 0129337718
VN: 0000645100
DATE: 08Jul16
AMOUNT: 562.00

**

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008079 008913 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#
04/21/16	68726

EAMS#(s):ADJ10068304 ADJ10068065
ADJ10068310 ADJ10068293
SS # : XXX-XX-N/A
DOB :
Terms : 45 days
Claim #(s):
004659-000341/000240/0003

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

Case: vs ADIR INT'L DBA POLLO CAMPERO
Date Of Injury: 12/1/14; 7/21/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/16	LEGAL_WCAB	EXP. HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/08/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/23/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/14/16	PMT BY CHECK	DOS 3/3/16-3/23/16* # 0127204877	-563.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

0102167 01 RE 0.416 **AUTO T6 0 1573 92781 -P02169

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

DIRECT INQUIRIES TO:

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

PAID

GALLAGHER BASSETT SERVICES INC FOR ZURICH AMERICA

CLAIM NO. 004659 000338 WC 01

BRANCH NO. 138

CHECK NO. 0127204877

CLAIMANT:

ACC. DATE 28-Jul-2015

VN. 0000021742

DESCRIPTION: INV#68726

DATE: 14-Apr-2016

DATE OF SERVICE: 03-Mar-2016 TO 23-Mar-2016

PAYMENT AMOUNT: $563.00

MR

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0127204877 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#
04/25/16	68985

EAMS#(s):
ADJ8877232
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
CA-358604

BILL TO:
LUMBERMAN'S UNDERWRITING (FL)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 3061
BOCA RATON, FL 33431

Case: vs TRISTATE
Date Of Injury: 3/7/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/22/16	PMT BY CHECK	DOS 3/14/16* # 001710992	-250.00

BALANCE 0.00

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63-4
630

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership 001710992

358604 BOCA RATON, FLORIDA 33431

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
03-07-13	58397-3819	427149	WC-CA-358604	APRIL 22, 2016

001710992

INSURED CLAIMANT: TS STAFFING SERVICES INC

PAYEE TAX ID: 330956713

NATURE OF PAYMENT: FROM 03-14-16 TO 03-14-16 TRANSLATOR 68985

PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS

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

DDC

BANK OF AMERICA, N.A.

$ ********250.00

VOID IF NOT CASHED WITHIN 6 MONTHS

Bruce Parry
AUTHORIZED SIGNATURE

COUNTERSIGNATURE MAY BE REQUIRED

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

"001710992" :063000047: 003601187388"

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

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

Check Number: 001710992

Date: APRIL 22, 2016

Paid Amount: ********250.00

Dates: 03-14-16 TO 03-14-16

Bill ID No: 68985

Nature of Pay: TRANSLATOR

Special Instructions:

PAID APR 25 2016

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#
03/14/17 68566

EAMS#(s):ADJ10029259
ADJ9529099
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
004624000179WC01; 0046240

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

Case: vs CON GLOBAL INDUSTRIES
Date Of Injury: 5/30/14; 6/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/16	PR2/REEVAL	DR A. LATTERI @ LONG BEACH*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/08/16	PR2/REEVAL	DR A. LATTERI @ LONG BEACH*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/14/16	PR2/REEVAL	DR LATTERI, LONG BEACH*	180.00
/ /	INTERPRETER:	JESSICA FIGUEROA # 500356	0.00
05/12/16	PR2/REEVAL	DR LATTERI @ LONG BEACH*	180.00
/ /	INTERPRETER:	ALICIA KOO # 100779	0.00
06/22/16	PR2/REEVAL	DR LATTERI @ LONG BEACH*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/02/16	PR2/REEVAL	DR LATTERI - LONG BEACH*	180.00
/ /	INTERPRETER:	LETICIA G. URIOSTEGUI #301652	0.00
09/13/16	PR2/REEVAL	DR LATTERI - LONG BEACH*	180.00
/ /	INTERPRETER:	ANA M. MONASSERI # 500315	0.00
11/13/16	PMT BY CHECK	DOS 2/9/16*9/13/16* # 0132475401	-1260.00
12/07/16	P AND S	DR LATTERI @ LONG BEACH*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/08/17	PMT BY CHECK	DOS 12/7/16* # 0135269846	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

004624 PAGE 1 OF 1 003675

MDG2009 00005013 1 MB .423 1

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

GALLAGHER BASSETT SERVICES INC
FOR CONGLOBAL INDUSTRIES INC

DIRECT CHECK INQUIRIES TO:
PHONE: 909-581-1919
GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

CLAIM NO.: 004624 000179 WC 01 (CGI008)
CLAIMANT: ***
DESCRIPTION: INV #: 68566

BRANCH NO.: 164
ACC DATE: 30May14

NO.: 0135269846
VN: 0000022732
DATE: 08Mar17

DATES OF SERVICE: 07Dec16 **THRU** 07Dec16
BENEFIT PERIOD: **THRU**

AMOUNT: 230.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C-0005013-005774 001-002

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#
04/25/16 68283

EAMS#(s):
ADJ9598436
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
WC-CA-380767

BILL TO:
LUMBERMAN'S UNDERWRITING (FL)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 3061
BOCA RATON, FL 33431

Case: vs ALPHA STAFFING SERVICES
Date Of Injury: 6/24/13 - 6/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
02/22/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/25/16	PMT BY CHECK	DOS 1/12/16* # 001696740	-156.50
03/29/16	PMT BY CHECK	DOS 1/12/16-2/25/16* # 001704482	-156.50
03/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI (AM)	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/29/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB (PM)	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/22/16	PMT BY CHECK	DOS 3/29/16* # 001711231	-156.50
04/21/16	PMT BY CHECK	DOS 3/29/16* # 001710800	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

63-4
630

380767

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

BOCA RATON, FLORIDA 33431

001710800

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
06-24-14	58397-3871	431881	WC-CA-380767	APRIL 21, 2016

001710800

INSURED TS STAFFING SERVICES INC
CLAIMANT
PAYEE TAX ID: 330956713

NATURE OF PAYMENT FROM 01-12-16 TO 03-29-16 TRANSLATOR 68283

PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS

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

DDC

BANK OF AMERICA, N.A.

$ ********250.00

VOID IF NOT CASHED WITHIN 6 MONTHS

Bruce Bailey
AUTHORIZED SIGNATURE

COUNTERSIGNATURE MAY BE REQUIRED

RUB RED IMAGE FADES WITH HEAT

INSURING THE FUTURE LUA SINCE 1903

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈001710800⑈ ⑆063000047⑆ 003601187388⑈

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

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

Check Number: 001710800

Date: APRIL 21, 2016

Paid Amount: ********250.00

Dates: 01-12-16 TO 03-29-16

Bill ID No: 68283

Nature of Pay: TRANSLATOR

Special Instructions:

PAID APR 25 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#
04/25/16 68623

EAMS#(s):ADJ10065379
ADJ10065405
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
30154472138-0001

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

Case: rs BAKKAVOR USA
Date Of Injury: CT 1/1/13 - 5/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/16	LEGAL_PREP	DEPO PREP @ L/O CRAIG RUSSEL	156.50
/ /	INTERPRETER:	SANDRA MONTALT # 100754	0.00
03/31/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/22/16	PMT BY CHECK	DOS 2/26/16* # 0063661898	-156.50
04/22/16	PMT BY CHECK	DOS 3/31/16* # 0063661899	-250.00

BALANCE 0.00

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

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

Electronic Service Requested

SINGLE PIECE

2415 0.5738 SP 0.465

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

4

2 OF 2

ENV 2415

DATE	CHECK AMT	CHECK NO.
04/22/2016	250.00	0063661899

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
	05/20/2015	30154472138-0001

Amt Paid: 250.00 Description: Miscellaneous Medical
Amt Billed: 250.00 Invoice: 68623
Dates: 03/31/2016-03/31/2016 Comment:
ICN: 128623366.6

PAID APR 25 2016

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

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

*** INVOICE ***
Date NO#
03/02/16 67002

EAMS#(s):ADJ9996824
ADJ9996827
SS # : XXX-XX-N/A
DOB :
Terms : 45 days
Claim #(s):
1010-15-06562

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

Case: vs BELLAGIO MANOR
Date Or Injury: CT 8/25/14-5/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
06/17/15	INITIAL EXAM	DR BHARATWAL @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/16/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE* DOI: 10/1/14	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/22/15	PR2/REEVAL	DR BHARATWAL @ ACS* DOI: CT 8/25/14	180.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
07/21/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE* DOI: CT 8/25/14	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/28/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/01/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/08/15	PR2/REEVAL	DR HIGASHI @ ACS* DOI: 10/1/14	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/26/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE* DOI: CT 8/25/14	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
09/30/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE* DOI: CT 8/25/14	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/13/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE* DOI: 10/1/14	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
10/28/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	180.00

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

*** INVOICE ***
Date NO#
03/02/16 67002

EAMS#(s):ADJ9996824
ADJ9996827
SS # : XXX-XX-N/A
DOB :
Terms : 45 days
Claim #(s):
1010-15-06562

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

Case: _____ vs BELLAGIO MANOR
Date Of Injury: CT 8/25/14-5/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: CT 8/14 - 8/15	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
11/10/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358 DOI: CT 8/14-8/15	0.00
11/18/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* (TRANSFER OF CARE)	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358 DOI: 10/1/14	0.00
12/09/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE* DOI: 8/14 - 8/15	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/17/15	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* DOI: 10/1/14	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/13/16	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE* DOI: 8/14 - 8/15	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/19/16	PMT BY CHECK	DOS 6/9/15-12/17/15* # 0001160207	-3030.00
01/26/16	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE* DOI: 8/14 - 8/15	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/25/16	PMT BY CHECK	DOS 6/9/15-1/26/16* # 1188029	-360.00

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

*** INVOICE ***
Date NO#
03/02/16 67002

EAMS#(s):ADJ9996824
ADJ9996827
SS # : XXX-XX-N/A
DOB :
Terms : 45 days
Claim #(s):
1010-15-06562

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

Case: vs BELLAGIO MANOR
Date Of Injury: CT 8/25/14-5/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

Check Date: 02/25/2016
Check Number: 1188029
Check Amount: $360.00

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,ZGKC4Y

ZGKC4Y

1/5/16 3:59 PM 4 0000351 20160225 LBPDT101 CHECK 1 oz DOM LBPDT10000* 161281 CK

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

PAID FEB 29 16

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101506562		05/24/2015	11305775	180	06/09/2015	01/26/2016	$360.00

6700

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

*** INVOICE ***

Date	NO#
06/24/16	69113

EAMS#(s):
ADJ9797476
SS # : XXX-XX-
DOB :
Terms :
Claim #(s):
BB-14-005606

BILL TO:
CORVEL CORPORATION (SACREM)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs RANCH MARKET
Date Of Injury: 2/1/11 - 12/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/12/16	PMT BY CHECK	DOS 3/25/16* # 7743535 CORVEL/BBSI	-156.50
04/08/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/21/16	PMT BY CHECK	DOS 4/8/16* # 7772901 CORVEL	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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
7772901	06/21/16

Claim#: BB-14-005606

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS INC
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0007772901⑈ ⑆121000248⑆ 4121 514012⑈

ACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: HAFSA CORP, ONTARIO-9029611
13985 Live Oak Ave
Baldwin Park, CA 91706

Employer
Patient:

PAID JUN 24 2016

Patient DOB:

Gladys Pineda Reyna
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3104944 - 1
Reprice: CA, 92781
Billed Date: 05/27/2016
Business Rcvd: 06/08/2016
MBR Rcvd: 06/08/2016
MBR Date: 06/20/2016
Date Approved: 06/20/2016
DOS From - To: 04/08/2016 - 04/08/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3129

Treating Provider:
Referring Physician:
Patient Control #: 69113
Provider Tax Id: 33-0956713 68978

Claim #: BB-14-005606
Processor Initials:
DOI: 12/23/2014
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/08/16	TI013 08, 523, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
Sub-Totals for Bill: 3104944					$250.00			$0.00	$250.00
Totals for Bill:3104944									$250.00

Line Item Reason Codes and Descriptions
08 Los Angeles County Deposition Half day
523 Reduced per administrative rules

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

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#
06/27/16 68796

EAMS#(s):
ADJ10124946
SS # : XXX-XX-
DOB :
Terms :
Claim #(s):
1841297

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

Case: vs LUNAR FEAST INC BODHI VEGGIE C
Date Of Injury: 4/27/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/14/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/17/16	PMT BY CHECK	DOS 3/10/16-3/10/16* # 00106412	-156.50
06/22/16	PMT BY CHECK	DOS 4/14/16* # 00109857	-250.00

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
00109857
1841297-1
QWC1009298

DATE	AMOUNT
6/22/2016	$250.00

PAY Two Hundred Fifty and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

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

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00109857⑈ ⑆021000021⑆ 226733883⑈

Check Number	00109857
Claim Number:	1841297-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	QWC1009298/Lunar Feast, Inc. (A Corp.)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/27/2015
Location:	3643 ROSEMEND BLVD ROSEMEND CA 91770 -
Examiner Code:	mcampbell

PAID JUN 27 2016

Amount:	$250.00
Dates of Service:	4/14/2016-4/14/2016
Explanation:	68796
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

SEQUOIA INSURANCE COMPANY on behalf of Sequoia Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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#
06/30/16 69288

EAMS#(s):
ADJ10134309
SS # : XXX-XX-
DOB :
Terms : 30 days
Claim #(s):
06143128

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

Case: vs UNIVERSAL AWINING
Date Of Injury: 6/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/28/16	PMT BY CHECK	DOS 4/28/16* # CU-296125	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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-296125**

Issue Date: 06/28/16
Doc #: 031220734

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06143128		**Date of Injury:** 06/01/10		
SSN: XXX-XX	Employer name: UNIVERSAL AWNING, INC.				Employer ID: 0002380012765090				
1	SF1-SPCA-224638	04/28/16	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
				Total Allowances:					**$250.00**

PAID JUN 30 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"

0133201203122073400 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#
10/26/16	69229

EAMS#(s):
ADJ10467759
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E2G7051; E5Q2134

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

Case: vs F-S PRECISION TECH.
Date Of Injury: 7/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/16	INITIAL EXAM	DR NEGIN RAMESHNI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358 DOI: 7/25/14	0.00
04/12/16	INITIAL EXAM	DR RAMESHNI @ EPC* DOI: CT 2/28/15	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/13/16	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 7/25/14	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/22/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ ENHANCED PRECISION*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/10/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/17/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/18/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/07/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/14/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/22/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/30/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/15/16	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/19/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 7/25/14	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#
10/26/16	69229

EAMS#(s):
ADJ10467759
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E2G7051; E5Q2134

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

Case: vs F-S PRECISION TECH.
Date Of Injury: 7/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/26/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
		DOI: 2/15 - 2/16	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/27/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
		DOI: 7/25/14	
/ /	INTERPRETER:	JESUS CASTILLO # 500	0.00
08/01/16	FOLLOW-UP	W/ ACUPUNCT HUN YOON @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/23/16	PMT BY CHECK	DOS 4/5/16-7/27/16*	-2900.00
		# 891A 8761143	
08/23/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/24/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/30/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
09/09/16	INJECTION	W/DR MASSIHI @ EPC*	150.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/13/16	FOLLOW UP	PHYS THERAPY W/DR MOGHARABI*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/15/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
10/20/16	PMT BY CHECK	DOS 8/1/16-9/13/16*	-960.00
		# 891A 87764051	

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

*** INVOICE ***
Date NO#
10/26/16 69229

EAMS#(s):
ADJ10467759
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E2G7051; E5Q2134

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

Case: vs F-S PRECISION TECH.
Date Of Injury: 7/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

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

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

0

891A 87764051

TRAVELERS

DATE: 10/20/16
LOSS DATE: 07/25/14
FILE NUMBER: 158 CB EZG7051 N

EMPLOYEE

ACCOUNT NAME:
FU SHENG USA INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Other

SERVICE DATE: 8/1/2016 TO: 9/13/2016

TOTAL PAID: $960.00
TAX INFO: 330956713 Y C
PAY MISC: 69229
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID 09/2[illegible]

MR

FOR ADDITIONAL INFORMATION, CONTACT: CHRISTINA K SMITH AT (925)945-4230

294009603
DETACH CHECK

UNSUMM
~~UVAPUNS2-121295~~
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	69194

EAMS#(s):
ADJ10073636
SS # : XXX-XX-
DOB :

BILL TO:
SEDGWICK CLAIMS (LEX-14779)
W. C. DEPARTMENT
ATTN: REBECCA FELDMAN
P.O. BOX 14779
LEXINGTON, KY 40512

Claim #(s):
30154496645-0001

Case: vs RECON MASTERS
Date Of Injury: 6/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/02/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/11/16	PMT BY CHECK	DOS 4/5/16* # 242092 SEDGWICK	-156.50
06/13/16	PMT BY CHECK	DOS 5/2/16* # 252805 SEDGWICK	-156.50
06/10/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/01/16	PMT BY CHECK	DOS 6/10/16* # 259108 SEDGWICK	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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
07/01/2016	250.00	259108

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 0000005 00000000 001 001 00005 INS 0 0
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

PAID JUL 06 2016

CLAIMANT NAME	LOSS DATE	CLAIM NUMBER	SSN
	06/01/2015	30154496645-0001	

Amount Paid: 250.00
Amount Billed: 250.00
Dates: 06/10/2016 – 06/10/2016

Description:
Invoice: 69194 69099
Comment:

ICN: 193288816.338

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

CHK0001 v1.56

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#
07/08/16	69338

EAMS#(s):
ADJ9703670
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
GF467

BILL TO:
ALASKA NATIONAL INS. (SAN FR)
W. C. DEPARTMENT
ATTN: ERIKA NIEDERER
P.O. BOX # 193970
SAN FRANCISCO, CA 94119-3970

Case: vs INTERCOMMUNITTY CARE CENTER
Date Of Injury: 9/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/16	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/06/16	PMT BY CHECK	DOS 5/9/16* # 872471	-250.00

BALANCE 0.00

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

ALASKA NATIONAL INSURANCE COMPANY
601 California Street, Suite 1000, San Francisco, CA 94108-2804
(415) 248-5030

WELLS FARGO BANK ALASKA, N.A.

872471

89-5/1252

CLAIM #
00 GF467-00

DATE
07/06/2016

CHECK AMOUNT
*********$250.00

PAY *Two Hundred And Fifty And 00/100 US Dollars*

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

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

THE FACE OF THIS DOCUMENT CONTAINS VARIABLE SHADES OF BLUE AND RED ON WHITE PAPER • VOID IF SIMULATED WATERMARK OF ALASKA NATIONAL LOGO DOES NOT APPEAR ON BACK

⑈008724 7⑈ ⑆121000248⑆ 405000 29 14⑈

ALASKA NATIONAL INSURANCE COMPANY
601 California Street, Suite 1000, San Francisco, CA 94108-2804
(415) 248-5030

CHECK NUMBER	872471
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
GF467-00 14C WS 40065	09/30/2014	INTERCOMMUNITY CARE CENTERS, INC. DOS:05/09/16 CPT/HCPCS: T1013 EOB Attached 69338	250.00 MINTRP

PAID JUL 08 2016

MR

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT	250.00

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	69472

EAMS#(s):
ADJ10329447
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2172683

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

Case: vs AMIRIAN COMPANY DBA POPEYES
Date Of Injury: 12/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
06/13/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
07/05/16	PMT BY CHECK	DOS 5/10/16-6/13/16* # 01224135	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01224135
2172683-1
SWC1092349

DATE	AMOUNT
7/5/2016	$406.50

PAY Four Hundred Six and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01224135⑈ ⑆021309379⑆ 790262463⑈

Check Number	01224135
Claim Number:	2172683-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1092349/Amirian & Company (A Corp).
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	12/13/2015
Location:	198 E Redlands Blvd San Bernardino CA 92408 -
Examiner Code:	rtovar

PAID JUL 11 2016

Amount:	$406.50
Dates of Service:	5/10/2016-6/13/2016
Explanation:	69472
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

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#
07/11/16	66912

EAMS#(s):
ADJ9805075
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH-035873

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

Case: vs IHSS
Date Of Injury: 5/31/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/15	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/17/15	PMT BY CHECK	DOS 08/18/15-08/18/15* # 63-080021	-156.50
06/09/16	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LB	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/06/16	PMT BY CHECK	DOS 6/9/16* # 64-748880	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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STATE OF CALIFORNIA 64-748880

THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO.
XXXXX197 5180

MO. 07 DAY 06 YR. 2016

90-1342/1211
64748880

DOLLARS CENTS
$*****313.00

TO: 748880
--- JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑆121113423⑆ 64748880⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

64-748880

ISSUE DATE: 07/06/2016
CLAIM NUMBER: SCIH-035873
CLAIMANT NAME:
DATE OF INJURY: 05-31-2012
PAY DESCRIPTION: MISC. ALL OTHER
PERIOD FROM - PERIOD TO: 06-09-2016 - 06-09-2016

66912

PAID JUL 11 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#
07/11/16 66774

EAMS#(s):
ADJ9652844
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154299409

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

Case: vs KIMCO STAFFING
Date Of Injury: 8/29/13

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/15	LEGAL_WCAB	EXP. HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/29/15	PMT BY CHECK	DOS 7/27/15* # 0004403454	-156.50
01/14/16	LEGAL_PREP	+DEPO PREP @ L/O TOBIN LUCKS VOL I	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
02/03/16	PMT BY CHECK	DOS 7/27/15-1/14/16* # 0004406776	-156.50
05/11/16	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS VOL II	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
06/17/16	PMT BY CHECK	DOS 5/11/16* # 4408466	-156.50
06/14/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL I	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/08/16	PMT BY CHECK	DOS 6/14/16* # 4408701	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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DATE	CHECK AMOUNT	CHECK NUMBER
07/08/2016	250.00	4408701

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

SCMS UNIT	PAGE
632 Sedgwick Claims Management Services, Inc	1

000 0005718 00000000 002 003 03005 INS: 0 0

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

CHK0001

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

CLAIMANT NAME		LOSS DATE	CLAIM NUMBER	SSN
		08/29/2013	30154299409-0001	
Amount Paid: 250.00	Description:			
Amount Billed: 250.00	Invoice: 66774		ICN: 301542994090001	
Dates: 06/14/2016 – 06/14/2016	Comment:			

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

CHK0001 v1.56

PAID JUL 11 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#
07/18/16 69528

EAMS#(s):
ADJ8725814
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
WCCW12027510

BILL TO:
MEADOWBROOK INS (KANSAS CITY)
W. C. DEPARTMENT
ATTN: MARY ALLEN BASHAW
P.O. BOX 219559
KANSAS CITY, MO 64121

Case: vs RMT CONTRACTING, INC.
Date Of Injury: CT 11/17/11-11/17/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/02/16	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LB	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/12/16	PMT BY CHECK	DOS 5/2/16* # 1651595	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Check No. **1651595**

Date Issued 7/12/2016 — Bank of America — 70-2328 / 719 IL

Payee: JOYCE ALTMAN INTERPRETERS INC

Insured / Memo	Claimant Name / Service Date(s)	Claim Number / Loss Date	AMOUNT
RMT CONTRACTING INC.	5/2/2016-5/2/2016	WCCW12027510 / 11/17/2012	313.00
69528			

PAID JUL 18 2016

CHECK TOTAL: **********$313.00

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#
05/25/16	68678

EAMS#(s):
ADJ10325795
SS # :
DOB :
Terms : 45 days
Claim #(s):
6032467

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

Case: vs ENTERPRISE HOLDINGS
Date Of Injury: 12/26/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/16	INITIAL EXAM	DR NEGIN RAMESHNI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
03/02/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/14/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/31/16	PR2/REEVAL	DR RAMESHNI @ EPC* BACK DUE TO C/O PAIN	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/19/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/21/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/20/16	PMT BY CHECK	DOS 2/15/16-3/31/16* # 0000415254	-770.00

BALANCE 360.00

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

MP

0006494634

Claim: 6032467 / . Accident date: 12/26/2015, Jurisdiction State: California.
Insured: Enterprise Rent A Car (Insured), Policy: HC2JUB474M705015.

The payment is for Language Interpreter - paid under Expense from 02/15/2016 to 03/31/2016.
Check: 0000415254, issued: 05/20/2016, for: $770.00, for: Expense, Invoice: inv #68678

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

Please contact Donna Stanley, telephone: (714) 202-2007 in CA \ Anaheim Anaheim CA, email: donna.stanley@yorkrsg.com, if you have questions regarding this payment.

PAID
MAY 24 2016
BY:

U.S. Mail

0006494634

THIS DOCUMENT CONTAINS A VOID PANTOGRAPH AND IS NOT VALID IF THE WORD "VOID" APPEARS

FRANK GATES, A YORK RISK SERVICES COMPANY
paying claims on behalf of ERAC7E
5000 Bradenton Ave
Dublin OH 43017

Commerce Bank, NA
Hannibal, Missouri
80-49/815

Check Number 0000415254
Issue Date: 05/20/2016
VOID After 60 Days

For Expense from 02/15/2016 to 03/31/2016. inv #68678
Claim: 6032467 / Language Interpreter - paid under Expense

$ ********770.00

Seven Hundred Seventy and 00/100 Dollars

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

Authorized Signature

⑈0000415254⑈ ⑆081500493⑆ 3507037316⑈

NO DEP

Joyce Altman Interpreters, 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	69457

EAMS#(s):
ADJ10176317
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06108478

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

Case: vs B & C MOVING INC
Date Of Injury: 6/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/16/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/15/16	PMT BY CHECK	DOS 5/16/16* # CP-927796	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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-927796**

Issue Date: 07/15/16
Doc #: 031284771

Medical

69457

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:		**Claim #:** 06108478		**Date of Injury:** 06/23/15		
SSN: XXX-XX-	Employer name: B & C MOVING INC			Employer ID: 0000009052678150					
1	SF1-SPCA-228842	05/16/16	999Q9	Interpreter Deposit-	1	250.00	.00		250.00

Total Allowances: **$250.00**

D

PAID JUL 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"

0133257903128477100 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#
07/20/16	67487

EAMS#(s):
ADJ10002296
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06102740

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

Case: vs LA FEDERAL ARMORED SERVICES
Date Of Injury: CT 5/20/12 - 5/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/15	LEGAL_PREP	DEPO PREP @ HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
11/13/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/20/15	PMT BY CHECK	DOS 9/21/15* # CU-252037	-156.50
06/08/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/15/16	PMT BY CHECK	DOS 6/8/16* # CU-299464	-250.00

BALANCE 250.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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-299464**

Issue Date: 07/15/16
Doc #: 031285497

Medical

67487 -1

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06102740		**Date of Injury:** 05/20/15		
SSN: XXX-XX-	Employer name: LA FEDERAL ARMORED SERVICES INC				Employer ID: 0000009104308140				
1 SF1-SPCA-228659		06/08/16	999Q9	Interpreter Deposit-	1	250.00	.00	375 G5	250.00

Total Allowances: **$250.00**

PAID JUL 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.

MR

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

0133258003128549700 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#
06/05/17 70539

EAMS#(s):
ADJ10425540
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
007087056054WC-01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 2/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/16	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 50026	0.00
10/12/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS TX	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/17/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/16	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/26/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/31/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/07/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & 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#
06/05/17 70539

EAMS#(s):
ADJ10425540
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087056054WC-01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 2/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/09/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/18/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/23/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/30/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/05/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/09/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/12/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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#
06/05/17	70539

EAMS#(s):
ADJ10425540
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087056054WC-01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 2/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/19/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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#
06/05/17 70539

EAMS#(s):
ADJ10425540
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087056054WC-01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 2/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/16/17	PR2/REEVAL	DR GOUBRAN/FRANKE,PA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/21/17	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR SOSA @ EPC* INITIAL	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/18/17	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/29/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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#
06/05/17	70539

EAMS#(s):
ADJ10425540
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087056054WC-01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 2/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/17	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/11/17	PMT BY CHECK	DOS 9/22/16-4/7/17* # 0136916844	-9250.00
05/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/11/17	PR2/REEVAL	DR GOUBRAN/GARRETT DAVIS @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/22/17	PMT BY CHECK	DOS 9/22/16-4/26/17*	-1080.00

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#
06/05/17 70539

EAMS#(s):
ADJ10425540
SS # : XXX-XX
DOB
Terms: 60 days
Claim #(s):
007087056054WC-01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 2/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 0137172975	
05/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/31/17	PMT BY CHECK	DOS 9/22/16-5/11/17*	-1260.00
		=# 0137407767	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent 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.

GB-SACRAMENTO WEST
P.O. BOX 255397
SACRAMENTO CA 95865-5397

MDG2009 00005106 1 MB .423 1

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

JUN 05 2017

GALLAGHER BASSETT SERVICES INC
FOR BURLINGTON STORES INC

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

CLAIM NO.: 007087 056054 WC 01 (00512)
CLAIMANT:
DESCRIPTION: INV #: 70539 ___

DATES OF SERVICE: 22Sep16 **THRU** 11May17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 05Feb16

NO.: 0137407767
VN: 0000788730
DATE: 31May17
AMOUNT: 1260.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005106 005879 001 002

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#
05/31/16 69065

EAMS#(s):
ADJ10117605
SS # :
DOB :
Terms : 45 days
Claim #(s):
103193

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

Case: vs ASENDIA USA
Date Of Injury: 8/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/26/16	PMT BY CHECK	DOS 4/5/16* # 0000872463	-250.00

BALANCE 0.00

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

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	05/26/16
Service Begining:	04/05/16
Service Ending:	04/05/16

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	08/04/15	103193

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
69065	04/05/16-04/05/16	250.00	N/A	N/A	250.00

Messages

PAID MAY 31 2016

Total	250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000872463

Date: 05/26/16

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

to the order of Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

⑈0000872463⑈ ⑆122000496⑆ 7000168038⑈

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#
05/31/16 69098

EAMS#(s):
ADJ10144904
SS # :
DOB :
Terms : 45 days
Claim #(s):
Y67C09122

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

Case: vs POWER STAFF
Date Of Injury: 9/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/16	LEGAL_PREP	DEPO PREP @ L/O ADELSON TESTAN	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/04/16	PMT BY CHECK	DOS 4/4/16* # 125743247 8	-156.50
04/28/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/23/16	PMT BY CHECK	DOS 4/28/16* # 125827726 3	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2305668

MB 01 000338 55717 B 2 C

000338 1/1

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

PAID MAY 31 2016

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
69098 09/25/2015	02NO COVRGE Y67C 09122	POWER STAFF		$250.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 04/28/2016 04/28/2016	$250.00

Claim Handler: LISA MUZYKA
8664019222 x2305668
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
Interpreter at Depo Review at applicant attorney office

Issue Date	05/23/2016	Check Number	125827726 3	Total Check Amount	$250.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

111424332

Joyce Altman Interpreters, 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 68291

EAMS#(s):ADJ10054746 ADJ10054760
ADJ10054672
SS # :
DOB :
Terms : 45 days
Claim #(s):
188078301

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

Case: vs PHARMAVITE
Date Of Injury: 8/10/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/18/16	PMT BY CHECK	DOS 1/26/16* # 5638284252	-156.50
03/31/16	LEGAL_C&R	C&R READING @ L/O KOLLITZ & KOLLITZ	250.00
/ /	INTERPRETER:	GABRIELA I. DAVIS # 100541	0.00
05/23/16	PMT BY CHECK	DOS 3/31/16* # 5639704488	-250.00

BALANCE 0.00

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

Check Date	:	05/23/2016
Check Amount	:	$250.00
Check Number	:	5639704488

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
188078301-001 FRESNO Professional Service	07/16/2015 $250.00 $250.00	Trish T. Buntin 68291	559-451-3800 03/31/2016-03/31/2016

PAID MAY 27 2016

Please Fold on Perforation Before Tearing

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

*** INVOICE ***
Date NO#
05/16/16 68890

EAMS#(s):
ADJ9267311
SS # :
DOB :
Terms : 45 days
Claim #(s):
EM-13-012292

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

Case: _ _ vs EMERITUS
Date Of Injury: 9/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/11/16	PMT BY CHECK	DOS 3/17/16* # 5085332	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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
EMERITUS - EMXL
CHECKS ISSUED ON BEHALF OF XL INSURANCE OF AMERICA
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

bankcode=EMXL
11-24
1210(8)

CHECK NUMBER	CHECK DATE
5085332	05/11/16

PAY EXACTLY: *Two hundred fifty and 00/100 Dollars*

*******$250.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

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

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0005085332⑈ ⑆121000248⑆ 4945 733921⑈

TACH HERE

CORVEL

DETACH HERE

Claim No	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
EM-13-012292	09/03/2013		05/04/2016	05/04/2016	Lien dated 5/4/16	*******$250.00

68890

PAID MAY 16 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#
06/06/16 68354

EAMS#(s):

SS # :
DOB :
Terms :
Claim #(s): IW-00008934

BILL TO:
PROTECTIVE INS CO (INDIANAPOLI
W. C. DEPARTMENT
ATTN: SHIRLEY GORDON
PO BOX 7099
INDIANAPOLIS, IN 46207

Case: AA INVESTMENTS
Date Of Injury: 12/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/16	INITIAL EXAM	DR RODRIGUEZ @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/05/16	INITIAL ACUP	W/ ACUPUNCT ALEX LEE @ AMERI*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/08/16	PR2/REEVAL	DR BUU @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/25/16	FOLLOW-UP	W/ ACUPUNCT LEE @ AMERI*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/07/16	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR KHAN @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/14/16	PR2/REEVAL	DR RODRIGUEZ @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/31/16	PMT BY CHECK	DOS 1/29/16-3/25/16* # 3256220	-820.00

BALANCE 330.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

Protective Insurance Company
111 Congressional Blvd.
Suite 500
Carmel, IN 46032

PNC Bank, N.A.
10 W. Second Street
Ashland, OH 44805

56-389
412

CHECK NO. 3256220
DATE
05/31/2016

**********820.00
VOID AFTER 90 DAYS

Pay Eight Hundred Twenty Dollars And 00/100

TO THE ORDER OF

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

⑈3256220⑈ ⑆041203895⑆ 4239697784⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN:

Check Number: 3256220

Check Date: 05/31/2016

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
IW-00008934		12/04/2015	Translation/Interpretation Fees	01/29/2016	03/25/2016		68354	820.00

Comments: SG/NP

PAID JUN 03 2016

MR

0015

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

*** INVOICE ***
Date NO#
05/16/16 68284

EAMS#(s):
ADJ10023330
SS # :
DOB :
Terms : 45 days
Claim #(s):
1926274

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

Case: vs TEQUILA JACK
Date Of Injury: 5/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/18/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/30/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/09/16	PMT BY CHECK	DOS 1/19/16-3/30/16* # 02172378	-563.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02172378
1926274-1
TWC3425588

DATE	AMOUNT
5/9/2016	$563.00

PAY Five Hundred Sixty-Three and 0/100 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

⑈02172378⑈ ⑆021309379⑆ 601877533⑈

PAID MAY 16 2016

Check Number	02172378
Claim Number:	1926274-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3425588/Tequila Jacks, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/30/2015
Location:	407 Shorline Village Drive Long Beach CA 90802 -
Examiner Code:	ropp

Amount:	$563.00
Dates of Service:	1/19/2016-3/30/2016
Explanation:	INV#:68284
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
on behalf of Technology Insurance Company, Inc.
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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#
05/09/16 68893

EAMS#(s):
ADJ10053800
SS # :
DOB :
Terms : 45 days
Claim #(s):
280314657

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

Case: vs BODYCOTE
Date Of Injury: 1/8/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/16	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/04/16	PMT BY CHECK	DOS 3/21/16 # 1100807102	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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

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

68893

00273

PAID MAY 09 2016

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0314657 001 CR	WC 4020201	68893		01/08/15	03/21/16-03/21/16

Check Number	1100807102	Date Issued	05/04/16	Amount	$***250.00
Insured	Bodycote International, Inc.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC P.O. BOX # 4165				
Requested By	Dinesh CG-Sridharan				
File Supervisor	Ruth Cansino	Phone Number	818 227-1700		

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

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#
05/09/16 68866

EAMS#(s):
ADJ10184762
SS # :
DOB :
Terms : 45 days
Claim #(s):
004387-001517-WC-01

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

Case: vs CONNECT STAFFING
Date Of Injury: 8/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/16	LEGAL_PREP	DEPO PREP @ L/O ADELSON TESTAN	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ #100533	0.00
04/08/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/05/16	PMT BY CHECK	DOS 3/23/16-4/8/16* # 0127736921	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

0102358 01 RE 0.416 **AUTO T7 2 1588 92781 -P02360

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

PAID MAY 09 2016

PAID MAY 09 2016

DIRECT INQUIRIES TO:

PHONE: 1-916-576-8200
GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

GALLAGHER BASSETT SERVICES INC FOR EVEREST INSURA

CLAIM NO. 004387 001517 WC 01

CLAIMANT:

DESCRIPTION: INV #: 68866

DATE OF SERVICE: 23-Mar-2016 TO 08-Apr-2016

BRANCH NO. 502

ACC. DATE 01-Aug-2015

CHECK NO. 0127736921

VN. 0000053288

DATE: 05-May-2016

PAYMENT AMOUNT: $406.50

MR

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0127736921 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#
05/02/16 68707

EAMS#(s):
ADJ10063542
SS # :
DOB :
Terms : 45 days
Claim #(s):
0258550-WCMWIL

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

Case: , vs GEORGES MEXICAN FOOD
Date Of Injury: 1/1/12 - 7/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
03/21/16	PMT BY CHECK	DOS 2/24/16* # 131777 MIDWEST	-156.50
03/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/29/16	PMT BY CHECK	DOS 3/29/16/ # 132178 MIDWEST	-250.00

BALANCE 0.00

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

INSURED
AVANCE SERGURO, INC.
Claimant

Check No: 132178
Check Amt: $250.00
Check Date: 04/29/2016
Claimant:
Soc. Sec. No:
Claim No: 0258550-WCMWIL
Date of Loss: 03/31/2012
Adjuster: Thomas, Megan
Payee Name: JOYCE ALTMAN INTERPRETERS, INC
Payment Type: Other Legal
Service Dates: 02/24/2016 To: 03/29/2016
Invoice No: 68707

Payable Comment

6

PAID MAY 02 2016

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
AVANCE SERGURO, INC.
Claimant

Check No: 132178
Check Amt: $250.00
Check Date: 04/29/2016
Claimant:
Soc. Sec. No:
Claim No: 0258550-WCMWIL
Date of Loss: 03/31/2012
Adjuster: Thomas, Megan
Payee Name: JOYCE ALTMAN INTERPRETERS, INC
Payment Type: Other Legal
Service Dates: 02/24/2016 To: 03/29/2016
Invoice No: 68707 ✓ 68531 - 68706

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#
05/04/16 68530

EAMS#(s):ADJ10245061 ADJ10236077
ADJ10236076
SS # :
DOB :
Terms : 45 days
Claim #(s):
YMQ51302C

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

Case: vs MILPAS MEAT MARKET
Date Of Injury: 7/28/15; 3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/16	LEGAL_PREP	DEPO PREP @ L/O ADELSON & TESTAN	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
03/22/16	PMT BY CHECK	DOS 2/23/16* # 125533323 5	-156.50
03/31/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/13/16	LEGAL_PREP	DEPO PREP @ L/O ADELSON & TESTAN (VOL II)	156.50
/ /	INTERPRETER:	GABRIELA I. DAVIS # 100541	0.00
04/26/16	PMT BY CHECK	DOS 3/31/16* # 125697840 0	-250.00

BALANCE 156.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
866/401-9222

MB 01 002892 33711 B 12 D

002892 1/1

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

PAID MAY 02 2016

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
68530 07/28/2015	57WEC KU7212 YMQC 51302	MILPAS MEAT MARKET INC		$250.00
Nature of Benefits: Miscellaneous Legal Expenses		Nature of Payment: Source Payment	Service Dates 03/31/2016 03/31/2016	$250.00

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

Additional Comments:

MR

Issue Date	04/26/2016	Check Number	125697840 0	Total Check Amount	$250.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

111220678

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

*** INVOICE ***

Date	NO#
05/02/16	68728

EAMS#(s):
ADJ10074812
SS # :
DOB :
Terms : 45 days
Claim #(s):
30154126344-0001

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

Case: rs TRS STAFFING/FLOUR CORP
Date Of Injury: 6/16/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/16	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL & GREEN	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/27/16	PMT BY CHECK	DOS 3/3/16* # 0063897243	-250.00

BALANCE 0.00

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

201604271609

Electronic Service Requested

1 OF 1

ENV 6289

SINGLE PIECE
10

6289 0.3820 SP 0.465

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

DATE	CHECK AMT	CHECK NO.
04/27/2016	250.00	0063897243

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
	06/16/2015	30154126344-0001

Amt Paid: 250.00 Description:
Amt Billed: ~~250.00~~ Invoice: 68728
Dates: 03/03/2016-03/03/2016 Comment:
ICN: 128652748.6

PAID MAY 02 2016

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#
05/02/16 68250

EAMS#(s):ADJ9552070
ADJ9922691
SS # :
DOB :
Terms : 45 days
Claim #(s):
6338083A00005

BILL TO:
CARL WARREN & CO. (TUSTIN)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs RAINBOW ENVIRONMENTAL
Date Of Injury: 6/6/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/15	INITIAL EXAM	DR BERNSTEIN @ COAST PAIN MGMT* CPM	230.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/03/16	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/03/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/29/16	PMT BY CHECK	DOS 12/15/15-3/3/16* =# 000001723	-590.00

BALANCE 0.00

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

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

Bank of America
Costa Mesa, CA

16-66/1220

CARL WARREN & COMPANY
ATF
RAINBOW ENVIRONMENTAL SERVICES

BRANCH: S083 ORG
CARL WARREN & COMPANY
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLIENT#: 6338 RBW

68250

PAYMENT AMOUNT: ******590.00**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000001723
ISSUE DATE: 4/29/2016

PAYMENT SETTLEMENT: *** REFER TO ATTACHED CHECK ADVICE REPORT

PAID MAY 02 2016

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#
04/28/16	68520

EAMS#(s):
ADJ10123166
SS # :
DOB :
Terms : 45 days
Claim #(s):
000616-023317-WC-01

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

Case: vs G K SERVICES
Date Of Injury: 6/1/15 - 9/17/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/21/16	PMT BY CHECK	DOS 2/18/16* # 0126551140	-156.50
03/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/21/16	PMT BY CHECK	DOS 3/29/16* # 0127356885	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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GB-ROSEVILLE,CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

000616 PAGE 1 OF 1 008985

PAID APR 28 2016

MDG2009 00004942 1 MB 0419 1

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INSURANCE

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

CLAIM NO.: 000616 023317 WC 01 (052)
CLAIMANT:
DESCRIPTION: JOYCE ALTMAN INTERPRETERS, INC INVOICIE#68520

BRANCH NO.: 180
ACC DATE: 06Aug15

NO.: 0127356885
VN: 0000504328
DATE: 21Apr16
AMOUNT: 250.00

DATES OF SERVICE: 18Feb16 **THRU** 29Mar16
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004942 005506 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#
04/28/16	68856

EAMS#(s):
ADJ10114363
SS # :
DOB :
Terms : 45 days
Claim #(s):
06112500

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

Case: vs MONGOLIAN BAR B QUE
Date Of Injury: 5/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/16	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
04/25/16	PMT BY CHECK	DOS 3/22/16* # CS-595618	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CS-595618**

Issue Date: 04/25/16
Doc #: 030987784

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:			68856 **Claim #:** 06112500			**Date of Injury:** 05/04/15		
	Employer name: MONGOLIAN BBQ			~~Employer ID: 0000009092411150~~					
1	SF1-SPCA-215317	03/22/16	999Q8	Interpreter Deposit-	1	250.00	.00	A01	250.00
	Patient Name:			68873 **Claim #:** 06104642			**Date of Injury:** 12/31/14		
	Employer name: ATLAS CUSTOM HARDWOOD FLOORS			Employer ID: 0000001977708140					
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
2	SF1-SPCA-215322	03/23/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
	Patient Name:			68877 **Claim #:** 05938150			**Date of Injury:** 10/09/13		
	Employer name: DREAM TEAM SERVICES, INC.			Employer ID: 0000009065862130					
3	SF1-SPCA-215314	03/23/16	999Q2	Interpreter Treatmen	120	25.00	.00	710 A01 G5	25.00
				Total Allowances:					**$431.50**

PAID APR 28 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#
04/28/16	68621

EAMS#(s):ADJ10127026
ADJ10127016
SS # :
DOB :
Terms : 45 days
Claim #(s):
99822; 104445

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

Case: vs NOBLE ROOFING
Date Of Injury: 6/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ #100533	0.00
04/21/16	PMT BY CHECK	DOS 2/26/16* # 0000854885	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	04/21/16
Service Begining:	02/26/16
Service Ending:	02/26/16

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	06/11/15	99822

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
68621	02/26/16-02/26/16	250.00	N/A	N/A	250.00

Messages

PAID APR 28 2016

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

California Insurance Company
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave | Menlo Park, CA 94025
11-491220

0000854885

Date: 04/21/16

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy C Robb

VOID VOID VOID VOID VOID VOID

RRD SECURITY MARK™ ◆ RRD SECURITY MARK™ ◆ RRD SECURITY

⑈0000854885⑈ ⑆122000496⑆ 7000168038⑈

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

*** INVOICE ***
Date NO#
04/29/16 67994

EAMS#(s):
ADJ10047754
SS # :
DOB :
Terms : 45 days
Claim #(s):
188013225

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

Case:
Date Of Injury: 5/15/14-5/15/15 vs SEALY MATTRESS CO

DOS	SERVICE	DESCRIPTION	AMOUNT
12/01/15	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE* (ACS)	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	
12/16/15	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	0.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	180.00
01/05/16	PR2/REEVAL	DR RAMESHNI @ ADVANCE CARE*	0.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	180.00
01/20/16	PR2/REEVAL	DR BHARATWAL @ ADVANCE CARE*	0.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	180.00
02/09/16	PR2/REEVAL	DR RAMESHNI @ ENHANCED PRECISION CARE* EPC	0.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	180.00
03/15/16	PR2/REEVAL	DR RAMESHNI @ EPC*	0.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	180.00
03/11/16	FOLLOW-UP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	0.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	180.00
04/22/16	PMT BY CHECK	DOS 12/1/15-3/15/16* =# 1441660	0.00
			-1130.00
		BALANCE	180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Broadspire Services, Inc.
PO Box 189080
Plantation FL 33318-9080

0000682-0001995 0106 001 537321 BSP

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

Broadspire®
A CRAWFORD COMPANY

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc., who has partnered with VPay® to process their payments. If you have questions regarding VPay®, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire at 1-800-800-7885.

67994 -1

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
188013225-001	9040763889	119190490 BSP0001002	04/22/2016	$1130.00	1441660

D.

PAID APR 28 2016

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay at (877) 399-5917 and provide the SE Transaction ID shown above and destroy this communication and its attachments, if any.

39.71.1.3.1

Bill Id: BRS-BSCA-1155304

Carrier

ARCH INSURANCE COMPANY
ONE LIBERTY PLAZA
53RD FLOOR
NEW YORK, NY 10006

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
External ID: 6713999JOALININUNKNO4165
Invoice Date: 04/05/2016
Patient Account: 67994
Payment Status Code: 1

Claimant

Claim Number: 188013225-001
DOI/DOL: 05/15/2015
CR Date / BR Date: 04/11/2016 / 04/14/2016
External Claim Number: 20150520142722612831O2
Social Security Number:
Employer/Insured: TEMPUR SEALY INTERNATIONAL
Employer/Insured Address: SEALY DRIVE
ONE OFFICE PARKWAY
TRINITY, NC 27370
Policy Admin Information: 019427
Branch ID: FSN

Bill Details

Dates of Service: 12/01/2015 to 03/15/2016
Post Date: 04/19/2016
Client Type of Bill: 74
Adjuster: VLHOLL

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Explanation Code(s) Network	Allowance
1	12/01/2015	99	99199	A	2	UNLISTED SPECIAL SERV	230.00	0.00	0.00	230.00
2	12/16/2015	99	99199	A	2	UNLISTED SPECIAL SERV	180.00	0.00	0.00	180.00
3	01/05/2016	99	99199	A	2	UNLISTED SPECIAL SERV	180.00	0.00	0.00	180.00
4	01/20/2016	99	99199	A	2	UNLISTED SPECIAL SERV	180.00	0.00	0.00	180.00
5	02/09/2016	99	99199	A	2	UNLISTED SPECIAL SERV	180.00	0.00	0.00	180.00
6	03/15/2016	99	99199	A	2	UNLISTED SPECIAL SERV	180.00	0.00	0.00	180.00

Totals

Total Charges:	1,130.00		
Bill Review Reductions:		0.00	
Network Reductions:			0.00
Recommended Allowance:			1,130.00

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

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

*** INVOICE ***

Date	NO#
02/29/16	67905

EAMS#(s):ADJ10012248
ADJ10012247
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
001687-023205-WC-01; 0016

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

Case: vs THE CHEESECAKE FACTORY
Date Of Injury: 4/13/15; 6/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/23/15	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
01/27/16	PMT BY CHECK	DOS 11/23/15* # 0125181956	-156.50
02/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/24/16	PMT BY CHECK	DOS 2/2/16* # 0125890855	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

001687 PAGE 1 OF 1 004235

PAID FEB 29 2016

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

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

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

67905-1

CLAIM NO.: 001687 023384 WC 01 (0127)
CLAIMANT:
DESCRIPTION: DEPOSITION REVIEW ON 2/2/16

BRANCH NO.: 138
ACC DATE: 04Jun15

NO.: 0125890855
VN: 0000409405
DATE: 24Feb16

DATES OF SERVICE: 02Feb16 **THRU** 02Feb16
BENEFIT PERIOD: **THRU**

AMOUNT: 250.00

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004904 005612 002 003

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

*** INVOICE ***
Date NO#
02/29/16 68039

EAMS#(s):
ADJ10114365
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
12W294785

BILL TO:
ARGONAUT INSURANCE (TX-469010)
W. C. DEPARTMENT
ATTN: CAROL FISHBACK
P.O. BOX # 469010
SAN ANTONIO, TX 78246

Case: vs CHOROK
Date Of Injury: 3/17/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/15	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
02/03/16	PMT BY CHECK	DOS 12/10/15* # 1222472	-156.50
02/04/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/25/16	PMT BY CHECK	DOS 2/4/16* # 1222740	-250.00

BALANCE 0.00

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

Argonaut Great Central Insurance Company
On Behalf Of: ARGONAUT INSURANCE CO.
Handled By:
Contact Number:(877)769-5953

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: **1222740**

Policy/Certificate: WC 9378452-00
Insured: CHOROK CORP.

88-86
1113

Source: GCIS-WC

Claim Number: 12-W-294785-01
Date of Loss: 03/17/2015
Claimant:

Period Covered: 02/04/2016-02/04/2016
Adjuster: CENCLF

Date 02/25/2016
Void After 180 Days

Amount $250.00

AY **Two Hundred Fifty Dollars And Zero Cents****

AY TO THE RDER OF **JOYCE ALTMAN INTERPRETERS INC**

AUTHORIZED REPRESENTATIVE

AYEE DDRESS P O BOX 4165
TUSTIN, CA 92781-4165

OR EXPENSE OTHER

HEAT SENSITIVE RUB AREA TO VERIFY

⑈0001222740⑈ ⑆111300880⑆ 707700233⑈

DETACH BEFORE CASHING (Retain stub for your records.)

y To: **JOYCE ALTMAN INTERPRETERS INC**

PAID FEB 29 2016

ver: **Argonaut Great Central Insurance Company**

: **EXPENSE OTHER**
eck Number: **1222740**
ued: **02/25/2016**

Contact Number:(877)769-5953

68039

n Number / Pay	Claimant Name / Pymt Desc	Adjuster	Invoice	Paid Amt	Billed Amt / FEIN/SSNO	Policy/Certificate / Insured Name	Dt of Loss	Period Covered / Treaty Name
-294785-01			68039	250.00	250.00	WC 9378452 00	03/17/2015	02/04/2016-02/04/2016
	EO	CENCLF				CHOROK CORP.		
		Total		250.00	250.00			

Mail To: **JOYCE ALTMAN INTERPRETERS INC**
P O BOX 4165
TUSTIN CA 92781-4165

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#
02/24/16	68190

EAMS#(s):
ADJ9938728
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
95082

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

Case: . vs JONATHAN LOUIS INTERNATIONAL
Date Of Injury: 11/18/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
02/22/16	PMT BY CHECK	DOS 1/13/16* # 0000826275	-250.00

BALANCE 0.00

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

Indemnity Payment

Check Date:	02/22/16
Service Begining:	01/13/16
Service Ending:	01/13/16

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	11/18/14	95082

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
68190 ✓	01/13/16-01/13/16	250.00	N/A	N/A	250.00

Messages

PAID FEB 24 2016

Total	250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000826275

Date: 02/22/16

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Authorized Robb

RRD SECURITY MARK™ ◆ RRD SECURITY

⑈0000826275⑈ ⑆122000496⑆ 7000168038⑈

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#
02/24/16 61524

EAMS#(s):
ADJ8926401
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
AXQR-3207

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

Case: vs SUBWAY
Date Of Injury: 8/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/14	PR2/REEVAL	DR ROSARIO @ INTEVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/14/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
04/24/14	EPIDURAL	PAIN MGMT W/ BERNSTEIN @ NEWPORT COAST CTR*	150.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/13/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/13/14	PMT BY CHECK	DOS 3/14/14-5/13/14* # 1516121	-360.00
06/12/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/03/14	PMT BY CHECK	DOS 4/24/14-6/12/14* # 1530066	-270.00
07/15/14	PR2/REEVAL	DR ROSARIO @ INTERVENTIONAL PAIN MGMT*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
08/12/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/08/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/12/14	PMT BY CHECK	DOS 7/15/14-9/8/14* # 1576889	-540.00
10/15/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/12/14	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00

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

*** INVOICE ***
Date NO#
02/24/16 61524

EAMS#(s):
ADJ8926401
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
AXQR-3207

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

Case: vs SUBWAY
Date Of Injury: 8/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/09/15	PMT BY CHECK	DOS 10/15/14-11/12/14* # 1661665	-180.00
04/01/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/16/14	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/06/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/14/15	PR2/REEVAL	DR ROSARIO & BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
07/21/15	PMT BY CHECK	DOS 12/16/14-5/6/15* # 1711716	-270.00
07/24/15	PMT BY CHECK	DOS 4/9/15* # 1713175	-90.00
07/24/15	PMT BY CHECK	DOS 4/1/15* # 1713174	-90.00
07/24/15	PMT BY CHECK	DOS 1/14/15* # 1713173	-90.00
02/25/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/08/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/10/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
08/12/15	PR2/REEVAL	DR BERNSTEIN @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/14/15	PR2/REEVAL	DR BERNSTEIN @ COAST PAIN MANAGEMENT*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/05/15	PMT BY CHECK	DOS 3/14/14-8/12/15* # 1743963	-1320.00
10/19/15	PR2/REEVAL	DR BERNSTEIN/RAPHAEL, PA @ IPM*	180.00

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

*** INVOICE ***
Date NO#
02/24/16 61524

EAMS#(s):
ADJ8926401
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
AXQR-3207

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

Case: vs SUBWAY
Date Of Injury: 8/23/12

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/04/15	PMT BY CHECK	DOS 3/4/14-10/19/15* # 1760051	-360.00
11/30/15	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/15/15	PMT BY CHECK	DOS 11/30/15* # 1778962	-180.00
01/25/16	PR2/REEVAL	DR ROSARIO @ IPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/22/16	PMT BY CHECK	DOS 1/25/16* # 1801641	-180.00

BALANCE 0.00

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INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

Claim Number: AXQR-3207
Claimant:
Date of Loss: 08/23/2012

PAID FEB 24 2016

Check Number: 1801641
Check Date: 02/22/2016
Check Amount: $180.00
Type of Payment:
MP 176 - INTERPRETER MED

Location: 009222038WK4 Berri Foods Inc 6745 Quail Hill Pkwy of Nova

For Period: 01/25/2016 to 01/25/2016
InvoiceNo: 61524
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

MP

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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

YORK
P.O BOX 1700
RANCHO CUCAMONGA, CA 91729 (973) 541-1330

ON BEHALF OF
4220 AIX Quick Srv Restaurants

PAY TO THE ORDER OF
ONE HUNDRED EIGHTY AND 0/100
JOYCE ALTMAN INTERPRETERS, INC.
Mail to: PO BOX 4165
TUSTIN, CA 92781-4165

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

NOT VALID AFTER SIX MONTHS

CLAIM NUMBER
AXQR-3207

DATE 02/22/2016
CHECK NO. 1801641

AMOUNT
***$180.00

Richard Talbot

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER $25,000.00.

⑈1801641⑈ ⑆121000248⑆ 2000013486965⑈

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

*** INVOICE ***
Date NO#
02/22/16 68306

EAMS#(s):
ADJ9337304
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
17002605

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

Case: vs VPM MANAGEMENT
Date Of Injury: 9/24/12 - 2/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/03/16	LEGAL_WCAB	FULL DAY TRIAL @ WCAB ANAHEIM	313.00
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
02/19/16	PMT BY CHECK	DOS 2/3/16* # 54890	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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. 54890

DATE
02/19/2016

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

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Three Hundred Thirteen 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

⑈0000054890⑈ ⑆122235821⑆ 153495561216⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XXX6713

Check Number: 54890

Check Date: 02/19/2016

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
17002605		02/28/2014	Interpreter Fees - Depo / WCAB Only	02/03/2016	02/03/2016	02/15/2016	68306	313.00

PAID FEB 22 2016

MR

ORDER 901 - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984354, 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#
06/06/16 68416

EAMS#(s):
ADJ9904905
SS # : XXX-XX-
DOB :
Terms :
Claim #(s):
152-CB-E2F2725

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

Case: VELASCO vs DPI SPECIALTY FOOD
Date Of Injury: 1/15/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/16	LEGAL_PREP	DEPO PREP @ L/O GOLDMAN, MAGDALIN	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
03/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/23/16	PMT BY CHECK	DOS 2/1/16* # 896D 87503054	-156.50
03/30/16	PMT BY CHECK	DOS 2/1/16-3/2/16* # 896D 87536696	-250.00
05/16/16	LEGAL_WCAB	FULL DAY PRIORITY CONFERENCE @ WCAB LB	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/01/16	PMT BY CHECK	DOS 5/16/16* # 896D 87833454	-313.00

BALANCE 0.00

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018636

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

SA09270

896D 87833454

TRAVELERS

DATE: 06/01/16
LOSS DATE: 01/15/15
FILE NUMBER: 152 CB E2F2725 T

EMPLOYEE

ACCOUNT NAME:
DPI SPECIALTY FOODS 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: 5/16/2016

PAID JUN 06 2016

TOTAL PAID: $313
TAX INFO: 330956713 Y C
PAY MISC: 68416
PAYEE:
JOYCE ALTMAN INTERPRETERS, INC

FOR ADDITIONAL INFORMATION, CONTACT: JESSICA MENDOZA AT (909)612-3984

153009365
DETACH CHECK

UNSHMM
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#
06/06/16	68427

EAMS#(s):
ADJ9960027
SS # : XXX-XX-N/A
DOB :
Terms :
Claim #(s):
188013391

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

Case: vs JEAN MART
Date Of Injury: 4/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	
03/28/16	PMT BY CHECK	DOS 2/8/16* # 5638869549	0.00
04/19/16	LEGAL_PREP	DEPO PREP @ L/O QUINTAIROS, PRIETO, WOOD & BOYER	-156.50
			156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	
05/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	0.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	250.00
05/26/16	PMT BY CHECK	DOS 4/19/16-5/2/16* # 5639762349	0.00
			-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Check Date	:	05/26/2016
Check Amount	:	$406.50
Check Number	:	5639762349

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
188013391-001 WC BREA Professional Service	04/24/2015 $406.50 $406.50	Shaghayegh S. Fahimi 68427	714-989-4400 05/16/2016 04/19/2016-05/02/2016

PAID JUN 06 2016

Please Fold on Perforation Before Tearing

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

*** INVOICE ***
Date NO#
05/09/17 65060

EAMS#(s):
ADJ7946246
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-11-0502123

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: LEAH WILLIAMS
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: BARRETT BUSINESS SERVICES
Date Of Injury: 7/12/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/15	LEGAL_WCAB	MSC @ WCAB ANA	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
05/11/15	LEGAL_WCAB	TRIAL @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
06/01/15	PMT BY CHECK	DOS 3/11/15* # 7430772	-156.50
08/05/15	PMT BY CHECK	DOS 03/11/15-05/11/15* # 7492602	-156.50
04/18/17	LEGAL_WCAB	MSC @ WCAB SANTA ANA	165.00
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
04/24/17	PMT BY CHECK	DOS 4/18/17* # 8122456	-165.00

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
VOID VOID VOID

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
8122456	04/24/17

PAY EXACTLY: *One hundred sixty five and 00/100 Dollars*

*******$165.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

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

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0008122456⑈ ⑆121000248⑆ 4121 5140 12⑈

TACH HERE

CORVEL

DETACH HERE

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
BB-11-0502122	07/12/2011		04/18/2017	04/18/2017	65060	*******$165.00

PAID
MAY 09 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#
05/05/17 71490

EAMS#(s):ADJ10581135
ADJ10581108
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
AXMY-1499

BILL TO:
YORK INSURANCE (OH-183188)
W. C. DEPARTMENT
ATTN: LYNETTE WOODEN
P.O. BOX 183188
COLUMBUS, OH 43518

Case: vs RIGGINS ENGINEERING INC.
Date Of Injury: 7/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/17	LEGAL_REVIEW	DEPO REVIEW @ L/O KUPPER & WILSON	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
05/02/17	PMT BY CHECK	DOS 3/22/17* # 1927818	-250.00

BALANCE 0.00

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

Mailing Information:

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

Claim Number: AXMY-1499
Claimant:
Date of Loss: 07/19/2016
Check Number: 1927818
Check Date: 05/02/2017
Check Amount: $250.00
Type of Payment:
EP 108 - DEPOSITION COSTS

PAID
MAY 05 2017
BY:

Location: 029274174WK1 RIGGINS ENGINEERING INC 13932 Saticoy St of Barney & Barney, Scanlon Only
For Period: 03/22/2017 to 03/22/2017
InvoiceNo: 71490
IRS #: 33-0956713
Handling Office: 705-Los Angeles, Roseville, CA

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 AIX Metal Workers B & B (5138)
P.O. Box 1700
Rancho Cucamonga, CA 91729

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER
AXMY-1499

DATE
5/2/2017

CHECK NO
1927818

PAY TWO HUNDRED FIFTY AND 0/100

AMOUNT
***$250.00

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

Two Signatures Required for Amounts over $25,000.00

⑈1927818⑈ ⑆121000248⑆ 2000013486965⑈

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

*** INVOICE ***

Date	NO#
06/06/16	68414

EAMS#(s):ADJ3502314
ADJ826470
SS # : XXX-XX-
DOB :
Terms :
Claim #(s):
06083600; 05124726

BILL TO:
SCIF (FRESNO)
W. C. DEPARTMENT
ATTN: RANDI KANEOKA/LIEN UNIT
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs TOMEL
Date Of Injury: 4/16/01; 5/12/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/16	LEGAL_PREP	DEPO PREP @ HUTCHINGS COURT REPORTS	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	
02/17/16	LEGAL_WCAB	MSC @ WCAB LB	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	156.50
02/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	0.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	250.00
04/20/16	LEGAL_WCAB	FULL DAY STATUS CONFERENCE @ WCAB LONG BEACH	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	313.00
06/03/16	PMT BY CHECK	DOS 1/28/16-4/20/16* =# CU-291603	0.00
			-876.00

BALANCE 0.00

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

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-291603**

Issue Date: 06/03/16
Doc #: 031138056

Medical

68414

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06083600		**Date of Injury:** 04/16/01		
SSN: XXX-XX-; Employer name: TOMEL DEVELOPMENT, INC.					Employer ID: 0002290016327010				
1	SF1-SPCA-220833	01/28/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
2	SF1-SPCA-220833	02/17/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
3	SF1-SPCA-220833	02/29/16	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
4	SF1-SPCA-220833	04/20/16	999Q9	Interpreter Deposit-	1	313.00	.00		313.00
						Total Allowances:			**$876.00**

0131116803113805600 1 2

PAID JUN 06 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#
06/06/16	68730

EAMS#(s):
ADJ10176194
SS # : XXX-XX-
DOB :
Terms :
Claim #(s):
SAC0000166203

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W. C. DEPARTMENT
ATTN: RON VELASCO
P.O. BOX 349016
SACRAMENTO, CA 95834

Case: vs T & R LUMBAR
Date Of Injury: 9/2/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/16	LEGAL_PREP	DEPO PREP @ L/O MALMQUIST, FIELD & CAMASTRA	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
04/06/16	PMT BY CHECK	DOS 3/4/16* # 166038	-156.50
05/11/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
05/31/16	PMT BY CHECK	DOS 5/11/16* # 167666	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Arch Insurance Company
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: T & R Lumber Company

Wells Fargo Bank
Commercial Banking
299 South Main Street, 4th Floor
Salt Lake City, UT 84111

11-24
1210 (8)

CHECK NO. 167666

DATE
05/31/2016

$250.00

VOID AFTER 180 DAYS

PAY Two Hundred Fifty & 00/100 Dollars

TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

⑈00167666⑈ ⑆121000248⑆400003622 8⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000166203		09/02/2015	68730	05/11/2016 - 05/11/2016

Reference: **BR# LWPSPB6155302*
Comments: **ImgID 6155302*

Service	Service Dates	Amount Paid
Interpretation (depositions-le	05/11/2016 - 05/11/2016	250.00

PAID JUN 06 2016

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#
06/06/16 68059

EAMS#(s):
ADJ10201410
SS # : XXX-XX-
DOB :
Terms :
Claim #(s):
15010944

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

Case: vs ANAHEIM GLOBAL MEDICAL CENTER
Date Of Injury: 11/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/15	INITIAL EXAM	DR ROSARIO @ COAST PAIN MGMT* CPM	230.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	
01/11/16	PR2/REEVAL	DR ROSARIO @ CPM*	0.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	180.00
02/15/16	PR2/REEVAL	DR ROSARIO @ CPM*	0.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	180.00
03/21/16	PR2/REEVAL	DR ROSARIO @ CPM*	0.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	180.00
04/20/16	PR2/REEVAL	DR BERNSTEIN @ CPM*	0.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	180.00
06/02/16	PMT BY CHECK	DOS 12/4/15* # 3772	0.00
			-950.00

BALANCE 0.00

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WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 3772

DATE: 6/2/2016

KPC Healthcare, Inc.
Sunstone Assurance II, LLC Series GG-1
WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT
*********$950.00

CLAIMANT:
CLAIM NO: 15010944
PAY *Nine Hundred And Fifty And 00/100 US Dollars*

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

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00003772⑈ ⑆121000248⑆ 4126835743⑈

Provider Bill Detail

Payer: KPC Healthcare, Inc.
Provider Patient Account #: 68059

Check Number: 3772
Check Date: 6/2/2016

Claim Number: 15010944
Claimant Name:
SSN: XXX-XX-
Date of Birth:
State of Jurisdiction: California

Date Received: 5/27/2016
Date Reviewed: 6/1/2016
Date of Injury: 11/4/2015
Document Number: N342-16-000319
Employer: KPC Healthcare, Inc.

Examiner: kgier
Bill Type:
Pay Code: 10392
From: 12/4/2015
Through: 4/20/2016

68059

ICD9 Codes:

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
12/4/2015	99199	00 00 00		40.00	950.00	0.00	0.00	0.00	950.00	G1
			Totals:		950.00	0.00	0.00	0.00	950.00	

Reduction Reason Codes:

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

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

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

PAID JUN 06 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#
06/06/16	68798

EAMS#(s):
ADJ10162382
SS # : XXX-XX-
DOB :
Terms : -
Claim #(s):
2008706

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

Case: vs CALIFORNIA PLASTIC CONTAINERS
Date Of Injury: 9/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA EUGENIA PACO - CORTEZ # 100533	0.00
04/19/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/10/16	PMT BY CHECK	DOS 3/4/16* # 01150819	-156.50
06/02/16	PMT BY CHECK	DOS 4/19/16* # 01181640	-250.00

BALANCE 0.00

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01181640
2008706-1
SWC1086840

DATE	AMOUNT
6/2/2016	$250.00

PAY Two Hundred Fifty and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

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

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01181640⑈ ⑆021309379⑆ 790262463⑈

Check Number	01181640
Claim Number:	2008706-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1086840/CALIFORNIA PLASTIC CONTAINERS CORPORATION
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/25/2015
Location:	2210 E Artesa Blvd Long Beach CA 90805 -
Examiner Code:	ochanthalangsy

PAID JUN 06 2016

Amount:	$250.00
Dates of Service:	4/19/2016-4/19/2016
Explanation:	Invoice Number: 68798
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

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#
06/13/16	68210

EAMS#(s):
ADJ8857804
SS # : XXX-XX-
DOB :
Terms :
Claim #(s):
08012061

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

Case: vs LAGRECA CONCRETE CONSTRUCTION
Date Of Injury: 1/28/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/16	WCAB LA	MSC @ WCAB LOS ANGELES	156.50
/ /	INTERPRETER:	ELENA WILSON # 100363	0.00
02/17/16	PMT BY CHECK	DOS 1/14/16* # 320245	-156.50
05/09/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/09/16	PMT BY CHECK	DOS 5/9/16* # 335198	-250.00

BALANCE 0.00

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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. 335198

DATE
06/09/2016

California Workers' Compensation Payment

Pay Two Hundred Fifty Dollars And 00/100 **$**********250.00

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

⑈0000335198⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XXX

Check Number: 335198

Check Date: 06/09/2016

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
08012061		01/28/2013	Interpreter Fees - Depo / WCAB Only	05/09/2016	05/09/2016	05/20/2016	68210	250.00

PAID JUN 13 2016

ORDER NO. - U.S. PATENT NO. 5538290, 5575508, 5941183, 5795353, 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#
06/13/16 69334

EAMS#(s):ADJ10184523
ADJ9345492
SS # : XXX-XX-
DOB :
Terms : 30 days
Claim #(s):
188145692; 186697417

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

Case: vs COMFY USA APPAREAL, INC
Date Of Injury: 12/23/13; 1/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
06/08/16	PMT BY CHECK	DOS 5/3/16* # 5639935203	-250.00

BALANCE 0.00

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Broadspire
A CRAWFORD COMPANY

P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	06/08/2016
Check Amount	:	$250.00
Check Number	:	5639935203

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

69334

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
186697417-001 WC BREA Professional Service	01/25/2014 $250.00 $250.00	Erica E. Crisafulli	714-989-4418 05/03/2016-05/03/2016

PAID JUN 13 2016

Please Fold on Perforation Before Tearing

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

*** INVOICE ***

Date	NO#
06/13/16	68252

EAMS#(s):
ADJ10348892
SS # : XXX-XX-
DOB :
Terms :
Claim #(s):
877C1589775

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

Case: CCL TUBE, INC.
Date Of Injury: 6/29/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/15	INITIAL EXAM	DR ROSARIO @ COAST PAIN MGMT* CPM	230.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/25/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/29/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/12/16	PMT BY CHECK	DOS 12/14/15-2/29/16* # DA75950780	-590.00
03/31/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/29/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/08/16	PMT BY CHECK	DOS 3/31/16-4/29/16* # DA76250646	-360.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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-001462-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/08/16

CHECK NO. **DA76250646**

STATEMENT

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

68252

5900A11DA 00 00392 DA76250646
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
877C1589775

DOLLARS
$********360.00

*** NOT NEGOTIABLE ***

Invoice # 68252
Agency Claim # 201512101628416290279O

FOR
03/31/16 THRU 04/29/16 68252

CLAIMANT

DATE OF EVENT
06/29/15

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

PDWLDMCD-001462-01-01-00

PAID JUN 13 2016

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#
01/09/17 69489

EAMS#(s):ADJ9577274
ADJ9577747
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05970712

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

Case: CRUZ vs AMKO RECYCLING CENTER LLC
Date Of Injury: 2/13/14; 9/9/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB SBR	156.50
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
07/18/16	PMT BY CHECK	DOS 5/23/16* # CS-605845	-156.50
08/22/16	LEGAL_WCAB	MSC @ WCAB SBR	190.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
09/13/16	PMT BY CHECK	DOS 8/22/16* # CS-612083	-190.00
12/12/16	LEGAL_WCAB	MSC @ WCAB SBR	190.00
/ /	INTERPRETER:	JESSICA M. LUNA # 100680	0.00
01/06/17	PMT BY CHECK	DOS 12/12/16* # CS-623807	-190.00

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.

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-623807**

Issue Date: 01/06/17
Doc #: 031868898

Medical

69489

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05970712		**Date of Injury:** 02/13/14		
SSN: XXX-XX-	Employer name: AMKO RECYCLING, LLC				Employer ID: 0000090035997130				
1	SF1-SPCA-261750	12/12/16	999Q9	Interpreter Deposit-	1	190.00	.00	375 G5	190.00
					Total Allowances:				**$190.00**

PAID
JAN 09 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"

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

*** INVOICE ***
Date NO#
12/07/16 70437

EAMS#(s):
ADJ10009684
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06065932

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

Case: vs FOUR SEASONS APPAREL INC
Date Of Injury: 1/26/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/16	LEGAL_WCAB	FULL DAY MSC @ WCAB POMONA	313.00
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
12/05/16	PMT BY CHECK	DOS 9/21/16* =# CS-620596	-313.00

BALANCE 0.00

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

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-620596**

Issue Date: 12/05/16
Doc #: 031765400

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:			68873 **Claim #:** 06104642		**Date of Injury:** 12/31/14			
SSN: XXX-XX	Employer name: ATLAS CUSTOM HARDWOOD FLOORS			Employer ID: 0000001977708140					
1	SF1-SPCA-253019	11/02/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
	Patient Name:			70437 **Claim #:** 06065932		**Date of Injury:** 01/26/15			
SSN: XXX-XX-	Employer name: FOUR SEASONS APPAREL, INC.			Employer ID: 0000009089503140					
2	SF1-SPCA-253190	09/21/16	999Q9	Interpreter Deposit-	1	313.00	.00		313.00
				Total Allowances:					**$469.50**

PAID DEC 07 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"

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#
12/12/16 70647

EAMS#(s):
ADJ10528716
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
117859

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

Case: vs SITE CREW INC.
Date Of Injury: 6/25/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/20/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
12/08/16	PMT BY CHECK	DOS 10/20/16* # 0000965880	-250.00

BALANCE 0.00

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

P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	12/08/16
Service Begining:	10/20/16
Service Ending:	10/20/16

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	06/25/16	117859

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
70647	10/20/16-10/20/16	250.00	N/A	N/A	250.00

Messages

PAID DEC 12

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

California Insurance Company
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000965880

Date: 12/08/16

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

RIBD SECURITY MARK™ ● RIBD SECURITY MARK™ ● RIBD SECURITY

⑆000096588⑆ ⑈122000496⑈ 7000168038⑈

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#
12/15/16	70267

EAMS#(s):ADJ10243561 ADJ10243594
ADJ10243565
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
006222002883WC-01;15464;

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

Case: vs GOLDEN GATE AMERICA
Date Of Injury: 10/5/14;11/14;12/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
10/11/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/09/16	PMT BY CHECK	DOS 8/24/16-10/11/16* # 0133156627	-406.50

BALANCE 0.00

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

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

006222 PAGE 1 OF 1 008971

MDG2009 00007681 1 MB 0419 1

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

PAID DEC 15 [illegible]

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY

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

CLAIM NO.: 006222 002883 WC 01 (20001968)
CLAIMANT:
DESCRIPTION: INV #: 70267

BRANCH NO.: 170
ACC DATE: 05Oct14

NO.: 0133156627
VN: 0000518781
DATE: 09Dec16

DATES OF SERVICE: 24Aug16 **THRU** 11Oct16
BENEFIT PERIOD: **THRU**

AMOUNT: 406.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007681 008607 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#
12/19/16	69325

EAMS#(s):
ADJ9743275
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-14-11954

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

Case: CV WINDOWS AND DOORS
Date Of Injury: 9/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/16	INITIAL EXAM	DR GOUBRAN/ TRUJILLO P.A @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/11/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/08/16	PR2/REEVAL	DR GOBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/29/16	PR2/REEVAL	DR GOBRAN/MIRZABEIGI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/08/16	PMT BY CHECK	DOS 4/21/16-10/13/16* # 1534179	-770.00

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THIS SERVES AS DEMAND FOR PAYMENT.

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

Check Date: 12/08/2016
Check Number: 1534179
Check Amount: $770.00

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,GS6C5N

GS6C5N

3/8/16 11:37 AM 4 0001024 20161208 LL2TA103 CHECK 1 oz DOM LL2TA10000* 161281 CK

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

PAID DEC 14 2016

Payment Summary

Claim #	Claimant	Date of Injury	Invoice	Payment Type	From	Through	Total Amount
10101411954		09/05/2014	69325	180	04/21/2016	10/13/2016	$770.00

Category	Stub Notes	Stub Amount
180	Joyce Altman Interpreters.	$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#
12/27/16 70799

EAMS#(s):ADJ9992719
ADJ9992717
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
8CAC0003509;94C3229919

BILL TO:
ACE/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: 1/12/10; 2/16/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/16	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/26/16	PMT BY CHECK	DOS 11/17/16* # DA77271612	-250.00

BALANCE 0.00

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THIS SERVES AS DEMAND FOR PAYMENT.

ACE PROPERTY AND CASUALTY INSURANCE COMPANY
PO BOX 6569
SCRANTON PA 18505-6569

DATE 12/26/16
CHECK NO. **DA77271612**

STATEMENT

Chubb
ACE Property and Casualty Insurance Company

CHUBB

5900A11DA 00 00665 DA77271612

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

FILE ID
8CAC0003509

DOLLARS
$********250.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201005051145064735879 5

FOR
11/17/16 THRU 11/17/16 70799
CLAIMANT

DATE OF EVENT
01/12/10

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

PAID DEC 27 16

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#
12/29/16	70599

EAMS#(s):
ADJ10278674
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
10101601676

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

Case: vs DAVALAN SALES
Date Of Injury: 10/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/31/16	LEGAL_WCAB	EXP. HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/09/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/19/16	PMT BY CHECK	DOS 10/11/16-11/9/16*	-563.00
		# 1546510	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Check Date: 12/19/2016
Check Number: 1546510
Check Amount: $563.00

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,U4CD5J

12/11/16 4:29 PM 4 0001199 20161219 LL699103 CHECK 1 oz DOM LL699100000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101601676		07/29/2015	70599	VEND	10/11/2016	11/09/2016	$563.00

PAID DEC 28 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#
12/22/16	70443

EAMS#(s):
ADJ10518660
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
44024525

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

Case: vs RCA CONSTRUCTION CLEAN
Date Of Injury: 3/22/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
11/09/16	PMT BY CHECK	DOS 9/29/16* # 2234645	-156.50
12/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/20/16	PMT BY CHECK	DOS 12/2/16* # 2242684	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THIS SERVES AS DEMAND FOR PAYMENT.

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 12/20/2016
Check Number : 2242684
Check Amount : $250.00

3P312F



3i25a
00122

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

PAID DEC 22 2016

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44024525		03/22/2016	70443	Interpreter Fees -	12/02/2016	12/02/2016	$250.00

MP

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#
01/25/17 68530

EAMS#(s):ADJ10245061 ADJ10236077
ADJ10236076
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ51302C

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

Case: vs MILPAS MEAT MARKET
Date Of Injury: 7/28/15; 3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/16	LEGAL_PREP	DEPO PREP @ L/O ADELSON & TESTAN	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
03/22/16	PMT BY CHECK	DOS 2/23/16* # 125533323 5	-156.50
03/31/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/13/16	LEGAL_PREP	DEPO PREP @ L/O ADELSON & TESTAN (VOL II)	156.50
/ /	INTERPRETER:	GABRIELA I. DAVIS # 100541	0.00
04/26/16	PMT BY CHECK	DOS 3/31/16* # 125697840 0	-250.00
05/11/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
05/12/16	PMT BY CHECK	DOS 4/13/16-4/13/16 * # 125780951 2	-156.50
12/15/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/21/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
01/04/17	PMT BY CHECK	DOS 5/11/16-12/15/16* # 126800246 1	-406.50
01/17/17	PMT BY CHECK	DOS 12/21/16* # 126851965 0	-250.00

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	68530

EAMS#(s):ADJ10245061 ADJ10236077
ADJ10236076
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ51302C

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

Case: vs MILPAS MEAT MARKET
Date Of Injury: 7/28/15; 3/14

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.

THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2303803

MB 01 002162 55171 B 10 A

002162 1/1

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

PAID
JAN 25 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
68530 07/28/2015	57WEC KU7212 YMQC 51302	MILPAS MFAT MARKET INC		$250.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 12/21/2016 12/21/2016	$250.00

Claim Handler: PAIGE KRATZKE
8664019222 x2303803
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	01/17/2017	Check Number	126851965 0	Total Check Amount	$250.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

112785339

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

*** INVOICE ***
Date NO#
12/12/16 70573

EAMS#(s):
ADJ8441298
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ESB6547

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

Case: vs MATCHMASTER
Date Of Injury: 9/27/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/27/16	SURGERY	DR PELTON: LT SHDR @ MONROVIA HOSPITAL (10 HRS)	900.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/08/16	PMT BY CHECK	DOS 9/27/16* # 891A 87900207	-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.
THIS SERVES AS DEMAND FOR PAYMENT.

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

SA09442

891A 87900207

TRAVELERS

DATE: 12/08/16
LOSS DATE: 09/27/10
FILE NUMBER: 158 CB ESB6547 H

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

EMPLOYEE

ACCOUNT NAME:
MATCHMASTER DYING AND FINISHI

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Other

SERVICE DATE: 9/27/2016

TOTAL PAID: $900.00
TAX INFO: 330956713 Y C
PAY MISC: 70573
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MR

FOR ADDITIONAL INFORMATION, CONTACT: MICHELLE L WICKANDER AT (925)945-4127

43009552
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#
01/25/17 69679

EAMS#(s):
ADJ10313924
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
567C14028

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

Case: vs METAL SUPPLY
Date Of Injury: 2/3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/16	LEGAL_PREP	DEPO PREP @ L/O ADELSON TESTAN	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
07/26/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/29/16	PMT BY CHECK	DOS 6/15/16* # 126130174 9	-156.50
01/04/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
01/17/17	PMT BY CHECK	DOS 7/26/16-1/4/17* # 126852373 9	-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, 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 x2308178

MB 01 002163 55171 B 10 A

002163 1/1

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

PAID
JAN 25 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
69679 02/03/2016	72WE GC7632 Y67C 14028	METAL SUPPLY INC		$500.00
Nature of Benefits: Miscellaneous Legal Expenses		Nature of Payment: Payment Reason - Misc Legal Expense	Service Dates 07/26/2016 01/04/2017	$500.00

Claim Handler: RONIKA RATTAN
8664019222 x2308178
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

MR

Issue Date	01/17/2017	Check Number	126852373 9	Total Check Amount	$500.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

112785340

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

*** INVOICE ***
Date NO#
01/23/17 70158

EAMS#(s):
ADJ10399100
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2016004263

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

Case: vs ETCHANDY FARMS LLC
Date Of Injury: 4/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
09/28/16	PMT BY CHECK	DOS 8/10/16* # 1443329	-156.50
12/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
01/18/17	PMT BY CHECK	DOS 8/10/16-12/2/16* # 1583770	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for 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
15025 Innovation Drive
San Diego, CA 92128

Check Date: 01/18/2017
Check Number: 1583770
Check Amount: $250.00

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,CNPG5U

12/11/16 4:29 PM 4 0001423 20170118 MA5PK103 CHECK 1 oz DOM MA5PK10000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2016004263		04/20/2016	70158	492	08/10/2016	12/02/2016	$250.00

Category	Stub Notes	Stub Amount
492	Joyce Altman Interpreters.	$0.00

RECD
JAN 23 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#
01/19/17 70050

EAMS#(s):
ADJ10278134
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
Y67C11138

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

Case: vs FIRESTONE MANAGEMENT LLC
Date Of Injury: 12/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/19/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/13/17	PMT BY CHECK	DOS 7/27/16-12/19/16* # 126844039 6	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, 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 x2304215

MB 01 001937 52612 B 9 D

PAID
JAN 19 2017

001937 1/1

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
70050 12/18/2015	52WEC GC1679 Y67C 11138	FIRESTONE MANAGEMENT LLC		$406.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 07/27/2016 12/19/2016	$406.50

Claim Handler: AMANDA PHILLIPS
8664019222 x2304215
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	01/13/2017	Check Number	126844039 6	Total Check Amount	$406.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

112770119

Joyce Altman Interpreters, 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 67486

EAMS#(s):
ADJ10056749
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154448534-001

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

Case: vs SP PLUS
Date Of Injury: CT 1/11/11 - 5/29/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/15	LEGAL_PREP	DEPO PREP @ L/O STACEY TOKUNAGA	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
10/07/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/12/15	PMT BY CHECK	DOS 9/18/15* # 0062490856	-156.50
11/16/15	PMT BY CHECK	DOS 10/7/15* # 0062491001	-250.00
12/01/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/10/17	PMT BY CHECK	DOS 12/1/16* # 0070062294	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6905028006

20170110623

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

[redacted]

Electronic Service Requested

2 OF 2

ENV 2445

SINGLE PIECE

2445 0.5738 SP 0.465

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

4

DATE	CHECK AMT	CHECK NO.
01/10/2017	250.00	0070062294

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
	05/29/2015	30154448534-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 67486
Dates: 12/01/2016-12/01/2016 Comment:

ICN: 301544485340001

PAID
JAN 17 2017
BY: .....

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

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 70598

EAMS#(s):ADJ10500319
ADJ10500316
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2291073-1; 2291087-1

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

Case: vs MZAJ DBA FAIR OAKS CAR WASH
Date Of Injury: 4/29/16; 5/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/17/16	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
12/01/16	PMT BY CHECK	DOS 10/17/16* # 02523460	-156.50
11/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/12/17	PMT BY CHECK	DOS 11/29/16* # 02594160	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THIS CHECK IS VOID WITHOUT A BLUE & BURGUNDY BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02594160
2291073-1
TWC3534191

DATE	AMOUNT
1/12/2017	$250.00

Two Hundred Fifty 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

⑈02594160⑈ ⑆021309379⑆ 601877533⑈

Check Number	02594160
Claim Number:	2291073-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3534191/Mission Grove Car Wash Inc (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	4/29/2016
Location:	Jobsite CA -
Examiner Code:	24988

PAID
JAN 17 2017
BY: .....

Amount:	$250.00
Dates of Service:	11/29/2016-11/29/2016
Explanation:	INV#:70598
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

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#
01/12/17 70812

EAMS#(s):
ADJ10526497
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
6337113

BILL TO:
AMERICAN EQUITY RISK
W. C. DEPARTMENT
ATTN: MARCI MARTINEZ
3850 N. CAUSEWAY BLVD STE 1600
METAIRIE, LA 70002

Case: vs AL LARSON BOAT SHOP
Date Of Injury: 7/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/16	LEGAL_REVIEW	DEPO REVIEW @ L/O CANTRELL & GREEN	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/04/17	PMT BY CHECK	DOS 11/16/16* # 0000056256	-250.00

BALANCE 0.00

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

70812

Claim: 6337113 / , Accident date: 07/13/2015, Jurisdiction State: USL&H Act.
Insured: Al Larson Boat Shop, Policy: ALMA00843-04. [010118]

The payment is for Language Interpreter - paid under Expense from 11/16/2016 to 11/16/2016.
Check: 0000056256, issued: 01/03/2017, for: $250.00, for: Expense, Invoice: 70812

To the Order of: Joyce Altman Interpreters Inc
: PO Box 4165
: Tustin, CA 92781

Please contact Marci Martinez, telephone: (760) 737-7974 in LA \ Metairie Metairie LA, email: Marci.Martinez@amequity.com, if you have questions regarding this payment.

PAID
JAN 09 2017
BY: .....

U.S. Mail

0100514744

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

The American Equity Underwriters, Inc.
on Behalf of ALMA TY2014
1625 West Causeway Approach
Mandeville LA 70471

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

Check Number
0000056256
Issue Date: 01/04/2017
VOID After 60 Days

For Expense from 11/16/2016 to 11/16/2016. 70812
Claim: 6337113 / Language Interpreter - paid under Expense

Two Hundred Fifty and 00/100 Dollars

$ *******250.00

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

Holly Chapman
Authorized Signature

⑈0000056256⑈ ⑆065400137⑆ 0593183275⑈

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#
01/06/17	70588

EAMS#(s):
ADJ10565886
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33073548

BILL TO:
BERKSHIRE HATHAWAY (SF 881716)
W. C. DEPARTMENT
ATTN: CRISTINA HICKMEN
P.O. BOX # 881716
SAN FRANCISCO, CA 94188-1716

Case: vs REPLANET HOLDINGS INC
Date Of Injury: 3/8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/16	PRE-OP	DR JARCHI @ MONROVIA HOSPITAL *	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
10/10/16	ADMISSION	DR BURNAHAM @ MONROVIA HOSP. (2hrs 15mins)	202.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/11/16	SURGERY	DR BURNHAM: L/S @ MONROVIA HOSP (2hrs 45min)	247.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/03/17	PMT BY CHECK	DOS 10/5/16-10/10/16* =# 0701324	-630.00

BALANCE 0.00

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

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 01/03/2017
Check Number : 0701324
Check Amount : $630.00

8W612D

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

5nu5a
00068

PAID
JAN 06 2017

BY: .....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33073548		03/08/2016	70588	Interpreter Fees -	10/05/2016	10/05/2016	$180.00
33073548		03/08/2016	70588	Interpreter Fees -	10/11/2016	10/11/2016	$247.50
33073548		03/08/2016	70588	Interpreter Fees -	10/10/2016	10/10/2016	$202.50

68-68
4014

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

*** INVOICE ***
Date NO#
01/03/17 67259

EAMS#(s):ADJ6707715 ADJ4072787
ADJ7622411
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040516013603

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: MARYBETH STUTZEL
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs ETHOS DESIGN
Date Of Injury: 3/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/12/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/06/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/02/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/13/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/27/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/05/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100322	0.00
07/11/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/08/16	PMT BY CHECK	DOS 8/12/15-7/11/16* # 2127108	-1189.00
09/23/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/27/16	PMT BY CHECK	DOS 9/23/16* # 2286791	-156.50
10/26/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI (VOL II)	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/27/16	PMT BY CHECK	DOS 10/26/16* # 2402181	-250.00

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#
01/03/17	67259

EAMS#(s):ADJ6707715 ADJ4072787
ADJ7622411
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
040516013603

BILL TO:
CHUBB GROUP (PHOENIX)
W. C. DEPARTMENT
ATTN: MARYBETH STUTZEL
P.O. BOX 42065
PHOENIX, AZ 85080

Case: vs ETHOS DESIGN
Date Of Injury: 3/4/10

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.
THIS SERVES AS DEMAND FOR PAYMENT.

CHUBB®

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

Payment Summary

Claim Ref #: 040516013603
Policy: 000079567470
Occurence: 000001
Date of Loss: 03/04/2010
SSN#/TIN#:
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 2402181
Print Date: 12/28/2016
Issue Date: 12/27/2016

Insured: Ethos Design

DATE	CLAIMANT	DESCRIPTION	AMOUNT
10/26/2016-		Translator	250.00

PAID
JAN 03 2017
BY: .....

MR

CHECK TOTAL: 250.00

Comments: INV # 67259 DOS 10/26/16 INV DTD 11/2816 ES

Claim Representative: MARYBETH STUTZEL Phone: (213)612-5418

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

*** INVOICE ***

Date	NO#
12/14/16	70755

EAMS#(s):
ADJ10528762
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-16-002576

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: WENDY RODRIGUEZ
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES INC
Date Of Injury: 6/16/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
12/07/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
12/27/16	PMT BY CHECK	DOS 11/7/16-12/7/16* =# 7930019	-406.50

BALANCE 0.00

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

CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7930019	12/27/16

Claim#: BB-16-002576

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

*******$406.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

PAID
JAN 03 2017

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0007930019⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

CORVEL
Explanation of Review

DETACH HERE

Business Unit: Miguel O. Navarro, SAN BERNARDINO
6460 Wineville Ave
Mira Loma, CA 91752

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3446122 - 1
Reprice: CA, 92781
Billed Date: 12/14/2016
Business Rcvd: 12/20/2016
MBR Rcvd: 12/20/2016
MBR Date: 12/25/2016
Date Approved: 12/25/2016
DOS From - To: 11/07/2016 - 12/07/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 1873

Treating Provider:
Referring Physician:
Patient Control #: 70755
Provider Tax Id: 33-0956713

Claim #: BB-16-002576
Processor Initials: WR
DOI: 06/16/2016
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
11/07/16	T1013 08, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
	Interpreter Maria Paco Cortez. cert# 100533								
12/07/16	T1013 08, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
	Interpreter Gladys Reyna. cert# 301721								
Sub-Totals for Bill: 3446122					**$406.50**			**$0.00**	**$406.50**

Totals for Bill:3446122 $406.50

Line Item Reason Codes and Descriptions
08 Los Angeles County Deposition Half day

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

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 70312

EAMS#(s):ADJ10488186
ADJ10437930
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
18309391; 188270999

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

Case: vs DISPLAY WORKS LLC
Date Of Injury: 5/24/16; 5/25/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/16	LEGAL_PREP	DEPO PREP @ L/O SCHLOSSBERG & UMHOLTZ	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/21/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/28/16	PMT BY CHECK	DOS 9/13/16-10/21/16* # 5642954856	-406.50

BALANCE 0.00

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Broadspire
A CRAWFORD COMPANY
PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	12/28/2016
Check Amount	:	$406.50
Check Number	:	5642954856

PAID
JAN 04 2017
BY: .....

JOYCE ALTMAN INTERPETING
P.O. 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
188270999-001	05/24/2016 $406.50		
FRESNO Professional Service	$406.50	Adam R. Sierdsma 70312	559-451-3800 11/02/2016 09/13/2016-10/21/2016

Please Fold on Perforation Before Tearing

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

*** INVOICE ***
Date NO#
05/09/17 71378

EAMS#(s):
ADJ10517965
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
104955

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

Case: vs PRESS FORGE CO
Date Of Injury: 9/2/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/04/17	PMT BY CHECK	DOS 2/23/17* # 0001029760	-250.00

BALANCE 0.00

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	05/04/17
Service Begining:	02/23/17
Service Ending:	02/23/17

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	09/02/15	104955

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
71378	02/23/17-02/23/17	250.00	N/A	N/A	250.00

Messages

PAID
MAY 09 2017

UP

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0001029760

Date: 05/04/17

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

To the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

RRD SECURITY MARK • RRD SECURITY MARK • RRD SECURITY

⑈0001029760⑈ ⑆122000496⑆ 7000168038⑈

Joyce Altman Interpreters, 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 64316

EAMS#(s):ADJ9517185
ADJ9513799
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
81255; 9513799; 81256

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

Case: vs RP VITITOW CONSTRUCTION
Date Of Injury: 3/1/14; 5/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/14	LEGAL_WCAB	MSC @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/12/15	PMT BY CHECK	DOS 11/18/14* # 0000663127	-156.50
09/09/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/17/16	PMT BY CHECK	DOS 9/9/16* # 0000941309	-250.00

BALANCE 0.00

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California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	10/17/16
Service Begining:	09/09/16
Service Ending:	09/09/16

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	03/01/14	81255

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
64316	09/09/16-09/09/16	250.00	N/A	N/A	250.00

Messages

PAID OCT 19 2016

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN BORDER IS 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

0000941309

Date: 10/17/16

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

VOID AFTER 60 DAYS

to the order of Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

Amy Robb

⑈0000941309⑈ ⑆122000496⑆ 7000168038⑈

HOLD SECURITY MARK ™ & RHD SECURITY

HOLD SECURITY MARK ™ & RHD SECURITY

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

*** INVOICE ***

Date	NO#
10/20/16	70264

EAMS#(s):
ADJ9292913
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
05960372

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

Case: vs PACIFIC LEASING/PACIFIC NORTHE
Date Of Injury: CT 7/1/13 - 1/10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/18/16	PMT BY CHECK	DOS 8/23/16* # CT-456402	-250.00

BALANCE 0.00

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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 #: **CT-456402**

Issue Date: 10/18/16
Doc #: 031611064

Medical

70264

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05960372		**Date of Injury:** 01/10/14		
SSN: XXX-X	Employer name: ACX PACIFIC NORTHWEST INC				Employer ID: 0000009055640130				
1	SF1-SPCA-245801	08/23/16	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
				Total Allowances:					**$250.00**

PAID OCT 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"

Joyce Altman Interpreters, 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	67515

EAMS#(s):
ADJ9972073
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-15-05884

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

Case: vs JONBEC CARE INC YUCAIPA DAY CE
Date Of Injury: CT 3/1/09 - 5/7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/15	INITIAL EXAM	DR JOHNSON/FRANKE P.A @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/06/15	PR2/REEVAL	DR MIRZABEIGI/RAPHAEL, PA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/28/15	INITIAL ACUP	W/ ACUPUNCT CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/06/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/12/15	PR2/REEVAL	DR MIRZABEIGI/TRUJILLO, PA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/25/15	INITL CHIRO	TREATMENT & PHYS THERAPY W/DR HA @ SIDHU CHIRO*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/15	PR2/REEVAL	DR MIRZABEIGI @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/30/15	FOLLOW UP	PHYSICAL THERAPY W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/21/16	PR2/REEVAL	DR MIRZABEIGI/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/03/16	FOLLOW UP	PHYSICAL THERAPY W/DR HA*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/23/16	PR2/REEVAL	MIRZABEIGI/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/24/16	PR2/REEVAL	DR MIRZABEIGI/MILES @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/30/16	FOLLOW UP	PHYSICAL THERAPY W/DR HA @	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#
10/24/16	67515

EAMS#(s):
ADJ9972073
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-15-05884

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

Case: vs JONBEC CARE INC YUCAIPA DAY CE
Date Of Injury: CT 3/1/09 - 5/7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
		SIDHU CHIRO*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/21/16	PR2/REEVAL	DR MIRZABEIGI/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/04/16	F/U CHIRO TX	CHIRO TREATMENT & PHYS TX W/ DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/11/16	F/U CHIRO TX	CHIRO TREATMENT & PHYS TX W/ DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/19/16	PR2/REEVAL	DR MIRZABEIGI/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/18/16	FOLLOW UP	PHYSICAL THERAPY & CHIRO TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BABOSA # 500267	0.00
06/16/16	PR2/REEVAL	DR GOUBRAN/MIRZBEIGI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/21/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/30/16	PMT BY CHECK	DOS 9/1/15-7/21/16* # 1409877	-3250.00
08/25/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/11/16	PMT BY CHECK	DOS 9/1/15-8/25/15* # 1460381	-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#
10/24/16	67515

EAMS#(s):
ADJ9972073
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-15-05884

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

Case: vs JONBEC CARE INC YUCAIPA DAY CE
Date Of Injury: CT 3/1/09 - 5/7/15

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: 10/11/2016
Check Number: 1460381
Check Amount: $180.00

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,HVM55Y

XSMWH

3/8/16 11:37 AM 4 0001158 20161011 LJ45C103 CHECK 1 oz DOM LJ45C10000* 161281 CK

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN CA 92781-1460

PAID OCT 24 2016

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
0101505884		05/07/2015	67515	180	09/01/2015	08/25/2016	$180.00

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#
10/21/16	69895

EAMS#(s):
ADJ10366668
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2016044007

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

Case: vs SOUTH EAST EMPLOYEE LEASING SE
Date Of Injury: 1/18/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/29/16	LEGAL_PREP	DEPO PREP @ L/O HANNA, BROPHY (ORANGE)	156.50
/ /	INTERPRETER:	SANDRA MOTALTO # 100751	0.00
07/12/16	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
08/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/13/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
10/18/16	PMT BY CHECK	DOS 6/29/16-9/13/16* # 10020200	-719.50

BALANCE 0.00

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

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

Delivery Method:

IRS/SSN: 330956713
Check Number: 10020200
Check Date: 10/18/2016
Check Amount: 719.50

Claimant:
Claim#: 2016044007
For:
From: 06/29/2016
Through: 09/13/2016

Incident Date: 01/18/2016
Payment Type: MISCELLANEOUS
Invoice No: 69895
Invoice Date: 09/26/2016
Payment Amount: 719.50

PAID OCT 21 2016

MR

WARNING — THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

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

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

CHECK NO. 10020200

DATE
10/18/2016

AMOUNT
*********719.50
VOID IF NOT CASHED WITHIN 6 MONTHS

Pay Seven Hundred Nineteen Dollars And 50/100

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

SECURE FEATURES INCLUDE MICROPRINTING • VOID FEATURE PANTOGRAPH • ENDORSEMENT BACKER

⑈10020200⑈ ⑆121000248⑆ 4463595157⑈

Joyce Altman Interpreters, 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 68520

EAMS#(s):
ADJ10123166
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
000616-023317-WC-01

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

Case: ____ vs G K SERVICES
Date Of Injury: 6/1/15 - 9/17/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/21/16	PMT BY CHECK	DOS 2/18/16* # 0126551140	-156.50
03/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/21/16	PMT BY CHECK	DOS 3/29/16* # 0127356885	-250.00
09/15/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
10/17/16	PMT BY CHECK	DOS 9/15/16* # 0131796370	-250.00

BALANCE 0.00

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

GB-ROSEVILLE,CA
P.O. BOX 610
ROSEVILLE CA 95661-0610

PAID OCT 24 2016

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INSURANCE

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

CLAIM NO.: 000616 023317 WC 01 (052)
CLAIMANT:
DESCRIPTION: INV#68520

DATES OF SERVICE: 15Sep16 **THRU** 15Sep16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 180
ACC DATE: 06Aug15

NO.: 0131796370
VN: 0000527143
DATE: 17Oct16
AMOUNT: 250.00

**

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004570 005126 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#
10/24/16	70140

EAMS#(s):
ADJ10426409
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30130260621-0001

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W. C. DEPARTMENT
ATTN: OSCAR DUENAS
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs PRECISION CASTPARTS CORP.
Date Of Injury: 2/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100359	0.00
09/19/16	PMT BY CHECK	DOS 8/2/16* # 0071945708	-156.50
09/20/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/21/16	PMT BY CHECK	DOS 8/2/16-9/20/16* # 0072803399	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P69050280006

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

[redacted]

Electronic Service Requested

2 OF 2

ENV 2335

SINGLE PIECE

2335 0.5738 SP 0.465

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

4

DATE	CHECK AMT	CHECK NO.
10/21/2016	250.00	0072803399

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
	02/08/2013	30130260621-0001

Amt Paid: ~~250.00~~ Description:
Amt Billed: 250.00 Invoice: 70140 ICN: 301302606210001
Dates: 08/02/2016-09/20/2016 Comment:

G

PAID [illegible]

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#
10/24/16	61575

EAMS#(s):
ADJ8934953
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH-037480

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

Case: vs IHSS
Date Of Injury: 1/28/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/09/14	PMT BY CHECK	DOS 4/16/14* # 60-391594	-156.50
06/10/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/21/14	PMT BY CHECK	DOS 4/16/14-6/10/14* # 60-593813	-250.00
07/13/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/05/16	PMT BY CHECK	DOS 7/13/16* # 64-933958	-156.50
09/01/16	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LB	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/29/16	PMT BY CHECK	DOS 9/1/16* # 65-257141	-313.00
10/03/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
10/20/16	PMT BY CHECK	DOS 4/16/14-10/3/16* # 65-368067	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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STATE OF CALIFORNIA

WARRANT NUMBER 65-368067

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

FUND NO. 0001 FUND NAME GENERAL FUND

XXXXX695 5180

MO. 10 DAY 20 YR. 2016

90-1342/1211

65368067

DOLLARS $*****250.00 CENTS

FORM CD-85(1/99) CONTROLLERS WARRANT

TO: 368067
--- JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX # 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑆121113423⑆ 65368067⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

65-368067

ISSUE DATE: 10/20/2016
CLAIM NUMBER: SCIH-037480
CLAIMANT NAME:
DATE OF INJURY: 01-28-2013
PAY DESCRIPTION: INTERPRETER MED
PERIOD FROM - PERIOD TO: 04-16-2014 - 10-03-2016

61575

PAID OCT 31 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#
10/24/16 70269

EAMS#(s):ADJ10150480
ADJ10150477
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
ESB2481; EST6712

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

Case: vs MORGAN SERVICES
Date Of Injury: 3/19/12; 7/15-10/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/16	LEGAL_PREP	DEPO PREP @ L/O DIMACULANGAN ASSOCIATES	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
09/20/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/05/16	PMT BY CHECK	DOS 8/25/16* # 896D 88405627	-156.50
10/20/16	PMT BY CHECK	DOS 9/20/16* =# 896D 88473739	-250.00

BALANCE 0.00

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

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
	152 CB EHJ3161J	10/04/16	$ 313.00		10/4/16 Interpreter INVOI
	152 CB ESB2481E	09/20/16	$ 250.00		70269
			PAID		
		Total Amount Paid	$******563.00		

39524

09602
— DETACH CHECK

SUMM 111311
UVHP SUM2-021508

DETACH CHECK

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

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

TRAVELERS
P O BOX 6510
DIAMOND BAR CA 91765-8510

896D 88473739

62-20
311

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
)/20/16	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

IVE HUNDRED SIXTY THREE AND 00/100 ----------

PAY: $****563.00**

PAY
O THE
DER OF
087
9485

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

Maria Olivo
AUTHORIZED SIGNATURE

VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

⑈88473739⑈ ⑆031100209⑆ 3862289 2⑈

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

*** INVOICE ***

Date	NO#
10/25/16	70302

EAMS#(s):
ADJ8723841
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
PZC0090556

BILL TO:
CRUM & FORSTER (ORANGE)
W. C. DEPARTMENT
ATTN: CATHE WALTER
1100 TOWN & COUNTRY RD. # 500
ORANGE, CA 92868

Case: vs KATZKIN LEATHER
Date Of Injury: CT 11/10/11- 11/6/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/20/16	PMT BY CHECK	DOS 9/9/16* # 0003135672	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CRUM&FORSTER

Number: 0003135672

Vendor Number: **408704084** Issuing Location: **Orange County Claims** Check Date: **10/20/2016**

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00901556	EXP		11/06/2012	$250.00
70302					

TOTAL:	$250.00

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

Processor: **U. Mora**

Internal Reference No: 70302

Please Detach Before Depositing

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

*** INVOICE ***
Date NO#
05/31/17 71200

EAMS#(s):ADJ9053700
ADJ10637838
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
06238066

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

Case: vs QUARTZ MAX/NEW JUFU
Date Of Injury: 6/25/13 - 10/7/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/03/17	LEGAL_PREP	DEPO PREP @ L/O HUTCHINGS COURT REPORT VOL I	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789 DOI: 6/25/13	0.00
02/21/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 DOI: 7/8/13	0.00
03/08/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL I (AMENDED)	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721 DOI: 6/25/13	0.00
03/24/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721 DOI: 7/8/13	0.00
05/25/17	PMT BY CHECK	DOS 2/3/17-3/24/17* =# CS-636968	-813.00

BALANCE 0.00

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

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CS-636968**

Issue Date: 05/25/17
Doc #: 032297748

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	06238066	**Date of Injury:**	10/07/16	
SSN: XXX-XX-	Employer name: QUARTZ MAX INC			Employer ID: 0000009152067160					
1	SF1-SPCA-290293	02/03/17	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
2	SF1-SPCA-290293	02/21/17	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
3	SF1-SPCA-290293	03/08/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
4	SF1-SPCA-290293	03/24/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
					Total Allowances:				**$813.00**

PAID
MAY 31 2017

71200

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#
05/31/17 71492

EAMS#(s):
ADJ10696934
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
06171310

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

Case: vs FIBERINE
Date Of Injury: 2/19/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/17	LEGAL_WCAB	FULL DAY STATUS CONFERENCE @ WCAB LONG BEACH	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/25/17	PMT BY CHECK	DOS 3/23/17* # CE-842965	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for 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 #: **CE-842965**

Issue Date: 05/25/17
Doc #: 032296021

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 06243092		**Date of Injury:** 10/18/13		
SSN: XXX-X	Employer name: UNIVERSAL LOGISTICS GROUP WEST,				Employer ID: 0000009044585130				
1	SF1-SPCA-290509	03/17/17	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
2	SF1-SPCA-290509	06/15/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
								Subtotal:	**313.00**
		Patient Name:			**Claim #:** 06171310		**Date of Injury:** 02/19/16		
SSN: XXX-XX-	Employer name: FIBERINE				Employer ID: 0000009122749152				
3	SF1-SPCA-290061	03/23/17	999Q8	Interpreter Deposit-	120	313.00	.00		313.00
								Total Allowances:	**$626.00**

71492

RECEIVED
MAY 31 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"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

Medical
NE

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

CE-842965
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
May 25, 2017	**$*******626.00**

PAY ****Six Hundred Twenty-Six and 00/100 Dollars****ONLY

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

Please negotiate at your local Union Bank Branch.

⑈520384296 5⑈ ⑆122241501⑆ ⑈908100104 3⑈

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

*** INVOICE ***
Date NO#
03/14/17 70949

EAMS#(s):
ADJ10635512
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E5Z8625

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

Case: vs CEMAK TRUCKING INC.
Date Of Injury: 7/14/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/16	LEGAL_PREP	DEPO PREP @ L/O PREMIER BUS. CENTER	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/27/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/08/17	PMT BY CHECK	DOS 12/12/16-2/27/17* # 896D 89079048	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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018960

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

SA09428

896D 89079048

TRAVELERS

DATE: 03/08/17
LOSS DATE: 07/14/16
FILE NUMBER: 152 CB E5Z8625 A

EMPLOYEE

ACCOUNT NAME:
A & A READY MIXED CONCRETE IN

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 12/12/2016 TO: 2/27/2017

TOTAL PAID: $406.50
TAX INFO: 330956713 Y C
PAY MISC: 70949
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: SHARON F GONZALEZ AT (909)612-3897

67009532
DETACH CHECK

UVAPUNS2-111311
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#
03/14/17 70962

EAMS#(s):
ADJ10043673
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
1010-14-10852

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

Case: vs TOTAL LANDCARE
Date Of Injury: 10/27/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/19/16	LEGAL_WCAB	MSC @ WCAB SBR	190.00
/ /	INTERPRETER:	JESSICA M. LUNA # 100690	0.00
03/09/17	PMT BY CHECK	DOS 12/19/16* # 1648846	-190.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 03/09/2017
Check Number: 1648846
Check Amount: $190.00

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,FR9R55

FR9R55

12/11/16 4:29 PM 4 0001395 20170309 MC3AD103 CHECK 1 oz DOM MC3AD10000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101410852	[redacted]	10/27/2014	70962	492	12/19/2016	12/19/2016	$190.00

Category	Stub Notes	Stub Amount
492	Joyce Altman Interpreters, Inc. Legal WCAB - MSC	$0.00

PAID
MAR 14 2017

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#
03/14/17	70865

EAMS#(s):
ADJ10431683
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
16B68G76876D7

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: JULIA BERMUDEZ
P.O. BOX 53550
IRVINE, CA 92619

Case: vs STAFFMARK
Date Of Injury: 5/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/02/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/16/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
03/10/17	PMT BY CHECK	DOS 12/2/16-12/16/16* # 128370905	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CCMSI obo Staffmark
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number 128370905

Date: 03/10/2017
Batch #: 301189425

Amount

$****406.50

Amount: FOUR HUNDRED SIX AND 50 / 100**********

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

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

⑈0128370905⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
05/20/2016		16D68G768767	406.50	0.00	406.50	DOS 12/2/16 & 12/16/16; Invoice# 70865, ADJ10431683	JBERMUDE

PAID
MAR 14 2017

Batch #: 301189425
Check Number 128370905

Check Amount $****406.50

Loc:OS CEVA LOGISTICS, TORRANCE, CA

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

*** INVOICE ***
Date NO#
03/14/17 71171

EAMS#(s):
ADJ9591571
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
33055955

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

Case: vs TEMCO WAREHOUSE & DISTRIBUTION
Date Of Injury: 2/2/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN L. PEREZ # 100777	0.00
03/09/17	PMT BY CHECK	DOS 1/31/17* # 0724476	-250.00

BALANCE 0.00

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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 03/09/2017
Check Number : 0724476
Check Amount : $406.50

2VX12Z

oz 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

gsm5a
00045

PAID

BY: _____

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33055955		02/02/2014	71171	Interpreter Fees -	01/31/2017	01/31/2017	$250.00
33077105		05/14/2016	71237	Interpreter Fees -	02/06/2017	02/06/2017	$156.50

71320

HP

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#
03/16/17 69870

EAMS#(s):
ADJ10378677
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30165667891-0001

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

Case: vs KIMCO STAFFING SERVICES
Date Of Injury: 3/31/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
08/01/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/29/16	PMT BY CHECK	DOS 6/21/16-8/1/16* # 0073136162	-406.50
09/07/16	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
11/29/16	PMT BY CHECK	DOS 9/7/16* # 0075136750	-156.50
10/19/16	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB AHM	156.50
/ /	INTERPRETER:	VERA R. DARLING # 301415	0.00
11/02/16	PMT BY CHECK	DOS 10/19/16* # 0075136390	-156.50
01/05/17	LEGAL_WCAB	FULL DAY TRIAL @ WCAB AHM	313.00
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
02/27/17	LEGAL_WCAB	TRIAL @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
03/09/17	PMT BY CHECK	DOS 1/5/17* # 0078050742	-313.00
03/09/17	PMT BY CHECK	DOS 2/27/17* # 0078050741	-156.50
		BALANCE	0.00

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

Electronic Service Requested

PAID

SINGLE PIECE
2358 0.5738 SP 0.460

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

4

2 OF 2

ENV 2358

DATE	CHECK AMT	CHECK NO.
03/09/2017	313.00	0078050742

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

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

Claimant Name	Loss Date	Claim Number
	03/31/2016	30165667891-0001

Amt Paid: 313.00 Description:
Amt Billed: 313.00 Invoice: 69870
Dates: 01/05/2017-01/05/2017 Comment:

ICN: 301656678910001

MP

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#
03/14/17 71037

EAMS#(s):
ADJ9760215
SS # : XXX-XX-
DOB
Terms: 60 days
Claim #(s):
22026879

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

Case: vs COVEY SHIPCOTT TILE COMPANY
Date Of Injury: 1/5/14

DOS	SERVICE	DESCRIPTION	AMOUNT
12/13/16	SURGERY	DR KEVIN PELTON: LEFT SHLDER @ MONROVIA HOSP	607.50
/ /	-	(6HR 45MIN)	0.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
03/10/17	PMT BY CHECK	DOS 12/13/16* # 0480245	-607.50

BALANCE 0.00

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Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 03/10/2017
Check Number : 0480245
Check Amount : $607.50

MAY127

OZ 01 **RETURN SERVICE REQUESTED**

gz95a
00016

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

PAID

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22026879		01/05/2014	71037	Interpreter Fees -	12/13/2016	12/13/2016	$607.50

16-16
4014

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

*** INVOICE ***
Date NO#
05/31/17 70050

EAMS#(s):
ADJ10278134
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
Y67C11138

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

Case: vs FIRESTONE MANAGEMENT LLC
Date Of Injury: 12/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/19/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/13/17	PMT BY CHECK	DOS 7/27/16-12/19/16* # 126844039 6	-406.50
05/08/17	LEGAL_WCAB	MSC -FULL DAY @ WCAB LBO	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/25/17	PMT BY CHECK	DOS 5/8/17* # 127404184 8	-313.00

BALANCE 0.00

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THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304215

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

MAY 31 2017

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
12/18/2015	52WEC GC1679 Y67C 11138	FIRESTONE MANAGEMENT LLC		$313.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng # 70050	Service Dates 05/08/2017 05/08/2017	$313.00

Claim Handler: AMANDA PHILLIPS
8664019222 x2304215
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	05/25/2017	Check Number	127404184 8	Total Check Amount	$313.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

110977474

Joyce Altman Interpreters, 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	68256

EAMS#(s):
ADJ10193522
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1952903

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: GRACIA CASTANEDA
PO BOX 89404
CLEVELAND, OH 44101

Case: vs TRITON CONSTRUCTION
Date Of Injury: 8/20/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/16	PR2/REEVAL	DR TOSHA BROWN @ ENHANCED PRECISION CARE* EPC	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/03/16	PR2/REEVAL	DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/31/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
04/28/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/04/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/23/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	LILIANA HALPERIN # 100048	0.00
05/27/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/24/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/29/16	LIEN FIL FEE	LIEN FILING FEE	150.00
02/22/17	PMT BY CHECK	DOS 2/14/17* # 01312896	-1950.00

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	68256

EAMS#(s):
ADJ10193522
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1952903

BILL TO:
AMTRUST NORTH AMERICA (89404)
W. C. DEPARTMENT
ATTN: GRACIA CASTANEDA
PO BOX 89404
CLEVELAND, OH 44101

Case: vs TRITON CONSTRUCTION
Date Of Injury: 8/20/15

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, Complete Medical Index and any documentary evidence to be utilized in an attempt to defeat this lien. THIS SERVES AS DEMAND FOR PAYMENT.

WESCO INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01312896
1952903-1
WWC3119235

DATE	AMOUNT
2/22/2017	$1,950.00

One Thousand Nine Hundred Fifty and 0/100s Dollars**********

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

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

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01312896⑈ ⑆021309379⑆ 601894744⑈

Explanation Of Bill Review

Check Number	01312896
Claim Number:	1952903-1
Regulatory ID:	
Bill Number:	10231745
Invoice Number:	FP1-MWCA-121048
Policy / Insured:	WWC3119235/Conceptual Management, Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS INC
Loss Date:	8/20/2015 FP1-MWCA-121048
Location:	151 S. Grand Ave. Los Angeles CA 90012 - Los Angeles
Examiner Code:	24833
Network/PPO Network:	

WESCO INSURANCE CO (Claims Funding) 1148
AmTrust North America
P O Box 89404
Cleveland, OH 44101
212-655-2000

PAID

BY: .....

DATES of SERVICE	CPT Code	DESCRIPTION	Units	FEE CHARGED	REDUCT AMOUNT	PPO SAVINGS	FEE ALLOWED	REASON
2/14/2017	MDO10	PAYMENT BY ORDER	1.00	1950.00	0.00	0.00	1950.00	
				1950.00	0.00	0.00	1950.00	

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.

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#
03/06/17 70644

EAMS#(s):ADJ10535853 ADJ10535841
ADJ10535809
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
BB-12-0502145; BB-12-0033

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: _ vs BARRETT BUSINESS SERVICES
Date Of Injury: 3/23/12; 2/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/16	LEGAL_PREP	DEPO PREP @ L/O KEGEL TOBIN & TRUCE	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
11/08/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/28/17	PMT BY CHECK	DOS 10/25/16-1/8/16* =# 7986201	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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
7986201	02/28/17

Claim#: BB-16-003852

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

*******$406.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0007986201⑈ ⑆121000248⑆ 4121 514012⑈

TACH HERE

DETACH HERE

CORVEL

Explanation of Review

PAID

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Business Unit: TODD RUTKIN INC, ONTARI-9007131
5801 S Alameda
Los Angeles, CA 90001

LOB: Workers' Compensation
Site/Bill #: 48/3417956 - 1
Reprice: CA, 92781
Billed Date: 11/18/2016
Business Rcvd: 12/02/2016
MBR Rcvd: 12/02/2016
MBR Date: 02/27/2017
Date Approved: 02/27/2017
DOS From - To: 10/25/2016 - 11/08/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 2018

Treating Provider:
Referring Physician:
Patient Control #: 70644
Provider Tax Id: 33-0956713

Claim #: BB-16-003852
Processor Initials: RB
DOI: 06/13/2015
RX Number:

Vendor #:
PIN:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/25/16	T1013 01, 524, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
	Interpreter Jose Jimenez, cert# 100789								
11/08/16	T1013 08, 524, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
	Interpreter Johanna Jordan, cert# 301566								
Sub-Totals for Bill: 3417956					**$406.50**			**$0.00**	**$406.50**

Totals for Bill:3417956 $406.50

Line Item Reason Codes and Descriptions
01 Certified /Registered Half day except LA or SD Co
08 Los Angeles County Deposition Half day
524 Recommended allowance per Insurer decision

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

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#
03/06/17 71071

EAMS#(s):ADJ10408325 ADJ10408336
ADJ10408310
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
92764; 98028; 115943

BILL TO:
APPLIED RISK SERVICES (NE3646)
W. C. DEPARTMENT
ATTN: LIEN DEPARTMENT
P.O. BOX 3646
OMAHA, NE 68103

Case: vs WARREN DISTRIBUTING INC
Date Of Injury: 1/24/15; 5/7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
03/02/17	PMT BY CHECK	DOS 1/5/17* # 0001002771 CALIFORNIA INS	-250.00

BALANCE 0.00

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

California Insurance Company
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	03/02/17
Service Begining:	01/05/17
Service Ending:	01/05/17

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	05/05/16	115943

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
71071	01/05/17-01/05/17	250.00	N/A	N/A	250.00

Messages

PAID

Total	250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

California Insurance Company
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave , Menlo Park, CA 94025
11-491220

0001002771

Date: 03/02/17

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

To the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

ARD SECURITY MARK™ ARD SECURITY MARK™ ARD SECURITY

000100277111 1122000496 7000168038

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 69470

EAMS#(s):ADJ10293497
ADJ10252212
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
301555003706/30165364035-

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

Case: vs BORAX DBA RIO TINTO MINERALS
Date Of Injury: 12/3/15; 2/08/16

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/16	LEGAL_PREP	DEPO PREP @ L/O PRINDEL GOETZ	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
05/26/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/19/17	LEGAL_WCAB	FUL DAY MSC @ WCAB LB	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/01/17	PMT BY CHECK	DOS 5/5/16-1/19/17* =# 0069018278	-719.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

Electronic Service Requested

201703011622

PAID

SINGLE PIECE
2686 0.5738 SP 0.460

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

5

1 OF 2

ENV 2686

DATE	CHECK AMT	CHECK NO.
03/01/2017	719.50	0069018278

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
	12/03/2015	30155003706-0001

Amt Paid: 719.50 Description:
Amt Billed: 719.50 Invoice: 69470
Dates: 05/05/2016-01/19/2017 Comment:

ICN: 301550037060001

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#
03/07/17 70577

EAMS#(s):
ADJ10577122
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2016011678

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

Case: vs STATEWIDE ENTERPRISES INC
Date Of Injury: 8/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/16	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/07/16	INITL CHIRO	TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/04/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/23/16	INITIAL ACUP	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/29/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/30/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
02/28/17	PMT BY CHECK	DOS 9/30/16-11/30/16* # 1635405	-1090.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 02/28/2017
Check Number: 1635405
Check Amount: $1,090.00

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,JV2P5W

JV2P5W

12/11/16 4:29 PM 4 0001290 20170228 MB9N7103 CHECK 1 oz DOM MB9N710000* 161281 CK

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN CA 92781-1460

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
2016011678		08/05/2016	70577	180	09/30/2016	11/30/2016	$1,090.00

Category	Stub Notes	Stub Amount
180	medical translation	$0.00

PAID

M.P

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

*** INVOICE ***
Date NO#
02/23/17 71273

EAMS#(s):
ADJ10369921
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55051347

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

Case: vs WESTERN MILL FABRICATORS
Date Of Injury: 1/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/17	LEGAL_WCAB	MSC @ WCAB SANTA ANA	165.00
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
02/14/17	PMT BY CHECK	DOS 2/14/17* # 492605	-165.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Berkshire Hathaway Homestate Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo Bank
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 492605

DATE
02/17/2017

California Workers' Compensation Payment

**********165.00

Pay One Hundred Sixty Five Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE RUB AREA TO VERIFY

⑈049260⑈ ⑆121000248⑆ 4125523753⑈

Payee: JOYCE ALTMAN INTERPRETERS INC

Check Number: 492605

IRS/SSN: XX-XXX6713

Check Date: 02/17/2017

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
55051347		01/11/2016	Interpreter Fees - Expense	02/14/2017	02/14/2017			165.00

71273

PAID
FEB 23 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#
02/21/17 68976

EAMS#(s):
ADJ10133783
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
011260047015WC01

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

Case: vs CITISTAFF SOLUTIONS
Date Of Injury: 9/16/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/29/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/16/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/23/17	LEGAL_WCAB	MSC @ WCAB ANAHEIM	156.50
/ /	INTERPRETER:	LAURA SALAS # 100471	0.00
02/16/17	PMT BY CHECK	DOS 3/29/16-1/23/17* # 0134809930	-563.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for 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-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

011260 PAGE 1 OF 1 003506

MDG2009 00005123 1 MB .423 1

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

PAID
FEB 21

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 047015 WC 01 (4020150-12)
CLAIMANT:
DESCRIPTION: INV #: 68976

DATES OF SERVICE: 29Mar16 **THRU** 23Jan17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 16Sep15

NO.: 0134809930
VN: 0001305719
DATE: 16Feb17
AMOUNT: 563.00

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005123 005784 001 002

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#
05/19/17 71621

EAMS#(s):
ADJ10144904
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33082008

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

Case: vs POWER STAFF/IMPERIAL CFS INC
Date Of Injury: 9/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/16	LEGAL_PREP	DEPO PREP @ L/O ADELSON	156.50
		TESTAN	0.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	-156.50
05/04/16	PMT BY CHECK	DOS 4/4/16* # 125743247 8	250.00
04/28/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	0.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	-250.00
05/23/16	PMT BY CHECK	DOS 4/28/16* # 125827726 3	
		HARTFORD	156.50
07/05/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	-156.50
08/01/16	PMT BY CHECK	DOS 7/5/16* # 126137218 2	
		HARTFORD	156.50
11/22/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	-156.50
12/19/16	PMT BY CHECK	DOS 11/22/16* # 126734869 0	
		HARTFORD	156.50
01/25/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	
		(VOL II)	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	250.00
03/08/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	
		(VOL II)	0.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	-406.50
05/17/17	PMT BY CHECK	DOS 1/25/17-3/8/17*	
		=# 0749167 BERKSHIRE	

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

*** INVOICE ***

Date	NO#
05/19/17	71621

EAMS#(s):
ADJ10144904
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33082008

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

Case: vs POWER STAFF/IMPERIAL CFS INC
Date Of Injury: 9/25/15

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.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/17/2017
Check Number : 0749167
Check Amount : $406.50

8JP22M

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

rxe5a
00046

MAY 19 2017

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33082008		09/25/2015	71621	Interpreter Fees -	01/25/2017	01/25/2017	$156.50
33082008		09/25/2015	71621	Interpreter Fees -	03/08/2017	04/04/2016	$250.00

69098

MR

46-46
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#
02/23/17 70752

EAMS#(s):
ADJ10481565
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH-042893

BILL TO:
YORK INSURANCE (OH-183188)
W. C. DEPARTMENT
ATTN: LORAIN JONES
P.O. BOX 183188
COLUMBUS, OH 43518

Case: vs COUNTY OF LOS ANGELES -IHSS
Date Of Injury: 12/23/14 - 12/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/16	PR2/REEVAL	DR GALAL GOUBRAN/DAVE FRANKE, PA @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/10/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/22/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/17/17	PMT BY CHECK	DOS 10/11/16-12/22/16* # 66-028012	-540.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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STATE OF CALIFORNIA

WARRANT NUMBER 66-028012

THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO. XXXXX439

5180

MO. 02 DAY 17 YR. 2017

90-1342/1211

66028012

DOLLARS $*****540.00 CENTS

FORM CD-855 (09) CONTROLLERS WARRANT

TO: 028012

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

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

⑆121133423⑆ 66028012⑈

DETACH ON-DOTTED-LINE
KEEP THIS PORTION FOR YOUR RECORDS

66-028012

ISSUE DATE: 02/17/2017
CLAIM NUMBER: SCIH-042893
CLAIMANT NAME:
DATE OF INJURY: 12-23-2015
PAY DESCRIPTION: MISC. ALL OTHER 70752
PERIOD FROM - PERIOD TO: 10-11-2016 - 12-22-2016

PAID

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#
05/25/17 35027

EAMS#(s):
ADJ2525345
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH-019277

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

Case: ' vs CALIFORNIA DEPT OF SOCIAL SVCS
Date Of Injury: 10/04/01

DOS	SERVICE	DESCRIPTION	AMOUNT
08/27/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
10/16/13	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/23/13	PMT BY CHECK	DOS 8/27/09-10/16/13* # 69-498400	-386.50
01/08/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/04/14	PMT BY CHECK	DOS 1/8/14* # 69-705376	-250.00
02/24/17	LEGAL_PREP	DEPO PREP @ L/O SINGER & BENJUMEA - VOL II	156.50
/ /	INTERPRETER:	ARACELI RUBIO # 100358	0.00
03/13/17	PMT BY CHECK	DOS 2/24/17* # 66-145101	-156.50
04/11/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
05/22/17	PMT BY CHECK	DOS 4/11/17* # 66-601668	-250.00

BALANCE 0.00

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

STATE OF CALIFORNIA

WARRANT NUMBER 66-601668

THE TREASURER OF THE STATE WILL PAY OUT OF THE

IDENTIFICATION NO. XXXXX227

FUND NO. 0001 FUND NAME GENERAL FUND

5180

MO. 05 DAY 22 YR. 2017

90-1342/1211

66601668

TO: 601668

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

DOLLARS	CENTS
$*****250	.00

Betty T. Yee

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/99) CONTROLLERS WARRANT

C1211134231: 66601668

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

66-601668

ISSUE DATE: 05/22/2017
CLAIM NUMBER: SCIH-019277
CLAIMANT NAME:
DATE OF INJURY: 10-04-2001
PAY DESCRIPTION: INTERPRETER MED
PERIOD FROM - PERIOD TO: 04-11-2017 - 04-11-2017

35027

PAID
MAY 25 2017

MP2

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

*** INVOICE ***
Date NO#
02/21/17 70606

EAMS#(s):
ADJ10348614
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
10101513377

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

Case: vs JCM ENGINEERING GROUP
Date Of Injury: 10/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB SBR	195.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
12/14/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/15/17	PMT BY CHECK	DOS 10/6/16-12/14/16* # 1618378	-445.00

BALANCE 0.00

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Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 02/15/2017
Check Number: 1618378
Check Amount: $445.00

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,V6KM5K

V6KM5K

12/11/16 4:29 PM 4 0001455 20170215 MB5D7103 CHECK 1 oz DOM MB5D710000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101513377		10/23/2015	70606	492	10/06/2016	12/14/2016	$445.00

Category	Stub Notes	Stub Amount
492	WCAB SBR and L/O DENNIS FUSI - TRANSLATION	$0.00

PAID
FEB 21 2017
BY: .....

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#
09/07/16	69619

EAMS#(s):
ADJ9781086
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
14D48E615841

BILL TO:
CANNON COCHRAN MGMT SVCS (CON)
W. C. DEPARTMENT
ATTN: ROSA LOPEZ
1800 SUTTER ST STE 460
CONCORD, CA 94520

Case: vs MTNA INC
Date Of Injury: 3/1/03 - 11/26/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/19/16	INITIAL EXAM	DR G. GOUBRAN @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/25/16	PMT BY CHECK	DOS 5/19/16* # 144629170	-230.00

BALANCE 0.00

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CCMSI obo Strategic Outsourcing, Inc. - Captive
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number 144629170

Date: 10/25/2016
Batch #: 300962743

Amount

$****230.00

Amount: TWO HUNDRED THIRTY 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

⑈0144629170⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
69619	11/26/2014	14D48E615841	230.00	0.00	230.00	69619 DS 5/19/2016 - 5/19/2016	RLOPEZ

PAID DUPLICATE

MR

tch #: 300962743
Check Number 144629170

Check Amount $****230.00

Loc:8424 MTNA INC

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

*** INVOICE ***
Date NO#
03/14/16 60987

EAMS#(s):
ADJ8953574
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
30120303775

BILL TO:
SEDGWICK/SRS INS (LEX14154)
W. C. DEPARTMENT
ATTN: MICHELLE LINN
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs VALASSIS
Date Of Injury: 5/8/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/24/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/29/14	PMT BY CHECK	DOS 2/4/14-3/24/14* # 0048446315	-406.50
07/01/14	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/15/14	PMT BY CHECK	DOS 7/1/14* # 0048446457	-156.50
02/25/15	LEGAL_WCAB	EXH. HEARING @ WCAB LBO	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/20/15	PMT BY CHECK	DOS 2/25/15* # 0053967835	-156.50
11/10/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/23/15	PMT BY CHECK	DOS 11/10/15* # 0053968165	-156.50
01/26/16	LEGAL_WCAB	TRIAL @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/22/16	PMT BY CHECK	DOS 1/26/16* # 0057970953	-156.50
02/19/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/08/16	PMT BY CHECK	DOS 2/19/16* # 0057970971	-250.00
		BALANCE	0.00

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P6905028006

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

Electronic Service Requested

2 OF 2

ENV 5018

SINGLE PIECE

5018 0.5738 SP 0.485

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

8

DATE	CHECK AMT	CHECK NO.
03/08/2016	250.00	0057970971

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

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

Claimant Name	Loss Date	Claim Number
	03/22/2012	30120303775-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 60987
Dates: 02/19/2016-02/19/2016 Comment:

ICN: 128267815.6

60987

PAID MAR 14 2016

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#
03/15/16	68205

EAMS#(s):ADJ10185726
ADJ10167194
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
BB-15-000405; BB-15-00496

BILL TO:
CORVEL CORPORATION (SACREM)
W. C. DEPARTMENT
ATTN: JILLIAN SHIELDS
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BBSI/ORIGINAL PANTRY
Date Of Injury: 1/23/15;CT 10/13/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/16	LEGAL_PREP	DEPO PREP @ L/O INGBER & WEINBERG	156.50
/ /	INTERPRETER:	CARMEN GONZALEZ # 49448683	0.00
02/08/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/11/16	PMT BY CHECK	DOS 1/11/16-2/8/16* =# 7691070	-406.50

BALANCE 0.00

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CORVEL CORPORATION
BBSI - EC
PO BOX 279350
SACRAMENTO, CA 95827

CORVEL

Bank Code= BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7691070	03/11/16

Claim#: BB-15-000405

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

*******$406.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈0007691070⑈ ⑆121000248⑆ 4121 514012⑈

ACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: LEUEN, INC., CAMARILLO-9037791
877 S Figueroa St
Los Angeles, CA 90017

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/2917327 - 1
Reprice: CA, 92780
Billed Date: 02/22/2016
Business Rcvd: 03/02/2016
MBR Rcvd: 03/02/2016
MBR Date: 03/11/2016
Date Approved: 03/11/2016
DOS From - To: 01/11/2016 - 02/08/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: 3094
Vendor #:
PIN:

Treating Provider:
Referring Physician:
Patient Control #: 68205
Provider Tax Id: 33-0956713

Claim #: BB-15-000405
Processor Initials: JS
DOI: 01/23/2015
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/11/16	T1013 08	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$156.50		1	$0.00	$156.50
	carmen gonzalez cert # 49448683								
02/08/16	T1013 08	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1 1	11	$250.00		1	$0.00	$250.00
	gladys reyna cert # 301721								
Sub-Totals for Bill: 2917327					**$406.50**			**$0.00**	**$406.50**

Totals for Bill:2917327 $406.50

PAID MAR 15 2016

Line Item Reason Codes and Descriptions
08 Los Angeles County Deposition Half day

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#
03/23/16	35016

EAMS#(s):ADJ6929408
ADJ6931363
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
05011258

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

Case: . vs HAWTHORNE MACHINERY
Date Of Injury: 10/3/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
09/25/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/19/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/07/11	PMT BY CHECK	DOS 8/19/09 THRU 10/19/10 # 24108	-563.00
04/01/14	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/20/14	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL. II	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/11/14	PMT BY CHECK	DOS 8/19/09-6/20/14* # 25987	-313.00
02/10/15	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LBO	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/01/15	PMT BY CHECK	DOS 2/10/15* # 26206	-156.50
05/12/15	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/27/15	PMT BY CHECK	DOS 08/19/09* # 26265	-156.50
02/19/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/17/16	PMT BY CHECK	DOS 12/19/16* # 26464	-250.00

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#
03/23/16	35016

EAMS#(s):ADJ6929408
ADJ6931363
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
05011258

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

Case: vs HAWTHORNE MACHINERY
Date Of Injury: 10/3/05

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

HAWTHORNE MACHINERY COMPANY

COMERICA

90-3752
1211

CHECK NO: 26464

DATE: 3/17/2016

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

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT
*********$250.00

CLAIMANT:
CLAIM NO: 05011258
PAY *Two Hundred And Fifty And 00/100 US Dollars*

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

PAID MAR 23 2016

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈000 26464⑈ ⑆121137522⑆ 18940 23868⑈

Provider Bill Detail

Payer: HAWTHORNE MACHINERY CO.
Provider Patient Account #: 35016

Check Number: 26464
Check Date: 3/17/2016

Claim Number: 05011258
Claimant Name:
SSN: XXX-XX
Date of Birth:
State of Jurisdiction: California

Date Received: 3/8/2016
Date Reviewed: 3/9/2016
Date of Injury: 10/3/2005
Document Number: N195-16-000284
Employer: HAWTHORNE MACHINERY CO.

Examiner: sventurino
Bill Type:
Pay Code: 32400
From: 8/19/2009
Through: 2/19/2016

ICD9 Codes: 35016

Date	Code	Mod	Description	Qty	Billed	BR Red	PPO Red	Other	Allowed	Reason
8/19/2009	99199	00 00 00		1.00	250.00	0.00	0.00	0.00	250.00	I010
			Totals:		250.00	0.00	0.00	0.00	250.00	

Reduction Reason Codes:

Code:	Description:
I010	

Notices:

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

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

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#
03/22/16	68274

EAMS#(s):ADJ9012455
ADJ10134504
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
PZC00587267

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

Case: vs PARKING CONCEPTS
Date Of Injury: 5/22/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/16	LEGAL_PREP	DEPO PREP @ L/O BRADFORD & BARTHEL	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
02/26/16	PMT BY CHECK	DOS 1/15/16* # 0003054659	-156.50
02/12/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/17/16	PMT BY CHECK	DOS 2/12/16* # 0003062204	-250.00

BALANCE 0.00

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

CRUM&FORSTER

Number: **0003062204**

Vendor Number: **406681144** Issuing Location: **Orange County Claims** Check Date: **03/17/2016**

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
68274	PZC00587267	EXP		05/23/2015	$250.00

PAID MAR 22 2016

TOTAL: $250.00

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

Processor: **U. Mora**

Internal Reference No: 68274

Please Detach Before Depositing

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

*** INVOICE ***

Date	NO#
03/17/16	67860

EAMS#(s):
ADJ8588344
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
12-063713

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

Case: vs GARDENA PLATING CO.
Date Of Injury: 5/21/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/15	ADMISSION	DR WILKER @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/05/15	SURGERY	DR WILKER: L/KNEE @ MONRROVIA HOSP. (4 HRS)	360.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
01/20/16	ADMISSION	DR WILKER @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
01/21/16	SURGERY	DR WILKER: RT KNEE @ MONROVIA HOSPITAL (5 HRS)	450.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/04/16	PMT BY CHECK	DOS 1/4/15-11/5/15* =# 3127228	-540.00
03/10/16	PMT BY CHECK	DOS 1/20/16-1/21/16* =# 3133377	-630.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

P8528028003

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

201603110114

Electronic Service Requested

3-DIGIT 927
7882 0.3820 AT 0.413

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

31

Payee: Joyce Altman Interpeters
Company Name: Sussex Insurance - 334
Facility: Gardena Plating Company, Inc.
Policy ID: CPCA14290
IRS/SSN: XXXXX
Administrator: WFINNEY
Claim #: 12-063713
Account #:
Check #: 3133377
Check Total: $630.00
Check Date: 03/10/2016
Injury Date: 05/21/2012
From/Through Date: 01/20/16-01/21/16
Claimant Name:
Invoice #:
Description: Interpreter Fees - Medical Rel
Document #: PAL91CA29540
Primary ICD-9:
Received Date: 03/01/2016
Reviewed Date: 03/09/2016
PPO Name:
Pharmacy #:
DRG Code:

1 OF 1
ENV 7882

67860

Line	From/Through	Billed Code/ Mod	Units	Billed	Reviewed/Mod	Allowed	Discount	Recommended	Reason Code
001	01/20/16-01/20/16 INTERPRETING SERVICES	99911	001	180.00	99911	180.00	0.00	180.00	
002	01/21/16-01/21/16 INTERPRETING SERVICES	99911	001	450.00	99911	450.00	0.00	450.00	
	Totals:			630.00		630.00	0.00	630.00	

Reason Code Description

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

Paladin Managed Care Services 1100 W. Town & Country Rd Ste., 1500 Orange, CA 92868

PAID MAR 17 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#
09/30/16	70152

EAMS#(s):
ADJ10441860
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
06200126

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

Case: vs STUDIO EXODUS
Date Of Injury: 8/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ALEXANDER DIAMONDS # 100817	0.00
09/28/16	PMT BY CHECK	DOS 8/8/16* # CU-312158	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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-312158**

Issue Date: 09/28/16
Doc #: 031542901

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:						
SSN: XXX-XX		Employer name: STUDIO EXODUS INC		**Claim #:** 06200126			**Date of Injury:** 08/01/13		
				Employer ID: 0000001833988130					
1	SF1-SPCA-242351	08/08/16	999Q9	Interpreter Deposit-	1	250.00	.00		250.00

Total Allowances: **$250.00**

PAID SEP 30 2016

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"

0133506803154290100 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#
10/07/16 65628

EAMS#(s):
ADJ9884894
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-15-04988

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

Case: vs COLOR CONCEPTS
Date Of Injury: 9/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/15	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS ALEX CASTILLO # 500358	0.00
04/06/15	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR CONOLLY @ ACS* INTIL	150.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
04/07/15	INITIAL EXAM	DR MILLMAN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
04/23/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/12/15	INITIAL EXAM	W/ACUPUNCT KIM @ ACS*	230.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
05/28/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/02/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/25/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/30/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/23/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO 3 101080	0.00
07/28/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ALBERTO VIILAGOMEZ # 500341	0.00
07/31/15	INITIAL EXAM	DR MASSIHI @ ACS*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/20/15	PR2/REEVAL	DR HIGASHI @ ACS*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/26/15	PR2/REEVAL	DR MILLMAN @ ACS*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00

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

*** INVOICE ***

Date	NO#
10/07/16	65628

EAMS#(s):
ADJ9884894
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-15-04988

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

Case: vs COLOR CONCEPTS
Date Of Injury: 9/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/28/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/17/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/23/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
09/25/15	PR2/REEVAL	DR MASSIHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/15/15	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/21/15	PR2/REEVAL	DR MILLMAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
11/04/15	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/18/15	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
11/25/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ ENHANCED PRECISION CARE*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/30/15	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/02/15	PR2/REEVAL	DR TOSHA BROWN @ ENHANCED PRECISION CARE*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/16/15	PR2/REEVAL	DR S. ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/18/15	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/21/15	INITIAL EXAM	PSYCH EVAL W/DR P. SALKELD @ ENHANCED PRECISION*	230.00

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

*** INVOICE ***
Date NO#
10/07/16 65628

EAMS#(s):
ADJ9884894
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-15-04988

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

Case: vs COLOR CONCEPTS
Date Of Injury: 9/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
12/28/15	PR2/REEVAL	DR T. BROWN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/14/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/28/16	PR2/REEVAL	DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/29/16	P AND S	DR MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/10/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/25/16	PMT BY CHECK	DOS 2/20/15-1/28/16* # 1188027	-5850.00
03/03/16	PR2/REEVAL	DR BROWN/MALIN, P.A. @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/09/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/11/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
03/31/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/11/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/28/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/11/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/19/16	INITIAL EXAM	DR FARDAD MORGHARABI @ EPC*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/23/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	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#
10/07/16 65628

EAMS#(s):
ADJ9884894
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-15-04988

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

Case: vs COLOR CONCEPTS
Date Of Injury: 9/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
05/26/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500267	0.00
06/02/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
06/09/16	PR2/REEVAL	DR FARDAD @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/13/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/16/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/23/16	L.I.N.T.	LOCALIZED INTENSE NEURO-STIMULATION @ EPC*	150.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/27/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/25/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/01/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/01/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/31/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/29/16	PMT BY CHECK	DOS 3/20/15-8/1/16* # 1446103	-3580.00

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#
10/07/16	65628

EAMS#(s):
ADJ9884894
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-15-04988

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

Case: vs COLOR CONCEPTS
Date Of Injury: 9/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 360.00

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

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

Check Date: 09/29/2016
Check Number: 1446103
Check Amount: $3,580.00

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,4AD45G

4AD45G

3/8/16 11:37 AM 4 0001086 20160929 LIC56103 CHECK 1 oz DOM LIC5610000* 161281 CK

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN CA 92781-1460

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101504988		09/23/2014	65628	MED	03/20/2015	08/01/2016	$3,580.00

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#
03/07/16	68304

EAMS#(s):
ADJ9942303
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
05996088

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

Case: vs AMIGO GROCERS
Date Of Injury: 12/14/12 - 12/14/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/03/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/04/16	PMT BY CHECK	DOS 2/3/16* # CE-799049	-250.00

BALANCE 0.00

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

Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CE-799049**

Issue Date: 03/04/16
Doc #: 030805309

68304

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 05996088		**Date of Injury:** 12/14/13		
SSN: XXX-XX		Employer name: AMIGOS GROCERS, INC.			Employer ID: 0000001966856130				
1	SF1-SPCA-203796	02/03/16	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
						Total Allowances:			**$250.00**

PAID MAR 07 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"

0132813503080530900 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#
03/01/16 64904

EAMS#(s):ADJ9678748
ADJ9678732; 9686451
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
CA13503837-0001, CA144951

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

Case: vs TARGET
Date Of Injury: 12/1/13, 5/14, 10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/29/15	PMT BY CHECK	DOS 2/9/15* # 0053000072	-156.50
10/09/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/23/15	PMT BY CHECK	DOS 10/9/15* # 0058040411	-156.50
11/10/15	PMT BY CHECK	DOS 10/23/15* # 0058047143	-250.00
01/26/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/01/16	PMT BY CHECK	DOS 1/26/16* # 0060424472	-250.00

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
PO Box 14421
Lexington, KY 40512-4421

[redacted]

Electronic Service Requested

20160301 1608

SINGLE PIECE

5588 0.3820 SP 0.485

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

9

1 OF 1

ENV 5588

DATE	CHECK AMT	CHECK NO.
03/01/2016	250.00	0060424472

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

SCMS UNIT	PAGE
213 Sedgwick Claims Management Services Inc.	1 of 1

Claimant Name	Loss Date	Claim Number
	12/01/2013	CA13503837-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 64904
Dates: 01/26/2016-01/26/2016 Comment:

ICN: CA135038370001

PAID MAR 04 2016

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

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

*** INVOICE ***

Date	NO#
03/01/16	64925

EAMS#(s):ADJ9629531
ADJ9693367
SS # : XXX-XX-
DOB : 5/16/49
Terms : 45 days
Claim #(s):
4807824

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

Case: vs RENT A CAR
Date Of Injury: 9/8/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/25/15	LEGAL_PREP	DEPO PREP @ L/O GRANCELL, STANDER, REUBENS	156.50
/ /	INTERPRETER:	MARIO RAMIREZ # 100349	0.00
03/27/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/21/15	PMT BY CHECK	DOS 2/25/15* # 0000356612	-156.50
04/27/15	PMT BY CHECK	DOS 3/27/15* # 0000357720	-250.00
01/07/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/25/16	PMT BY CHECK	DOS 1/7/16* # 0000397018	-156.50
02/03/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
02/26/16	PMT BY CHECK	DOS 2/3/16* # 0000402126	-250.00

BALANCE 0.00

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

64925

0100160810

Claim: 4807824 / , Accident date: 09/08/2014, Jurisdiction State: California.
Insured: Enterprise Rent A Car (Insured), Policy: HC2JUB474M705014 .

The payment is for Language Interpreter - paid under Expense from 02/03/2016 to 02/03/2016.
Check: 0000402126, issued: 02/26/2016, for: $250.00, for: Expense, Invoice: inv #64925

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

Please contact Eleanor Pagkatotohan, telephone: (714) 202-2008 in CA \ Anaheim Anaheim CA, email: epagkatotohan@avizentrisk.com, if you have questions regarding this payment.

PAID MAR 01 2016

U.S. Mail

0100160810

THIS DOCUMENT CONTAINS A VOID PANTOGRAPH AND IS NOT VALID IF THE WORD "VOID" APPEARS

FRANK GATES, A YORK RISK SERVICES COMPANY
paying claims on behalf of ERAC7E
5000 Bradenton Ave
Dublin OH 43017

Commerce Bank, NA
Hannibal, Missouri
80-49/815

Check Number 0000402126
Issue Date: 02/26/2016
VOID After 60 Days

For Expense from 02/03/2016 to 02/03/2016. inv #64925
Claim: 4807824 / . Language Interpreter - paid under Expense

$ *******250.00

Two Hundred Fifty and 00/100 Dollars

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

Authorized Signature

⑈0000402126⑈ ⑆081500493⑆ 350703731⑈

Joyce Altman Interpreters, 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	69812

EAMS#(s):
ADJ10432719
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-15-002317

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: LINDA CAUTION
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs SELECT STAFFING
Date Of Injury: 11/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/16	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/24/16	INITL CHIRO	TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/20/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/14/16	PMT BY CHECK	DOS 6/15/16-7/20/16* # 5075474	-500.00

BALANCE 0.00

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CORVEL ENTERPRISE COMP, INC.
NEW KOOSHAREM CORPORATION - XL
CHECK ISSUED ON BEHALF OF XL INSURANCE AMERICA
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= NKCXL
11-24
1210(8)

CHECK NUMBER	CHECK DATE
5075474	09/14/16

Claim#: 0545-WC-15-0002317

PAY EXACTLY: *Five hundred and 00/100 Dollars*

*******$500.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈000507547⑈ ⑆121000248⑆ 4125 666966⑈

TACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: 12-North Hollywood, CA-Default
3820 State St
Santa Barbara, CA 93105

Employer
Patient:

Patient DOB: XXX-XX-

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

PAID SEP 22 2016

LOB: Workers' Compensation
Site/Bill #: 48/3270726 - 1
Reprice: CA, 92781
Billed Date: 08/31/2016
Business Rcvd: 09/08/2016
MBR Rcvd: 09/08/2016
MBR Date: 09/14/2016
Date Approved: 09/14/2016
DOS From - To: 06/15/2016 - 07/20/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Khashan, Linda
Vendor #:
PIN:

Treating Provider:
Referring Physician: MAYYA KRAVCHENKO
Patient Control #: 69812
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-15-0002317
Processor Initials: LK
DOI: 11/23/2015
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/15/16	T1013 524, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
06/24/16	T1013 524, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$90.00		1	$0.00	$90.00
07/20/16	T1013 524, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 3270726					**$500.00**			**$0.00**	**$500.00**

Totals for Bill:3270726 **$500.00**

Line Item Reason Codes and Descriptions
524 Recommended allowance per Insurer decision

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

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#
09/20/16	70210

EAMS#(s):ADJ10191590
ADJ10191592
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E3V6148

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

Case: vs SIGNATURE PARTY RENTALS
Date Of Injury: 5/22/14; 5/14-5/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/16	LEGAL_C&R	C&R READING @ L/O MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/16/16	PMT BY CHECK	DOS 8/17/16* # 891A 87668944	-250.00

BALANCE 0.00

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

891A 87668944

TRAVELERS

DATE: 09/16/16
LOSS DATE: 05/22/15
FILE NUMBER: 152 CB E3V6148 K

EMPLOYEE

ACCOUNT NAME:
SIGNATURE PARTY RENTALS

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: 8/17/2016

TOTAL PAID: $250.00
TAX INFO: 330956713 Y C
PAY MISC: 70210
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID SEP 20 2016

MR

FOR ADDITIONAL INFORMATION, CONTACT: BRISTOL J JACOBSON AT (909)612-3000

260032121
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#
09/20/16 70062

EAMS#(s):
ADJ10340278
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E1A7897

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

Case: vs NEWPORT DIVERSIFIED INC
Date Of Injury: 3/29/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
08/18/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/24/16	PMT BY CHECK	DOS 7/20/16* # 891A 87603665	-156.50
09/14/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/16/16	PMT BY CHECK	DOS 7/20/16-8/18/16* # 891A 87668945	-406.50

BALANCE 0.00

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

891A 87668945

0

TRAVELERS

DATE: 09/16/16
LOSS DATE: 03/29/15
FILE NUMBER: 158 CB E1A7897 K

EMPLOYEE

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

PAID SEP 20 2016

ACCOUNT NAME:
NEWPORT DIVERSIFIED INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Expert Fees / Interpreters

SERVICE DATE: 7/20/2016 TO: 8/18/2016

TOTAL PAID: $406.50
TAX INFO: 330956713 Y C
PAY MISC: 70062
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MR

FOR ADDITIONAL INFORMATION, CONTACT: EMILY PANTNER AT (925)945-4039

260032123
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#
09/16/16	69326

EAMS#(s):
ADJ10262335
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
15D48G570480

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: MARLON MENDOZA
P.O. BOX 53550
IRVINE, CA 92619

Case: vs STRATEGIC OUTSOURCING
Date Of Injury: 11/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
05/16/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/13/16	PMT BY CHECK	DOS 4/26/16-5/16/16* # 148939640	-406.50

BALANCE 0.00

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CCMSI obo Strategic Outsourcing, Inc ACE
2 East Main Street, Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number **148939640**

Date: 09/13/2016
Batch #: 300899311

Amount

$****406.50

Amount: FOUR HUNDRED SIX AND 50 / 100**********

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

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

⑈148939640⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
69326	12/01/2015	15D48G570488	406.50	0.00	406.50	69326 DS 4/26/2016 - 5/16/2016	MMENDOZ

PAID SEP 16 2016

MR

tch #: 300899311
Check Number 148939640

Check Amount $****406.50

Loc:BRNCER AUTOMOTIVE CREATIONS, INC.

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

*** INVOICE ***

Date	NO#
09/27/16	69764

EAMS#(s):
ADJ10380524
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
1239601

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

Case: vs GREAT AMERICAN CHICKEN CORP
Date Of Injury: 5/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/16	INITIAL EXAM	DR GALAL GOUBRAN/ FRANKE P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/22/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/06/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/11/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/14/16	PR2/REEVAL	DR GOUBRAN/TRUJILLO @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/25/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
07/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/08/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/10/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/16/16	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/12/16	PMT BY CHECK	DOS 6/7/16-7/27/16* # 01319531	-1900.00

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#
09/27/16 69764

EAMS#(s):
ADJ10380524
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
1239601

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

Case: vs GREAT AMERICAN CHICKEN CORP
Date Of Injury: 5/6/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 540.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 IF NOT PRINTED ON BLUE 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.
01319531
1239601-1
SWC1035857

DATE	AMOUNT
9/12/2016	$1,900.00

PAY One Thousand Nine 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

⑈01319531⑈ ⑆021309379⑆ 790262463⑈

Check Number	01319531
Claim Number:	1239601-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1035857/Great American Chicken Corp, Inc. (Corporation)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/6/2014
Location:	13945 PERRIS BLVD. MORENO VALLEY CA 92553 -
Examiner Code:	rlawsonhaley

Amount:	$1,900.00
Dates of Service:	6/7/2016-7/27/2016
Explanation:	69764
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

RECEIVED SEP 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#
09/16/16 68627

EAMS#(s):
ADJ10123133
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000714-054311-WC-01

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

Case: vs WESTERN PACIFIC PULP AND PAPER
Date Of Injury: 8/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/16	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	SUSANA BARRON # 301481	0.00
04/05/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
05/13/16	PMT BY CHECK	DOS 2/24/16* # 0127935288	-156.50
09/09/16	PMT BY CHECK	DOS 4/5/16* # 0130888885	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372-0875

000714 PAGE 1 OF 1 005469

PAID 09/16/16

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

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

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

CLAIM NO.: 000714 054311 WC 01 (C55-CA-BBS)
CLAIMANT:
DESCRIPTION: INV # 68627

DATES OF SERVICE: 05Apr16 **THRU** 05Apr16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 14Aug15

NO.: 0130888885
VN: 0001408237
DATE: 09Sep16
AMOUNT: 250.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0009172 009984 004 004

Joyce Altman Interpreters, 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	70078

EAMS#(s):
ADJ10251662
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1036000001

BILL TO:
CARL WARREN & CO. (KS-2916)
W. C. DEPARTMENT
ATTN: ESTELLE FREMAN
P.O. BOX 2916
SHAWNEE MISSION, KS 66201

Case: vs CRAIG KINDER
Date Of Injury: 7/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/13/16	PMT BY CHECK	DOS 8/3/16* # 4916	-250.00

BALANCE 0.00

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Bank of America
Costa Mesa, CA
16-66/1220

Carl Warren and Company
ATF
Dept of Rehabilitation BEP

Branch: Orange (ORG)
Carl Warren & Company
PO Box 2916
Mission, KS 66201-1316

Issue Date: 9/13/2016
Payee: JOYCE ALTMAN INTERPRETERS INC
Memo:

Check #: 4916
Check Amount: 250.00

70078

Claim Number	Claimant	Loss Date	Payment Type	Payment Kind	From Date	To Date	Amount
1036-0000001	70078 CERT# 301566	7/14/2015	Legal Expense	Bilingual Translations	8/3/2016	8/3/2016	$250.00

PAID SEP 16 20[illegible]

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#
09/26/16 69901

EAMS#(s):
ADJ10010096
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
00418-002507-WC-01

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

Case: vs CALIFORNIA BUSINESS MANAGEMENT
Date Of Injury: 4/10/10 - 4/10/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/30/16	LEGAL_PREP	DEPO PREP @ L/O ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
08/01/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/21/16	PMT BY CHECK	DOS 6/30/16-8/1/16* # 0131185078	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

0102051 01 RE 0.416 **AUTO T6 0 1684 92781 -P02053

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

PAID SEP 20 2016

DIRECT INQUIRIES TO:

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

GALLAGHER BASSETT SERVICES INC FOR ZURICH AMERICA

CLAIM NO. 004118 002507 WC 01

CLAIMANT:

DESCRIPTION: INV#69901

DATE OF SERVICE: 30-Jun-2016 TO 01-Aug-2016

BRANCH NO. 176

ACC. DATE 10-Apr-2013

CHECK NO. 0131185078

VN. 0000091307

DATE: 21-Sep-2016

PAYMENT AMOUNT: $406.50

MR

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0131185078 ATTACHED BELOW

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

*** INVOICE ***
Date NO#
03/07/17 69989

EAMS#(s):
ADJ9927271
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
152-CB-E2F-1372R

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

Case: vs MASCO CONTRACTOR SVCS OF CA
Date Of Injury: 1/19/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/16	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/16/16	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/13/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/10/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/01/17	PMT BY CHECK	DOS 2/28/17* # 903A 66559222	-950.00

BALANCE 0.00

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CSS LLC - DIAMOND BAR CL CLAIM
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA00671

903A 66559222

Constitution State Services

DATE: 03/01/17
LOSS DATE: 01/19/15
FILE NUMBER: 152 CB E2F1372 R

EMPLOYEE

ACCOUNT NAME:
MASCO CORP

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

ACE AMERICAN INS CO

69989

EXPLANATION OF PAYMENT

Other

SERVICE DATE: 2/28/2017

TOTAL PAID: $950.00
TAX INFO: 330956713 Y C
PAY MISC: Full & Final All DOS P&I
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

F F.
NDJ OK

FOR ADDITIONAL INFORMATION, CONTACT: NORMAN J POULSEN AT (909)612-3049

60000671
— DETACH CHECK

UNSUMM-111311
OVRPUNS1-121208
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#
09/26/16 70064

EAMS#(s):ADJ10292724
ADJ10292674
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
44018331

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

Case: vs URTH CAFE CORPORATION
Date Of Injury: 6/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/16	LEGAL_PREP	DEPO PREP @ L/O ADELSON TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
08/26/16	PMT BY CHECK	DOS 7/18/16* # 2220481	-156.50
08/18/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/23/16	PMT BY CHECK	DOS 8/18/16* # 2225548	-250.00

BALANCE 0.00

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Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 11/17/2016
Check Number : 2236259
Check Amount : $250.00

Y1T02C

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

y2z5a
00116

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Thru	Total Payment
44018331		06/23/2015	70064	Interpreter Fees -	10/26/2016	10/26/2016	$250.00

116-116
4014

[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#
07/29/16	69190

EAMS#(s):
ADJ9660135
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
604A21912

BILL TO:
LIBERTY MUTUAL (PORTLAND-4555)
W. C. DEPARTMENT
ATTN: CATHLEEN LINDGREN
P.O. BOX # 4555
PORTLAND, OR 97208

Case: vs POLY TAINER INC
Date Of Injury: 6/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/16	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
07/25/16	PMT BY CHECK	DOS 4/11/16* # 01555855	-250.00

BALANCE 0.00

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BRANCH OFFICE ADDRESS:
P.O. BOX 4555
PORTLAND, OR 97208
503-239-5800

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	01555855	07/25/16
	CHECK AMOUNT ****$250.00	BLOCK NUMBER 005570

OSN: EE2701072505-000651

CLAIM #: WC 604-A21912
CONTRACT #: WC2-Z91-452997-013-92

CONTROL #: 000002432 ID: CRNWB16
PROVIDER #: 33095671363386

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 06/23/14
EMPLOYEE:

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

EMPLOYER: POLY-TAINER INC.
DATES OF SERVICE 04/11/16-04/11/16
LOCATION CODE: 450WEST

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
04/11/16	04/11/16	MISC		250.00	250.00	

NOTE: INV#69190

TOTAL CHARGES	250.00
TOTAL PAYABLE:	250.00
TOTAL WITHHOLDING - (FEDERAL AND STATE):	0.00
TOTAL AMOUNT PAID:	250.00

PAID JUL 29 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#
10/31/16 68622

EAMS#(s):
ADJ10130514
SS # :
DOB :
Terms: 60 days
Claim #(s):
187628692; 188186166-001

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

Case: vs UNIVERSITY OF SOUTHERN CA.
Date Of Injury: 6/30/13; 9/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
04/15/16	PMT BY CHECK	DOS 2/26/16* # 5639167458	-156.50
05/03/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/14/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI VOL II	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/29/16	PMT BY CHECK	DOS 5/3/16-7/14/16* # 5640700077	-406.50
10/04/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/26/16	PMT BY CHECK	DOS 2/26/16-10/4/16* # 5642017641	-156.50

BALANCE 0.00

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Broadspire
A CRAWFORD COMPANY

PO BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	10/26/2016
Check Amount	:	$156.50
Check Number	:	5642017641

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
188186166-001	09/24/2015 $156.50		
WC BREA Professional Service	$156.50	Jaclyn E. Casey 68622	714-579-8100 02/26/2016-10/04/2016

Please Fold on Perforation Before Tearing

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

*** INVOICE ***
Date NO#
08/02/16 69254

EAMS#(s):
ADJ10446853
SS # :
DOB :
Terms: 60 days
Claim #(s):
001790008709WC01

BILL TO:
GALLAGHER BASSETT (TUCSON, AZ)
W. C. DEPARTMENT
ATTN: DEBORA WITTEN
P.O. BOX # 23812
TUCSON, AZ 85734

Case: vs O & S PRECISION, INC.
Date Of Injury: 3/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/16	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/09/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
05/31/16	INITIAL ACUP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/02/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ELIZABETH RODRIGUEZ # 101740	0.00
06/01/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/28/16	PMT BY CHECK	DOS 4/4/16-6/1/16* # 0129820006	-1000.00

BALANCE 0.00

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GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

001790 PAGE 1 OF 1 003874

MDG2009 00005017 1 MB 0419 1

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

PAID AUG 0 2 2016

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 001790 008709 WC 01 (044023-001)
CLAIMANT:
DESCRIPTION: INV 69254

DATES OF SERVICE: 04Apr16 **THRU** 01Jun16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 11Mar16

NO.: 0129820006
VN: 0000246629
DATE: 28Jul16
AMOUNT: 1000.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005017 005656 001 002

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#
08/01/16 68183

EAMS#(s):ADJ10122586
ADJ10122451
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
5687110

BILL TO:
BENCHMARK (ONTARIO)
W. C. DEPARTMENT
ATTN: CARMEN FUENTES
430 N. VINEYARD AVE STE # 200
ONTARIO, CA 91764

Case: vs DAK CONSTRUCTION
Date Of Injury: 7/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/18/16	PMT BY CHECK	DOS 1/12/16* # 0000031336	-156.50
06/14/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/29/16	PMT BY CHECK	DOS 6/14/16* # 0000042113	-250.00

BALANCE 0.00

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

COPY

VOID VOID VOID

Benchmark Insurance Company - Compstar 972
California Claims Account
9075 W. Diablo Drive, Suite 140
Las Vegas NV 89148

Wells Fargo
Minneapolis, MN
17-1/910

Check Number 0000042113
Issue Date: 07/29/2016
VOID After 60 Days

For: Expense from 06/14/2016 to 06/14/2016. 68183 Depo review
Claim: 5687110 / 2. Language Interpreter - paid under Expense

Pay: *Two Hundred Fifty and 00/100 Dollars* $ *******250.00

To The Order Of **JOYCE ALTMAN INTERPRETERS, INC**
P.O. BOX 4165
TUSTIN, CA 92781

Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

Job No. 524890

⑈0000042113⑈ ⑆091000019⑆ 3987025529⑈

Claim: 5687110 / , Accident date: 07/01/2015, Jurisdiction State: California.
Insured: DAK Construction Corp., Policy: CST5005482.

The payment is for Language Interpreter - paid under Expense from 06/14/2016 to 06/14/2016.
Check: 0000042113, issued: 07/29/2016, for: $250.00, for: Expense, Invoice: 68183

To the Order of: Joyce Altman Interpreters, Inc
: P.O. BOX 4165
: TUSTIN, CA 92781

Please contact Carmen Fuentes, telephone: (909) 843-9159 in CA \ Ontario Ontario CA, email: cfuentes@benchmarkadministrators.com, if you have questions regarding this payment.

PAID AUG 01 2016

Send to Adjuster

0000317087

Joyce Altman Interpreters, 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 69453

EAMS#(s):
ADJ10322154
SS # :
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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6905028006

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

201607271622

Electronic Service Requested

1 OF 3 F

ENV 61

SINGLE PIECE

61 0.7389 SP 0.465

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

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

6455

PAID AUG 01 2016

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#
09/23/16 70070

EAMS#(s):ADJ10399450 ADJ10399473
ADJ10399388
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30154788258-0001; 3014292

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

Case: vs DOLLAR TREE DISTRIBUTION
Date Of Injury: 10/15/14, 10/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/22/16	LEGAL_PREP	DEPO PREP @ L/O STACEY TOTUNAGA	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
08/23/16	PMT BY CHECK	DOS 7/22/16* # 0069450981	-156.50
08/26/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO CORTEZ # 100533	0.00
09/20/16	PMT BY CHECK	DOS 8/26/16* # 0069541835	-250.00

BALANCE 0.00

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P69050280006

20160920162I

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

Electronic Service Requested

PAID SEP 22 2016

2 OF 2

ENV 2368

SINGLE PIECE

2368 0.5738 SP 0.465

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

4

DATE	CHECK AMT	CHECK NO.
09/20/2016	250.00	0069541835

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
	10/24/2015	30154788258-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 70070
Dates: 08/26/2016-08/26/2016 Comment:

ICN: 301547882580001

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#
10/10/16	70204

EAMS#(s):
ADJ9124952
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
710-891597

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

Case: vs HARTMARK CABINET DESIGN & MSG
Date Of Injury: 8/20/13

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/16	LEGAL_WCAB	MSC @ WCAB SBR	190.00
/ /	INTERPRETER:	MARTH ESTEVEZ # 100682	0.00
10/04/16	PMT BY CHECK	DOS 8/22/16* =# 31155234	-190.00

BALANCE 0.00

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P40000280000

20161004160?

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

Electronic Service Requested

MIXED AADC 926
972 1.2556 MB 0.416
JOYCE ALTMAN INTERPRETERS INC 115
PO BOX 4165
TUSTIN, CA 92781-4165

ENV 972 3 OF 6 F

Check No.: 31155234
RFP No.: 923953
Check Date: 10/04/2016
Check Amount: 190.00
Insured: HARTMARK CABINET DESIGN & MANU
Claimant:

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

79204

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000065256972	00891597	001	08/20/2013	MED	O	190.00
					Total Amount	190.00

Reason for Payment
ORG: 190.00 ACT: 70204 082216-082216

Use File # 710/00891597 on all correspondence for prompt processing.
For check information call: 877-802-5246

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#
08/02/16 69038

EAMS#(s):ADJ10360060
ADJ10472213
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004356-002284-WC-01; 0043

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

Case: vs KNOLLWOOD COUNTRY CLUB
Date Of Injury: 1/14/16; 2/1/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/16	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
04/22/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/17/16	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/24/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/26/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
07/29/16	PMT BY CHECK	DOS 3/18/16-5/26/16* # 0129859928	-1000.00

BALANCE 0.00

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

004356 PAGE 1 OF 1 011321

MDG2009 00009218 1 MB 0419 1

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

PAID AUG 0 2 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 002284 WC 01 (221)
CLAIMANT:
DESCRIPTION: INV 69038

BRANCH NO.: 170
ACC DATE: 14Jan16

NO.: 0129859928
VN: 0000069328
DATE: 29Jul16

DATES OF SERVICE: 18Mar16 **THRU** 26May16
BENEFIT PERIOD: **THRU**

AMOUNT: 1000.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0009218 010226 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#
04/13/17	71268

EAMS#(s):ADJ9491449
ADJ8869900
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05901592; 06139658

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

Case: vs ELITE
Date Of Injury: 10/11-4/13 & 3/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/11/17	PMT BY CHECK	DOS 2/15/17* # CU-340904	-250.00

BALANCE 0.00

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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-340904**

Issue Date: 04/11/17
Doc #: 032156051

Medical

71268

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05901592		**Date of Injury:** 03/31/13		
SSN: XXX-XX	Employer name: ELITE CLEANING SPECIALISTS				Employer ID: 0000001952025120				
1	SF1-SPCA-279196	02/15/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
					Total Allowances:				**$250.00**

PAID
APR 13 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"

0134149103215605100 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#
04/17/17 69572

EAMS#(s):
ADJ9838046
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
93927

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

Case: vs STATE FISH COMPANY
Date Of Injury: 3/24/09 - 2/6/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/27/16	PMT BY CHECK	DOS 6/6/16* # 0000887537 APPLIED RISK	-156.50
09/07/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/17/16	PMT BY CHECK	DOS 9/7/16* # 0000941319 APPLIED RISK	-156.50
01/31/17	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
03/02/17	PMT BY CHECK	DOS 1/31/17* # 0001002831 APPLIED RISK	-156.50
03/06/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/13/17	PMT BY CHECK	DOS 3/6/17* # 0001020995 APPLIED RISK	-250.00

BALANCE 0.00

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CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	04/13/17
Service Begining:	03/06/17
Service Ending:	03/06/17

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	02/06/15	93927

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
69572 69663	03/06/17-03/06/17	250.00	N/A	N/A	250.00

Messages 0001620995

PAID
APR 17 2017
BY: .....

Total	250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

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

*** INVOICE ***

Date	NO#
11/22/16	69812

EAMS#(s):
ADJ10432719
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545-WC-15-002317

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: LINDA CAUTION
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs SELECT STAFFING
Date Of Injury: 11/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/16	INITIAL EXAM	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
06/24/16	INITL CHIRO	TREATMENT W/DR KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
07/20/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/14/16	PMT BY CHECK	DOS 6/15/16-7/20/16* # 5075474	-500.00
10/03/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
11/15/16	PMT BY CHECK	DOS 10/3/16* =# 5082664	-180.00

BALANCE 0.00

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CORVEL ENTERPRISE COMP, INC.
NEW KOOSHAREM CORPORATION - XL
CHECK ISSUED ON BEHALF OF XL INSURANCE AMERICA
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= NKCXL
11-24
1210(8)

CHECK NUMBER	CHECK DATE
5082664	11/15/16

Claim#: 0545-WC-15-0002317

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

1

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈000508266⑈ ⑆121000248⑆ 4125 666966⑈

ATCH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: 12-North Hollywood, CA-Default
3820 State St
Santa Barbara, CA 93105

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3378849 - 1
Reprice: CA, 92781
Billed Date: 11/01/2016
Business Rcvd: 11/09/2016
MBR Rcvd: 11/09/2016
MBR Date: 11/14/2016
Date Approved: 11/14/2016
DOS From - To: 10/03/2016 - 10/03/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Khashan, Linda
Vendor #:
PIN:

Treating Provider:
Referring Physician: MAYYA KRAVCHENKO
Patient Control #: 69812
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-15-0002317
Processor Initials: LK
DOI: 11/23/2015
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/03/16	T1013 524, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	11	$180.00		1	$0.00	$180.00
Sub-Totals for Bill: 3378849					$180.00			$0.00	$180.00

Totals for Bill:3378849 $180.00

Line Item Reason Codes and Descriptions
524 Recommended allowance per Insurer decision

Line Item Reason Codes and Descriptions
G67 Payment based on individual pre-negotiated agreement for this specific service

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#
04/21/17 71452

EAMS#(s):
ADJ10311565
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06165012

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

Case: vs PACIFIC COAST LANDSCAPE
Date Of Injury: 1/18/16

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/19/17	PMT BY CHECK	DOS 3/14/17* =# CP-967881	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-967881**

Issue Date: 04/19/17
Doc #: 032183064

Medical

71452

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06165012		**Date of Injury:** 01/18/16		
SSN: XXX-XX- 4 Employer name: PACIFIC COAST LANDSCAPING					Employer ID: 0000001191076150				
1	SF1-SPCA-281413	03/14/17	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
Patient Name:					**Claim #:** 06092082		**Date of Injury:** 03/10/14		
SSN: XXX-XX- Employer name: AESTHETIC TREE					Employer ID: 0000009007557140				
ICD-10 Code:T14.90 INJURY, UNSPECIFIED									
2	SF1-SFCA-17916014	12/20/16	MDO21	Payment By Order	1	656.50	.00	375 961 G5 G67	656.50

Total Allowances: **$906.50**

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"

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

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

CP-967881
Union Bank
Los Angeles, California

90-4150
1222

Medical
SP

Payee IRS Number: XXXXX6713

VOID After 365 Days

Check Date	Check Amount
April 19, 2017	**$*******906.50**

PAY ****Nine Hundred 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.

⑈521696788⑈ ⑆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#
04/11/17 70503

EAMS#(s):
ADJ10572674
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080345472

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

Case: vs PACIFIC TECH CONSTRUCTION INC
Date Of Injury: 9/7/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/16	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/21/16	F/U CHIRO TX	CHIRO TX W/DR MAYA KRAVCHENKO @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/09/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/07/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/06/17	INITIAL ACUP	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/09/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/16/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/30/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
02/06/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
02/10/17	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/13/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
02/17/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
02/27/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
04/06/17	PMT BY CHECK	DOS 9/16/16-2/27/17* # 1101194633	-2350.00

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#
04/11/17	70503

EAMS#(s):
ADJ10572674
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080345472

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

Case: vs PACIFIC TECH CONSTRUCTION INC
Date Of Injury: 9/7/16

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.

JOYCE ALTMAN INTERPRETERS INC
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.

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

PAID APR 11 01378

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0345472 001 AA	WC 0198824	70503		09/07/16	09/16/16-02/27/17

Check Number	1101194633	Date Issued	04/06/17	Amount	$**2,350.00
Insured	Pacific Tech Construction, Inc.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX # 4165				
Requested By	Monisha CG-Deenadayalan				
File Supervisor	Adam Almanzan	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,350.00		

TOTAL $2350.00

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#
10/31/16 69967

EAMS#(s):ADJ10346997
ADJ10336837
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002042-040732WC-01

BILL TO:
GALLAGHER BASSETT (R CORDOVA)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 2290
RANCHO CORDOVA, CA 95741-2290

Case: vs DBW & ASSOCIATES
Date Of Injury: 3/2/16; 1/13-3/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/16	LEGAL_PREP	DEPO PREP @ L/O BRADFORD & BARTHEL VOL I	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
07/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/21/16	LEGAL_PREP	DEPO PREP @ L/O BRADFORD & BARTHEL VOL II	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
10/24/16	PMT BY CHECK	DOS 7/13/16-9/21/16* # 0131965600	-563.00

BALANCE 0.00

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

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

002042 PAGE 1 OF 1 007663

MDG2009 00004805 1 MB 0419 1

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

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF NATIONAL UNION
FIRE INSURANCE COMPANY
AND ITS AFFILIATES

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 002042 010732 WC 01 (176-02)
CLAIMANT:
DESCRIPTION: INV #: 69967

DATES OF SERVICE: 13Jul16 **THRU** 21Sep16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 02Mar16

NO.: 0131965600
VN: 0000410657
DATE: 24Oct16
AMOUNT: 563.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004805 005421 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#
04/14/16	68344

EAMS#(s):
ADJ9650773
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1410083

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

Case: vs DECORATIVE ATIVE SPECIALTIES
Date Of Injury: 8/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/16	PRE-OP	DR JARCHI @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/02/16	SURGERY	DR SAMIMI: RT SHDR @ MONROVIA HOSPITAL (4.5 HRS)	405.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/11/16	PMT BY CHECK	DOS 1/26/16-2/2/16* # 011152	-585.00

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.
01115228
1410083-1
SWC1030974

DATE	AMOUNT
4/11/2016	$585.00

PAY Five Hundred Eighty-Five and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

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

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01115228⑈ ⑆021309379⑆ 79026 2463⑈

Check Number	01115228
Claim Number:	1410083-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1030974/Decore-Ative Specialties, Inc. (A Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/25/2014
Location:	4414 North Azusa Canyon Road Irwindale CA 91706 -
Examiner Code:	jmiller2

PAID APR 14 2016

Amount:	$585.00
Dates of Service:	1/26/2016-2/2/2016
Explanation:	INV#:68344
Category:	M23 - Medical Interpreter
Placement:	2 - Medical
Transaction Type:	

on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 4026
Concord, CA 94524
858-385-4040

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#
11/08/16 69929

EAMS#(s):
ADJ10385246
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
16048G724152

BILL TO:
CANNON COCHRAN MGMT SVCS (CON)
W. C. DEPARTMENT
ATTN: ANTHONY ROMANDO
1800 SUTTER ST STE 460
CONCORD, CA 94520

Case: vs STRATEGIC OUTSOURCING/GLOBAL
Date Of Injury: 2/26/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/08/16	LEGAL_PREP	DEPO PREP @ L/O LEWIS, BRISGAARD & SMITH	156.50
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
07/29/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/04/16	PMT BY CHECK	DOS 7/8/16-7/29/16* # 148945543	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

CCMSI obo Strategic Outsourcing, Inc ACE
2 East Main Street, Suite 208
Danville, IL 61832

Check Number 148945543

2-3/710 IL

Bank of America
CHICAGO, IL 60603

Date: 11/04/2016
Batch #: 300980406

Amount

Amount: FOUR HUNDRED SIX AND 50 / 100**********

$****406.50

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

⑈0148945543⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
69929	02/26/2016	16D48G724152	406.50	0.00	406.50	69929 DS 7/8/2016 - 7/29/2016	KMOSER

PAID NOV 08 2016

h #: 300980406
heck Number 148945543

Check Amount $****406.50

Loc:8387 GLOBAL PARATRANSIT INC

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

*** INVOICE ***

Date	NO#
11/08/16	67733

EAMS#(s):
ADJ10035352
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1927176

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

Case: vs POLLY'S ON THE PIER
Date Of Injury: 7/3/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/01/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/25/16	PMT BY CHECK	DOS 10/13/15-12/1/15* # 02008509	-406.50
10/03/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
11/02/16	PMT BY CHECK	DOS 10/3/16* # 02475532	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02475532
1927176-1
TWC3467180

DATE	AMOUNT
11/2/2016	$250.00

PAY Two Hundred Fifty and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

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

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈02475532⑈ ⑆021309379⑆ 601877533⑈

Check Number	02475532
Claim Number:	1927176-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3467180/Pollys On The Pier, Inc.(A Corp.)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	7/3/2015
Location:	233 North Harbor Dr Redondo Beach CA 90277 -
Examiner Code:	lsaldano

Amount:	$250.00
Dates of Service:	10/13/2015-10/3/2016
Explanation:	INV#67733
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

TECHNOLOGY INSURANCE CO (Claims Funding) 1085
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

PAID NOV 0 8 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#
11/08/16	69686

EAMS#(s):
ADJ8018442
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
0985-WC-11-0504841

BILL TO:
CORVEL CORPORATION (CHINO)
W. C. DEPARTMENT
ATTN: YVONNE VE LA PAV
P.O. BOX 669
CHINO, CA 91708

Case: vs CHEESE CAKE FACTORY
Date Of Injury: 3/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/13/16	LEGAL_C&R	C&R READING @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/05/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
11/01/16	PMT BY CHECK	DOS 6/9/16-7/5/16* # 1019454	-563.00

BALANCE 0.00

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

CORVEL ENTERPRISE COMP, INC.
THE CHEESECAKE FACTORY, INC.
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

bankcode=CCF
11-24
1210(8)

CHECK NUMBER	CHECK DATE
1019454	11/01/16

PAY EXACTLY: *Five hundred sixty three and 00/100 Dollars*

*******$563.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

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

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈001019454⑈ ⑆121000248⑆ 4102 114956⑈

ACH HERE

DETACH HERE

CORVEL

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
0985-WC-11-0504841	03/06/2011		06/09/2016	07/05/2016	invoice 69686	*******$563.00

PAID NOV 0 8 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#
04/14/17	71026

EAMS#(s):
ADJ10221755
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
10101513426

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

Case: vs EL ENCANTO HEALTHCARE
Date Of Injury: 10/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/16	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/04/17	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/09/17	INITIAL EXAM	DR TOSHA BROWN @ EPC* (MEDS)	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/11/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/13/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/18/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/23/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
01/25/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/26/17	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
02/20/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/10/17	PMT BY CHECK	DOS 12/28/16-1/26/17* # 1651047	-1950.00
04/10/17	PMT BY CHECK	DOS 2/20/17* # 1684116	-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#
04/14/17	71026

EAMS#(s):
ADJ10221755
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
10101513426

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

Case: vs EL ENCANTO HEALTHCARE
Date Of Injury: 10/24/15

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.

Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 04/10/2017
Check Number: 1684116
Check Amount: $180.00

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,3J9V50

3J9V50

12/11/16 4:29 PM 4 0001007 20170410 MD2Z5103 CHECK 1 oz DOM MD2Z510000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101513426		10/24/2015	71026	180	02/20/2017	02/20/2017	$180.00

PAID
APR 14 2017
BY: .....

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#
11/15/16 69674

EAMS#(s):ADJ10353705
ADJ10082213
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E2X9689

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

Case: vs MAGGY MAID INC
Date Of Injury: 5/2/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
07/27/16	PMT BY CHECK	DOS 6/2/16* # 891A 87522998	-156.50
09/06/16	LEGAL_WCAB	PRIORITY CONFERENCE @ WCAB POM	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/24/16	LEGAL_WCAB	FULL DAY TRIAL @ WCAB POM	313.00
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
11/02/16	PMT BY CHECK	DOS 9/6/16* # 891A 87800924	-156.50
11/10/16	PMT BY CHECK	DOS 10/24/16* # 891A 87823372	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 - RANCHO CORDOVA BI/P
TRAVELERS WC CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-3089

0

891A 87823372

TRAVELERS

DATE: 11/10/16
LOSS DATE: 05/02/15
FILE NUMBER: 480 CB E2X9689 E

EMPLOYEE

ACCOUNT NAME:
MAGGY MAID, 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: 10/24/2016

TOTAL PAID: $313.00
TAX INFO: 330956713 Y C
PAY MISC: 69674
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID NOV 15 2016

MR

FOR ADDITIONAL INFORMATION, CONTACT: CHARMAINE PONTE AT (916)638-6420

315009731
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#
11/21/16	70428

EAMS#(s):
ADJ10387526
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
AIXA0087

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

Case: ; HEDMAN MANUFACTURING INC
Date Of Injury: 3/7/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/28/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
10/26/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/16/16	PMT BY CHECK	DOS 9/28/16* # 1884073	-156.50
11/18/16	PMT BY CHECK	DOS 10/26/16* # 1884770	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Mailing Information:

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

Claim Number:	AIXA-0087
Claimant:	
Date of Loss:	03/07/2016
Check Number:	1884770
Check Date:	11/18/2016
Check Amount:	$250.00
Type of Payment:	EP 108 - DEPOSITION COSTS
Location:	9276742 Hedman Manufacturing 12438 Putnam Street of Nova
For Period:	10/26/2016 to 10/26/2016
InvoiceNo:	70428
IRS #:	33-0956713
Handling Office:	705-Los Angeles, Roseville, CA

PAID 11/22

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.
On behalf of AIX Alliant Specialty Equipment (7379)
P.O. Box 1700
Rancho Cucamonga, CA 91729

Wells Fargo Bank, N.A.
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER
AIXA-0087

DATE
11/18/2016

CHECK NO
1884770

AMOUNT
***$250.00**

PAY TWO HUNDRED FIFTY AND 0/100

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

Richard Talbot

Two Signatures Required for Amounts over $25,000.00

⑈1884770⑈ ⑆121000248⑆ 20000134869651⑈

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#
11/21/16	70064

EAMS#(s):ADJ10292724
ADJ10292674
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44018331

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

Case: CAFE CORPORATION
Date Of Injury: 6/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/16	LEGAL_PREP	DEPO PREP @ L/O ADELSON TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
08/26/16	PMT BY CHECK	DOS 7/18/16* # 2220481	-156.50
08/18/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/23/16	PMT BY CHECK	DOS 8/18/16* # 2225548	-250.00
10/26/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/17/16	PMT BY CHECK	DOS 10/26/16* # 2236259	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 11/17/2016
Check Number : 2236259
Check Amount : $250.00

Y1T02C

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

y2z5a
00116

PAID 11/21/16

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44018331		06/23/2015	70064	Interpreter Fees -	10/26/2016	10/26/2016	$250.00

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#
11/28/16	70295

EAMS#(s):
ADJ10417445
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
R00052708

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

Case: vs ARMSTRONG GARDEN CENTER
Date Of Injury: 3/22/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/02/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/06/16	PMT BY CHECK	DOS 9/2/16* # 3000404094	-156.50
10/27/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301721	0.00
11/23/16	PMT BY CHECK	FOR DOS 10/27/16 *	-250.00

BALANCE 0.00

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

Republic Indemnity

M

Date: 11/23/2016
Check #: 3000412014
Payment Amount: 250.00

002504 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00052708		70295	11/09/2016	10/27/16	10/27/16	0.00	250.00	
		Interpreter For Medical						
						Total	250.00	

PAID
NOV 28 2016
BY:

PLEASE DETACH BEFORE DEPOSITING CHECK

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

*** INVOICE ***
Date NO#
11/23/16 68566

EAMS#(s):ADJ10029259
ADJ9529099
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
004624000179WC01; 0046240

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

Case: vs CON GLOBAL INDUSTRIES
Date Of Injury: 5/30/14; 6/4/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/16	PR2/REEVAL	DR A. LATTERI @ LONG BEACH*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/08/16	PR2/REEVAL	DR A. LATTERI @ LONG BEACH*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
04/14/16	PR2/REEVAL	DR LATTERI, LONG BEACH*	180.00
/ /	INTERPRETER:	JESSICA FIGUEROA # 500356	0.00
05/12/16	PR2/REEVAL	DR LATTERI @ LONG BEACH*	180.00
/ /	INTERPRETER:	ALICIA KOO # 100779	0.00
06/22/16	PR2/REEVAL	DR LATTERI @ LONG BEACH*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/02/16	PR2/REEVAL	DR LATTERI - LONG BEACH*	180.00
/ /	INTERPRETER:	LETICIA G. URIOSTEGUI #301652	0.00
09/13/16	PR2/REEVAL	DR LATTERI - LONG BEACH*	180.00
/ /	INTERPRETER:	ANA M. MONASSERI # 500315	0.00
11/13/16	PMT BY CHECK	DOS 2/9/16*9/13/16* # 0132475401	-1260.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

004624 PAGE 1 OF 1 000690

MDG2009 00000372 1 SP 0480 2

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

P A D

GALLAGHER BASSETT SERVICES INC
FOR CONGLOBAL INDUSTRIES INC

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

CLAIM NO.: 004624 000179 WC 01 (CGI008)
CLAIMANT:
DESCRIPTION: INV#:68566

BRANCH NO.: 011
ACC DATE: 30May14

NO.: 0132475401
VN: 0000021194
DATE: 13Nov16

DATES OF SERVICE: 09Feb16 **THRU** 13Sep16
BENEFIT PERIOD: **THRU**

AMOUNT: 1260.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000372 000466 001 002

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#
08/08/16 69335

EAMS#(s):ADJ10125022 ADJ9894370
ADJ9927236
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
140-379249

BILL TO:
CIGA/LUA
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 29066
GLENDALE, CA 91209

Case: vs TRISTATE EMPLOYMENT SERVICES
Date Of Injury: 3/10/14-3/10/15

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/16	LEGAL_WCAB	MSC @ WCAB SANTA ANA	156.50
/ /	INTERPRETER:	MARIA I. SEARS # 100795	0.00
05/04/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
06/20/16	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/02/16	PMT BY CHECK	DOS 5/3/16-6/20/16* # 80013246	-563.00

BALANCE 0.00

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

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000244-00001-000244 CIG1 2180988
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

Phone: (818) 844-4300

CHECK NUMBER: 80013246

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	69335	379249		05/03/16	06/20/16+	$563.00

TOTAL: $563.00

PAID AUG 08 2016

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

16-66/1220

CHECK NO. 80013246

DATE: 08/02/2016

Claim#: 379249
Claimant:
Insured: TRI-STATE EMPLOYMENT SERVICES
DOL: 02/13/2015

AMOUNT
*******$563.00

VOID 120 DAYS AFTER DATE OF ISSUE

PAY FIVE HUNDRED SIXTY-THREE AND 00/100 DOLLARS

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Memo Claim 140-379249 inv # 69335

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

CIG

⑈80013246⑈ ⑆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#
11/16/16 70283

EAMS#(s):
ADJ10114354
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06133888

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

Case: vs H K CHUN
Date Of Injury: 9/6/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/26/16	LEGAL_PREP	DEPO PREP @ L/O SCIF	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
09/22/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/31/16	PMT BY CHECK	DOS 8/26/16* # CU-317412	-156.50
11/14/16	PMT BY CHECK	DOS 9/22/16* # CU-319547	-250.00

BALANCE 0.00

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

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-319547**

Issue Date: 11/14/16
Doc #: 031700179

Medical

70283

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	06133888	**Date of Injury:**	09/06/15	
SSN: XXX-XX-		Employer name: SNOW PAINTING			Employer ID: 0000009080292140				
1	SF1-SPCA-248577	09/22/16	999Q9	Interpreter Deposit-	1	250.00	.00	375 G5	250.00
				Total Allowances:					**$250.00**

PAID NOV 16 [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.

MR

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

0133659003170017900 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#
04/10/17 71376

EAMS#(s):
ADJ10403836
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06192246

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

Case: vs HAWAIIAN POOLS & SPAS INC.
Date Of Injury: 4/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/17	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
04/07/17	PMT BY CHECK	DOS 2/23/17* # CS-632509	-250.00

BALANCE 0.00

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

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CS-632509**

Issue Date: 04/07/17
Doc #: 032150400

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06192246		**Date of Injury:** 04/27/16		
SSN: XXX-XX	Employer name: HAWAIIAN POOL & SPA INC.				Employer ID: 0000009031065150				
1	SF1-SPCA-279285	02/23/17	999Q9	Interpreter Deposit-	1	250.00	.00	A01	250.00
					Total Allowances:				**$250.00**

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.

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#
09/15/16	69489

EAMS#(s):ADJ9577274
ADJ9577747
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
05970712

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

Case: vs AMKO RECYCLING CENTER LLC
Date Of Injury: 2/13/14; 9/9/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB SBR	156.50
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
07/18/16	PMT BY CHECK	DOS 5/23/16* # CS-605845	-156.50
08/22/16	LEGAL_WCAB	MSC @ WCAB SBR	190.00
/ /	INTERPRETER:	MARTHA ESTEVEZ # 100682	0.00
09/13/16	PMT BY CHECK	DOS 8/22/16* # CS-612083	-190.00

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 #: **CS-612083**

Issue Date: 09/13/16
Doc #: 031491002

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05970712		**Date of Injury:** 02/13/14		
SSN: XXX-XX	Employer name: AMKO RECYCLING, LLC				Employer ID: 0000009035997130				
1	SF1-SPCA-240326	08/22/16	999Q9	Interpreter Deposit-	1	190.00	.00	375 G5	190.00
						Total Allowances:			**$190.00**

PAID SEP 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"

Joyce Altman Interpreters, 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 69274

EAMS#(s):
ADJ10088245
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30153969600

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

Case: vs RALPHS
Date Of Injury: 5/16/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/16	INITIAL EXAM	DR SUUTARI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/11/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/16/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/23/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS REYNA PINEDA # 301721	0.00
06/14/16	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/03/16	PMT BY CHECK	DOS 4/13/16-6/14/16* # 3127983	-820.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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
08/03/2016	820.00	3127983

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 0003763 00000000 001 001 03763 INS: 0 0
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

PAID AUG 0 8 2016

CLAIMANT NAME		LOSS DATE	CLAIM NUMBER	SSN
		05/16/2015	30153969600-0001	
Amount Paid:	820.00	Description:	Miscellaneous Medical	
Amount Billed:	820.00	Invoice:	69274	ICN: 194213398.338
Dates:	04/13/2016 – 06/14/2016	Comment:		

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

CHK0001 V1.56

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#
12/02/16 70594

EAMS#(s):
ADJ10473757
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
NEWC-0274

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

Case: vs FUJI FOOD PRODUCTS, INC.
Date Of Injury: 6/9/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/08/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
11/29/16	PMT BY CHECK	DOS 9/21/16-10/8/16* # 148763	-406.50

BALANCE 0.00

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

Mailing Information:

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

PAID DEC 02 2016

Claim Number: MEWC-0274
Claimant:
Date of Loss: 10/19/2015
Check Number: 148763
Check Date: 11/29/2016
Check Amount: $406.50
Type of Payment:
EP 108 - DEPOSITION COSTS

Location: 63 Fuji Food Products 14420 Bloomfield Avenue of Fuji Food Products, Inc.
For Period: 09/21/2016 to 10/08/2016
InvoiceNo: 70594
IRS #: 33-0956713
Handling Office: 703-Riverside, Roseville, CA

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.
on behalf of Starr Indemnity & Liability Insurance Company-4091/E
P.O. Box 1700
Rancho Cucamonga, CA 91729

Wells Fargo Bank, N A
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER
MEWC-0274

DATE
11/29/2016

CHECK NO
148763

PAY FOUR HUNDRED SIX AND 50/100

AMOUNT
***$406.50

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

Two signatures required over $25,000.00

⑈014876③⑈ ⑆121000248⑆ 2000039124654⑈

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

*** INVOICE ***

Date	NO#
02/05/16	68136

EAMS#(s):
ADJ10034512
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
WC10114146

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

Case: vs HUXTABLES KITCHEN
Date Of Injury: 4/22/14 - 4/22/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/02/16	PMT BY CHECK	DOS 1/4/16* # 8815734880	-250.00

BALANCE 0.00

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

FARMERS INSURANCE

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

February 2, 2016

MID-CENTURY INSURANCE COMPANY

Check Number: 8815734880
Date: 02/02/2016

Amount: $250.00******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

PAID FEB 05

68136

Claimant/Patient:
Insured: HUXTABLES KITCHEN INC
Date of Loss: 04/22/2015
Claim Number: WC10114146
Correspondence Reference: Z2B8B8FRN
Claim Representative: MISTY BEUTLER
Office Phone Number: 8185402220
Applicable Coverage: Workers' Compensation

Additional Information:
Invoice #68136 - C&R Reading ADJ10034512 If there are questions regarding the cashing of this check, please contact the Claim Handler at their toll free telephone number (888) 486-1451 or claims office at the address on the check.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
01/04/16 - 01/04/16	Other Specified Indemnity	$250.00		$250.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$3834.00
Temporary Total Disability (Ex. TX)	$2873.00

MR

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

010

01 01 000265 Z2B8B8FRN1 CE0203P1 02 [ ] 000366

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

*** INVOICE ***

Date	NO#
04/12/16	68275

EAMS#(s):ADJ10047336
ADJ9904418
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30153594902-0001; B510006

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

Case: s ROSS STORES
Date Of Injury: 3/4/15; 3/15-7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/08/16	PMT BY CHECK	DOS 1/18/16* # 0064187556	-156.50
03/01/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA EUGENIA PACO - CORTEZ # 100533	0.00
04/08/16	PMT BY CHECK	DOS 3/1/16* # 0064189587	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P6903028006

Sedgwick Claims Management Services, Inc
PO Box 14421
Lexington, KY 40512-4421

[redacted]

Electronic Service Requested

2 OF 2

ENV 7750

SINGLE PIECE

7750 0.5738 SP 0.465

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

13

DATE	CHECK AMT	CHECK NO.
04/08/2016	250.00	0064189587

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

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

Claimant Name	Loss Date	Claim Number
	03/04/2015	30153594902-0001

Amt Paid: 250.00
Amt Billed: 250.00
Dates: 03/01/2016-03/01/2016
Description: Miscellaneous Medical
Invoice: 68275
Comment:
ICN: 189565702.338

PAID APR 12 2016

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#
08/23/16	69682

EAMS#(s):
ADJ10193580
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E3V3071

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

Case: vs LEADER EMERGENCY VEHICLES
Date Of Injury: CT 8/24/14 - 8/24/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/16	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LB	313.00
/ /	INTERPRETER:	JOYCE C. ALTMAN # 300624 (AM)	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566 (PM)	0.00
08/18/16	PMT BY CHECK	DOS 6/8/16* # 896D 88189251	-313.00

BALANCE 0.00

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018884

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

SA09385

896D 88189251

TRAVELERS

DATE: 08/18/16
LOSS DATE: 08/25/15
FILE NUMBER: 152 CB E3V3071 F

EMPLOYEE

ACCOUNT NAME:
ALLIED SPECIALTY VEHICLES 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: 6/8/2016

TOTAL PAID: $313.00
TAX INFO: 330956713 Y C
PAY MISC: 69682
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID AUG 23 2016

FOR ADDITIONAL INFORMATION, CONTACT: BRISTOL J JACOBSON AT (909)612-3000

231009499
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#
12/05/16	69788

EAMS#(s):
ADJ9830626
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002762-000232-WC-01

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

Case: vs CBC FRAMING INC
Date Of Injury: 11/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/16	PR2/REEVAL	DR M. KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH CALDERON PARRENO # 101080	0.00
04/18/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
05/18/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/24/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/19/16	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
10/07/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
11/28/16	PMT BY CHECK	DOS 3/18/16-10/7/16* # 0132821010 GALLAGH	-1130.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THIS SERVES AS DEMAND FOR PAYMENT.

GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

002762 PAGE 1 OF 1 006317

MDG2009 00004827 1 MB 0419 1

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

PAID DEC 05 2016

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 916-576-8200
GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 002762 000232 WC 01 (CBC)
CLAIMANT:
DESCRIPTION: INV#69788

BRANCH NO.: 502
ACC DATE: 04Nov13

NO.: 0132821010
VN: 0000036530
DATE: 28Nov16

DATES OF SERVICE: 18Mar16 **THRU** 07Oct16
BENEFIT PERIOD: **THRU**

AMOUNT: 1130.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004827 005352 001 001

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#
08/23/16 69950

EAMS#(s):
ADJ10190903
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44022343

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

Case: vs CAPITOL LOGISTICS
Date Of Injury: CT 10/30/14-10/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/01/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/16/16	PMT BY CHECK	DOS 7/13/16-8/1/16* # 2218531	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 08/16/2016
Check Number : 2218531
Check Amount : $406.50

URSZ1F

OZ 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

jbt5a
00097

PAID AUG 23 2016

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44022343		10/30/2015	69950	Interpreter Fees -	08/01/2016	08/01/2016	$250.00
44022343		10/30/2015	69950	Interpreter Fees -	07/13/2016	07/13/2016	$156.50

MR

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Joyce Altman Interpreters, 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 69784

EAMS#(s):ADJ10340296
ADJ10340155
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
000808-080822-WC-01; 0008

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

Case: vs SODEXO
Date Of Injury: 10/7/13; 10/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/16	LEGAL_PREP	DEPO PREP @ L/O PEARLMAN, BORSKA & WAX	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
07/13/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/11/16	PMT BY CHECK	DOS 6/15/16-7/13/16* # 0130172997	-406.50

BALANCE 0.00

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

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

000808 PAGE 1 OF 1 004441

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

PAID AUG 16 2016

GALLAGHER BASSETT SERVICES INC
FOR NEW HAMPSHIRE INSURANCE CO

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

CLAIM NO.: 000808 080822 WC 01 (77179001)
CLAIMANT:
DESCRIPTION: INV #: 69784

BRANCH NO.: 165
ACC DATE: 07Oct13

NO.: 0130172997
VN: 0002251084
DATE: 11Aug16

DATES OF SERVICE: 15Jun16 **THRU** 13Jul16
BENEFIT PERIOD: **THRU**

AMOUNT: 406.50

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005301 006132 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#
08/17/16 69678

EAMS#(s):ADJ10204223
ADJ10204190
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
101950; 108861

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

Case: vs PERSONAL TOUCH CLEANING & MAIN
Date Of Injury: 7/17/15; 8/12-11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
08/15/16	PMT BY CHECK	DOS 6/15/16* # 0000911114	-250.00

BALANCE 0.00

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

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804
Omaha, NE 68103

Indemnity Payment

Check Date:	08/15/16
Service Begining:	06/15/16
Service Ending:	06/15/16

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	07/17/15	101950

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
69678	06/15/16-06/15/16	250.00	N/A	N/A	250.00

Messages

PAID AUG 17 2016

MR

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

CALIFORNIA INSURANCE COMPANY
P.O. Box 3804 Omaha, NE 68103

Union Bank of California, N.A.
716 Santa Cruz Ave., Menlo Park, CA 94025
11-491220

0000911114

Date: 08/15/16

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

to the order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy C Robb

VOID VOID VOID VOID VOID VOID VOID VOID

RRD SECURITY MARK® • RRD SECURITY MARK® • RRD SECURITY

⑈0000911114⑈ ⑆122000496⑆ 7000168038⑈

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

*** INVOICE ***
Date NO#
12/05/16 68353

EAMS#(s):
11/21/2016NOADJFOUND
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EUJ9676

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

Case: vs CUSTOM FOOD PRODUCTS
Date Of Injury: 2/13/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/16	SURGERY	DR PELTON: L/S & CTR @ MONROVIA HOSPITAL (6.5HR)	585.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/08/16	SURGERY	DR PELTON: LEFT SHOULDER @ MONROVIA HOSP (4 HR)	360.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/30/16	PMT BY CHECK	DOS 1/29/16-11/8/16* # 896D 88654742	-945.00

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.

019818

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

SA09862

896D 88654742

TRAVELERS

DATE: 11/30/16
LOSS DATE: 02/13/13
FILE NUMBER: 152 CB EUJ9676 K

EMPLOYEE

ACCOUNT NAME:
CTI FOODS HOLDING CO LLC

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

PAID DEC 05 2016

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Other

SERVICE DATE: 1/29/2016 TO: 11/8/2016

TOTAL PAID: $945.00
TAX INFO: 330956713 Y C
PAY MISC: 68353
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MR

FOR ADDITIONAL INFORMATION, CONTACT: INDIA J KING AT (909)612-3159

335009956
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#
07/27/16 69080

EAMS#(s):
ADJ10101300
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06049776

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

Case: vs TODAYS FRESH START
Date Of Injury: 11/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
05/13/16	PMT BY CHECK	DOS 5/13/16* # CU-287605	-90.00
06/10/16	PMT BY CHECK	DOS 4/8/16* # CU-292897	-66.50
06/09/16	LEGAL_WCAB	EXPEDITED HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/22/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
07/18/16	PMT BY CHECK	DOS 6/9/16* # CU-299765	-156.50
07/25/16	PMT BY CHECK	DOS 6/22/16* # CU-301067	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-301067**

Issue Date: 07/25/16
Doc #: 031316385

Medical

69080

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 06049776		**Date of Injury:** 11/03/14		
SSN: XXX-XX	Employer name: TODAY'S FRESH START CHRTR SCHL				Employer ID: 0000001718363140				
1	SF1-SPCA-230198	06/22/16	999Q9	Interpreter Deposit-	1	250.00	.00	375 G5	250.00

Total Allowances: **$250.00**

PAID JUL 27 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#
08/16/16 69548

EAMS#(s):
ADJ8670285
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0029212-008231-WC-01

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

Case: vs JACK IN THE BOX
Date Of Injury: 8/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/16	ADMISSION	DR MOSHE WILKER @ MONROVIA-HOSPITAL*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOME # 500341	0.00
05/05/16	SURGERY	DR WILKER: RTKNEE @ MONROVIA HOSPITAL (3HR 30MTS)	315.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/11/16	PMT BY CHECK	DOS 5/4/16-5/5/16* # 0130175856	-495.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

002912 PAGE 1 OF 1 004440

MDG2009 00005301 1 MB 0419 1

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

PAID AUG 16 2016

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

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

CLAIM NO.: 002912 008231 WC 01 (003380)
CLAIMANT:
DESCRIPTION: INV #: 69548

BRANCH NO.: 187
ACC DATE: 01Aug12

NO.: 0130175856
VN: 0000313979
DATE: 11Aug16

DATES OF SERVICE: 04May16 **THRU** 05May16
BENEFIT PERIOD: **THRU**

AMOUNT: 495.00

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005301 006131 001 003

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#
11/17/16	70250

EAMS#(s):
ADJ9953885
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
1010-15-04416

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

Case: vs V AND L PRODUCE
Date Of Injury: 4/11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/16	INITIAL EXAM	DR RAMESHNI @ ENHANCED-PRECISION CARE*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/11/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/24/16	INITIAL EXAM	DR BIPIN BHARATWAL @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/30/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/06/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/28/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/10/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/09/16	PMT BY CHECK	DOS 8/2/16-9/6/16* # 1498875	-1050.00

BALANCE 360.00

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

Check Date: 11/09/2016
Check Number: 1498875
Check Amount: $1,050.00

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,YRZ855

YRZ855

3/8/16 11:37 AM 4 0001903 20161109 LK3EK104 CHECK 1 oz DOM LK3EK10000* 161261 CK

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

PAID NOV 15 2016

Payment Summary

10101504416	04/11/2015	70250	180	08/02/2016	09/06/2016	$1,050.00

Category	Stub Notes	Stub Amount
180	ENHANCED PRECISION CARE - TRANSLATION	$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#
06/13/16	68252

EAMS#(s):
ADJ10348892
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
877C1589775

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

Case: vs CCL TUBE, INC.
Date Of Injury: 6/29/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/15	INITIAL EXAM	DR ROSARIO @ COAST PAIN MGMT* CPM	230.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/25/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
02/29/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/12/16	PMT BY CHECK	DOS 12/14/15-2/29/16* # DA75950780	-590.00
03/31/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
04/29/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/08/16	PMT BY CHECK	DOS 3/31/16-4/29/16* # DA76250646	-360.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMCD-001568-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 04/12/16

CHECK NO. **DA75950780**

STATEMENT

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

5900A11DA 00 00497 DA75950780
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
877C1589775

DOLLARS
$********590.00

* NOT NEGOTIABLE *

FOR
12/14/15 THRU 02/29/16 68252

CLAIMANT

DATE OF EVENT
06/29/15

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

PAID APR 15 2016

MR

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#
11/17/16	70349

EAMS#(s):ADJ10522822
ADJ10522826
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080335826-001; 208034274

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

Case: vs GOODWILL INDUSTRIES
Date Of Injury: 4/1/16; 5/14 - 8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/16	INITIAL EXAM	DR NEGIN RAMESHNI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049 DOI: 4/1/16	0.00
08/25/16	INITIAL EXAM	DR RAMESHNI @ EPC* DOI: 5/14 - 8/16	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/29/16	INITIAL ACUP	W/ ACUPUNCT JEONG HUN YOON @ EPC* DOI: 4/1/16	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/30/16	FOLLOW-UP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/31/16	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 5/14 - 8/16	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/01/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE* DOI: 5/14 - 8/16	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/19/16	PR2/REEVAL	PSYCH EVAL @ EPC W/DR PARVIN SALKELD*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/22/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 4/1/16	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/04/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 5/14 - 8/16	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/05/16	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 5/14 - 8/16	180.00
/ /	INTERPRETER:	JESUS A. 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#
11/17/16 70349

EAMS#(s):ADJ10522822
ADJ10522826
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080335826-001; 208034274

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

Case: , vs GOODWILL INDUSTRIES
Date Of Injury: 4/1/16; 5/14 - 8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/27/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
		DOI: 5/14 - 8/16	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/08/16	PMT BY CHECK	DOS 8/11/16-10/5/16*	-2000.00
		# 1101024118	

BALANCE 360.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

PAID NOV 15 2016

JOYCE ALTMAN INTERPRETERS INC
P.O. 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.

00258

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0335826 001 MR	WC 0119088	70349		04/01/16	08/11/16-10/05/16

Check Number	1101024118	Date Issued	11/08/16	Amount	$**2,000.00
Insured	Goodwill Serving the People of SOLAC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC P.O. BOX # 4165				
Requested By	Dinesh CG-Sridharan				
File Supervisor	Eva Reale	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,000.00		

TOTAL $2000.00

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#
10/07/16 69922

EAMS#(s):

SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
624-114-0314212

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

Case: vs SAM AG. SERVICE INC.
Date Of Injury: 6/24/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/17/16	ADMISSION	& SURGERY W/DR KEVIN PELTON: RT KNEE @ MONROVIA	540.00
/ /	-	(6HRS 5MIN)	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/03/16	PMT BY CHECK	DOS 6/17/16* # 688535	-540.00

BALANCE 0.00

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

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

Care West Insurance Company
P O Box 2710
Rocklin CA 95677

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

TAX ID#.: XXXXX6713
EMPLOYER: 1418 SAM AG SERVICES, INC.
CLAIM #.: 777-624-114-0314212 CLAIMANT:
D/A.....: 6/24/14 Examiner : MD1 Margarita Diaz

CHECK#.....: 688535 PMT VAL 1.....: M3 INTERPRETER AT MEDICAL EXAM
CHECK AMOUNT..: 540.00 RESERVE.....: ME MEDICAL
CHECK DATE....: 10/03/16 PAYMENT PERIOD: 6/17/16 - 6/17/16 /

REMARKS

69922

PAID OCT 07 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#
04/21/17 71334

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

EAMS#(s):
ADJ10317784
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
44021038

Case: , vs GOLDEN EAGLE CONSTRUCTION CORP
Date Of Injury: 12/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/17	SURGERY	DR KEVIN PELTON: LFT SHOULDER @ MONROVIA HOSPITAL	540.00
/ /	-	(6 HRS)	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/19/17	PMT BY CHECK	DOS 2/14/17* # 2268631	0.00
			-540.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/19/2017
Check Number : 2268631
Check Amount : $540.00

MRC22Z

oz 01 **RETURN SERVICE REQUESTED**

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927814165

n6n5a
00123

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44021038		12/23/2015	71334	Interpreter Fees -	02/14/2017	02/14/2017	$540.00

PAID
APR 21 2017

BY: .....

123-123
4014

42

Joyce Altman Interpreters, 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 69229

EAMS#(s):
NOADJFOUND06/10/2016
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E2G7051; E5Q2134

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

Case: vs F-S PRECISION TECH.
Date Of Injury: 7/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/16	INITIAL EXAM	DR NEGIN RAMESHNI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358 DOI: 7/25/14	0.00
04/12/16	INITIAL EXAM	DR RAMESHNI @ EPC* DOI: CT 2/28/15	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/13/16	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 7/25/14	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
04/22/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ ENHANCED PRECISION*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/10/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/17/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/18/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/07/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/14/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
06/22/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
06/30/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
07/15/16	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/19/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 7/25/14	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#
08/31/16 69229

EAMS#(s):
NOADJFOUND06/10/2016
SS # :
DOB :
Terms: 60 days
Claim #(s):
E2G7051; E5Q2134

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

Case: . vs F-S PRECISION TECH.
Date Of Injury: 7/25/14

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
07/26/16	PR2/REEVAL	DR RAMESHNI @ EPC*	180.00
		DOI: 2/15 - 2/16	
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
07/27/16	PR2/REEVAL	DR BHARATWAL @ EPC*	180.00
		DOI: 7/25/14	
/ /	INTERPRETER:	JESUS CASTILLO # 500	0.00
08/01/16	FOLLOW-UP	W/ ACUPUNCT HUN YOON @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/23/16	PMT BY CHECK	DOS 4/5/16-7/27/16*	-2900.00
		# 891A 8761143	

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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019452

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

SA09668

891A 87601143

TRAVELERS

DATE: 08/23/16
LOSS DATE: 07/25/14
FILE NUMBER: 158 CB EZG7051 N

EMPLOYEE

ACCOUNT NAME:
FU SHENG USA INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Other

SERVICE DATE: 4/5/2016 TO: 7/27/2016

TOTAL PAID: $2900.00
TAX INFO: 330956713 Y C
PAY MISC: 69229
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: CHRISTINA K SMITH AT (925)945-4230

236009784
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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/28/16 70128

EAMS#(s):
ADJ10496086
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
0545=WC-15-0000572

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: LINDA KSHASHAN
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: SELECT STAFFING
Date Of Injury: CT 6/27/15-6/27/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/28/16	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/30/16	PR2/REEVAL	DR GOUBRAN/DAVE FRANKE, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/09/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/16/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/23/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/15/16	PMT BY CHECK	FOR DOS 7/28/16-10/13/16 * # 3015819	-1180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CORVEL ENTERPRISE COMP, INC.
EMPLOYBRIDGE
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= EMPLO
11-24
1210(8)

CHECK NUMBER	CHECK DATE
3015819	11/15/16

Claim#: 0545-WC-16-0000771

PAY EXACTLY: *One thousand one hundred eighty and 00/100 Dollars*

******$1,180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈000301581 9⑈ ⑆121000248⑆ 4178 5234 11⑈

M

ATCH HERE

DETACH HERE

CORVEL

Explanation of Review

PAID
NOV 28 2016
BY: .....

Business Unit: CUS0234024-21-SELECT STAFFING
3820 State St
Santa Barbara, CA 93105

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3378320 - 1
Reprice: CA, 92781
Billed Date: 11/01/2016
Business Rcvd: 11/09/2016
MBR Rcvd: 11/09/2016
MBR Date: 11/15/2016
Date Approved: 11/15/2016
DOS From - To: 07/28/2016 - 10/13/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Khashan, Linda
Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL GOUBRAN
Patient Control #: 70128
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: 0545-WC-16-0000771
Processor Initials: LK
DOI: 06/27/2016
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
07/28/16	T1013 524. G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
08/30/16	T1013 524. G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
09/09/16	T1013 524. G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
09/16/16	T1013 524. G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$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#
06/22/16 69006

EAMS#(s):
ADJ10034317
SS # : XXX-XX-N/A
DOB :
Terms : 30 days
Claim #(s):
2080321347

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

Case: vs J&P PLUMBING
Date Of Injury: 6/9/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/16	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/21/16	INITIAL ACUP	W/ ACUPUNCT JUNGSOOK CHOI @ EPC*	230.00
/ /	INTERPRETER:	JOSUE CALDERON # 101193	0.00
04/11/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/11/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA PINEDA # 301721	0.00
05/25/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GUDALUPE MANRIQUEZ # 500090	0.00
06/16/16	PMT BY CHECK	DOS 3/14/16-4/11/16* # 1100857959	-640.00

BALANCE 360.00

* 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 4165

00273

PAID JUN 21 2016

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0321347 001 MR	WC 1055916	69006		06/09/15	03/14/16-04/11/16

Check Number	1100857959	Date Issued	06/16/16	Amount	$***640.00
Insured	Insured Solutions Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS, INC. PO BOX # 4165				
Requested By	Dinesh CG-Sridharan				
File Supervisor	Eva Reale	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	640.00		

TOTAL $640.00

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#
02/15/17	68684

EAMS#(s):
ADJ10160259
SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-15-10776

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

Case: vs PACIFIC METAL STAMPINGS
Date Of Injury: 8/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/29/16	PR2/REEVAL	DR M. KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
03/16/16	SHOCK WAVE	THERAPY W/DR SUUTARI @ GOFNUNG CHIRO*	150.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/22/16	SHOCKWAVE	THERAPY W/DR SUUTARI @ GOFNUNG CHIRO*	150.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/28/16	PR2/REEVAL	DR SUUTARI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
03/29/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/30/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/02/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/05/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/06/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
04/09/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/12/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	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#
02/15/17 68684

EAMS#(s):
ADJ10160259
SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-15-10776

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

Case: vs PACIFIC METAL STAMPINGS
Date Of Injury: 8/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/13/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/02/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
06/06/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
06/28/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/11/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
08/22/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
09/13/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL LAZCANO # 101143	0.00
10/03/16	P AND S	DR KRAVCHENKO @ GOFNUNG*	230.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
12/06/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/03/17	PMT BY CHECK	DOS 2/29/16-10/3/16* # 1605009	-3410.00

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#
02/15/17	68684

EAMS#(s):
ADJ10160259
SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-15-10776

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

Case: vs PACIFIC METAL STAMPINGS
Date Of Injury: 8/18/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for 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
15025 Innovation Drive
San Diego, CA 92128

Check Date: 02/03/2017
Check Number: 1605009
Check Amount: $3,410.00

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,ZKJJ57

ZKJJ57

12/11/16 4:29 PM 4 0001094 20170203 MB1EM103 CHECK 1 oz DOM MB1EM10000* 161281 CK

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

Payment Summary

10101510776		08/18/2015	68684	180	02/29/2016	10/03/2016	$3,410.00

Category	Stub Notes	Stub Amount
180	MEDICAL APPTS	$0.00

PAID
FEB 10 2017
BY: _____

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#
07/19/16 69280

EAMS#(s):ADJ9807508
ADJ9807511
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
PP-15-010101; PP-15-01009

BILL TO:
CORVEL CORPORATION (SACREM)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs ALCAL SPECIALTY CONTRACTING
Date Of Injury: 10/16/14; 8/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/16	INITIAL EXAM	DR GALAL GOUBRAN/DAVE FRANKE, P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/11/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/10/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/16/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/14/16	PMT BY CHECK	DOS 4/14/16-5/12/16* =# 6018591	-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#
07/19/16 69280

EAMS#(s):ADJ9807508
ADJ9807511
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
PP-15-010101; PP-15-01009

BILL TO:
CORVEL CORPORATION (SACREM)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs ALCAL SPECIALTY CONTRACTING
Date Of Injury: 10/16/14; 8/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 900.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent 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 ENTERPRISE COMP, INC.
PACIFIC COAST BUILDING PRODUCTS PAID ON BEHALF OF
SAFETY NATIONAL / SAFETY FIRST INSURANCE COMPANY
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= PCBP1
11-24
1210(8)

CHECK NUMBER	CHECK DATE
6018591	07/14/16

Claim#: PP-15-010101

PAY EXACTLY: *One thousand and 00/100 Dollars*

******$1,000.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

"000601859" :121000248: 4122 383730"

TACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: Alcal Riverside, Multi Product
1614 Marlborough Ave Unit S2
Riverside, CA 92507

Employer
Patient:

PAID JUL 18 2016

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3140173 - 1
Reprice: CA, 92781
Billed Date: 06/10/2016
Business Rcvd: 06/22/2016
MBR Rcvd: 06/22/2016
MBR Date: 07/13/2016
Date Approved: 07/13/2016
DOS From - To: 04/14/2016 - 05/12/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Leos, June
Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL GOURBRAN
Patient Control #: 69280
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: PP-15-010101
Processor Initials: JL
DOI: 10/16/2014
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/14/16	T1013 523, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
04/22/16	T1013 523, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$0.00	$230.00
04/27/16	T1013 523, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00
05/11/16	T1013 523, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$0.00	$180.00

WR

Joyce Altman Interpreters, 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 69392

EAMS#(s):
ADJ10282880
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH-042385

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

Case: vs IHSS
Date Of Injury: 12/12/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/16	INITIAL ACUP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/25/16	FOLLOW-UP	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
04/26/16	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/02/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/11/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/10/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
05/19/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
05/20/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/23/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/24/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
06/02/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/03/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/06/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG	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#
08/16/16 69392

EAMS#(s):
ADJ10282880
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH-042385

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

Case: vs IHSS
Date Of Injury: 12/12/15

DOS	SERVICE	DESCRIPTION	AMOUNT
		CHIRO*	
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/13/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/16/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
06/20/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
06/23/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
06/24/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
06/28/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/30/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/07/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/08/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
07/11/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
07/14/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
07/26/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	U GLADYS PINEDA REYNA # 301721	0.00
08/08/16	PMT BY CHECK	DOS 4/21/16-6/30/16*	-3520.00
		# 64-936294	

Joyce Altman Interpreters, 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	69392

EAMS#(s):
ADJ10282880
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
SCIH-042385

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

Case: vs IHSS
Date Of Injury: 12/12/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 900.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent 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.

STATE OF CALIFORNIA

WARRANT NUMBER 64-936294

THE TREASURER OF THE STATE WILL PAY OUT OF THE FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO. XXXXX856

5180 MO. 08 DAY 08 YR. 2016

90-1342/1211

64936294

TO: 936294
--- JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781

DOLLARS	CENTS
$****3520.	00

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/89) CONTROLLERS WARRANT

⑈121113423⑈ 64936294 20⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

64-936294

ISSUE DATE: 08/08/2016
CLAIM NUMBER: SCIH-042385
CLAIMANT NAME:
DATE OF INJURY: 12-12-2015
PAY DESCRIPTION: INTERPRETER MED
PERIOD FROM - PERIOD TO: 04-21-2016 - 06-30-2016

69392

PAID AUG 12 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#
08/04/16 69186

EAMS#(s):
ADJ10271337
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
GX575

BILL TO:
ALASKA NATIONAL INS. (SAN FR)
W. C. DEPARTMENT
ATTN: JEFF LAU
P.O. BOX # 193970
SAN FRANCISCO, CA 94119-3970

Case: vs SALUS HOMECARE ORANGE COUNTY
Date Of Injury: 4/7/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/16	LEGAL_PREP	DEPO PREP @ L/O LAUGHLIN FALBO	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
05/12/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
07/28/16	PMT BY CHECK	DOS 5/12/16* =# 877762	-250.00

BALANCE 156.50

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

ALASKA NATIONAL INSURANCE COMPANY
601 California Street, Suite 1000, San Francisco, CA 94108-2804
(415) 248-5030

WELLS FARGO BANK ALASKA, N.A.

877762

89-5/1252

CLAIM #	DATE	CHECK AMOUNT
BULK# 0132	07/28/2016	*********$250.00

PAY *Two Hundred And Fifty And 00/100 US Dollars*

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

AMOUNTS OVER $5000 REQUIRE TWO SIGNATURES

THE FACE OF THIS DOCUMENT CONTAINS VARIABLE SHADES OF BLUE AND RED ON WHITE PAPER - VOID IF SIMULATED WATERMARK OF ALASKA NATIONAL LOGO DOES NOT APPEAR ON BACK

⑈0087776 2⑈ ⑆121000248⑆ 405000 29 14⑈

ALASKA NATIONAL INSURANCE COMPANY
601 California Street, Suite 1000, San Francisco, CA 94108-2804
(415) 248-5030

CHECK NUMBER	877762
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
GX575-00 14G WY 09786	04/07/2015	SALUS HEALTHCARE, LLC DOS:04/20/16 CPT/HCPCS: T1013 EOB Attached Acct#: 69186	0.00 MINTRP
GX575-00 14G WY 09786	04/07/2015	SALUS HEALTHCARE, LLC DOS:05/12/16 CPT/HCPCS: T1013 EOB Attached Acct#: 69186 —1	250.00 MINTRP

PAID AUG 01 2016

MR

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT 250.00

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 69274

EAMS#(s):
ADJ10088245
SS # :
DOB :
Terms: 60 days
Claim #(s):
30153969600

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

Case: vs RALPHS
Date Of Injury: 5/16/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/16	INITIAL EXAM	DR SUUTARI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/11/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/16/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/23/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS REYNA PINEDA # 301721	0.00
06/14/16	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/03/16	PMT BY CHECK	DOS 4/13/16-6/14/16* # 3127983	-820.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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DATE	CHECK AMOUNT	CHECK NUMBER
08/03/2016	820.00	3127983

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 0003763 00000000 001 001 03763 INS: 0 0
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

CLAIMANT NAME	LOSS DATE	CLAIM NUMBER	SSN
	05/16/2015	30153969600-0001	

Amount Paid: 820.00
Amount Billed: 820.00
Dates: 04/13/2016 – 06/14/2016
Description: Miscellaneous Medical
Invoice: 69274
Comment:
ICN: 194213398.338

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

CHK0001 v1.56

[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#
09/01/16 69870

EAMS#(s):
ADJ10378677
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30165667891-CC01

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

Case: vs KIMCO STAFFING SERVICES
Date Of Injury: 3/31/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
08/01/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/29/16	PMT BY CHECK	DOS 6/21/16-8/1/16* # 0073136162	-406.50

BALANCE 0.00

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

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

[redacted]

Electronic Service Requested

2016082916 18

1 OF 1

ENV 2156

SINGLE PIECE

2156 0.3820 SP 0.465

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

4

DATE	CHECK AMT	CHECK NO.
08/29/2016	406.50	0073136162

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

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

PAID SEP 01 20

Claimant Name	Loss Date	Claim Number
	03/31/2016	30165667891-0001

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 69870
Dates: 06/21/2016-08/01/2016 Comment:

ICN: 301656678910001

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#
10/14/16	69952

EAMS#(s):ADJ10194989 ADJ10195300
ADJ10195097
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002912009893WC01; 0029120

BILL TO:
GALLAGHER BASSETT/CHUBB SVCS
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 2934
CLINTON, IA 52733

Case: vs JACK IN THE BOX
Date Of Injury: 3/1/13; 1/15 - 11/15

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/16	LEGAL_PREP	DEPO PREP @ L/O STOCKWELL, HARRIS & WOLVERTON	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
09/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/09/16	PMT BY CHECK	DOS 7/14/16-9/2/16* # 0131617359	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

002912 PAGE 1 OF 1 001388

MDG2009 00000563 1 MB 0419 1

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

PAID OCT 14 2016

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INS CO

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

CLAIM NO.: 002912 009700 WC 01 (000233)
CLAIMANT:
DESCRIPTION: INV#69952

BRANCH NO.: 187
ACC DATE: 31Aug15

NO.: 0131617359
VN: 0000319925
DATE: 09Oct16
AMOUNT: 406.50

DATES OF SERVICE: 14Jul16 **THRU** 02Sep16
BENEFIT PERIOD: **THRU**

**

MP

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000563 000737 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#
12/27/16 66440

EAMS#(s):ADJ9680466
ADJ6979663
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMH28791

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

Case: vs COASTAL COMMUNITIES HOSPITAL
Date Of Injury: 9/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/07/15	LEGAL_WCAB	STATUS CONF. @ WCAB SA	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
08/25/15	PMT BY CHECK	DOS 07/07/15-07/07/15* # 124585133 0	-156.50
12/02/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/19/16	PMT BY CHECK	DOS 12/2/16* # 126734574 8	-250.00

BALANCE 0.00

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

THE HARTFORD
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2305665

MB 01 000515 29852 B 3 C

000515 1/1

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

PAID [illegible]

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
66440 09/02/2009	72WE ZO4285 YMHC 28791	COASTAL COMMUNITIES HOSPITAL	$250.00

Nature of Benefits:	Nature of Payment:	Service Dates	Amount
Interpreter Fees at Hearing	Payment Reason - Interpreter Fees at Hrng	12/02/2016 12/02/2016	$250.00

Claim Handler: LISA MUZYKA
8664019222 x2305665
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:
Interpreter for reading of C&R documents at attorney office

Issue Date	12/19/2016	Check Number	126734574 8	Total Check Amount	$250.00

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

112597752

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

*** INVOICE ***

Date	NO#
12/30/16	70589

EAMS#(s):
ADJ9950368
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
ECEW-0840

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

Case: vs HELLO POWER INC
Date Of Injury: 3/23/15

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/16	PRE-OP	DR JARCHI @ MONROVIA HOSPITAL *	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
10/10/16	ADMISSION	DR BURNHAM @ MONROVIA HOSP. (2hrs 10mins)	202.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/11/16	SURGERY	DR BURNHAM: C/S @ MONROVIA HOSP (5 hrs)	450.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/27/16	PMT BY CHECK	DOS 10/5/16-10/11/16* # 209610	-832.00

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.

Mailing Information:

PAID DEC 30 2016

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

Claim Number:	ECEW-0840
Claimant:	
Date of Loss:	03/23/2015
Check Number:	209610
Check Date:	12/27/2016
Check Amount:	$832.00
Type of Payment:	EP 61 - MISC. ALL OTHER
Location:	215 Primary Location of HelioPower, Inc.
For Period:	10/05/2016 to 10/11/2016
InvoiceNo:	70589
IRS #:	33-0956713
Handling Office:	369-Energi - WC, Columbus, OH

MR

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

HDI GLOBAL YORK ENERGI
(D/6840)
P.O. Box 182364
Columbus, OH 43218

Wells Fargo Bank, N.A.
190 River Road
Summit, NJ 07901-1444
55-2/212

REF. NUMBER	
ECEW-0840	
DATE	CHECK NO.
12/27/2016	209610
AMOUNT	
***$832.00	

EIGHT HUNDRED THIRTY-TWO AND 0/100

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
[illegible] P.O. BOX 4165
TUSTIN, CA 92781-4165

Richard H. Talbot

2ND SIGNATURE REQUIRED FOR AMOUNTS OVER $25,000

⑈209610⑈ ⑆121000248⑆ 4687298901⑈

Joyce Altman Interpreters, 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	69700

EAMS#(s):
ADJ9108665
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05915876

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

Case: vs RESTFUL HOMES
Date Of Injury: 8/7/13

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/16	LEGAL_WCAB	MSC @ WCAB LOS ANGELES	156.50
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
07/06/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
08/02/16	PMT BY CHECK	DOS 6/16/16* # CP-930599	-156.50
08/19/16	PMT BY CHECK	DOS 76/16* # CP-933696	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-933696**

Issue Date: 08/19/16
Doc #: 031412496

Medical

69709

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:** 05915876		**Date of Injury:** 08/07/13		
SSN: XXX-XX-	Employer name: RESTFUL HOMES			Employer ID: 0000009056214130					
1	SF1-SPCA-236330	06/16/16	999Q9	Interpreter Deposit-	1	156.50	156.50	224 G56	.00
2	SF1-SPCA-236330	07/06/16	999Q9	Interpreter Deposit-	1	250.00	.00	A01	250.00
				Total Allowances:					**$250.00**

PAID 10688 IDS

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"

0133376903141249600 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#
08/25/16	68559

EAMS#(s):
ADJ10294962
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2163833

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

Case: vs BEMUS LANDSCAPE
Date Of Injury: 8/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/16	INITIAL ACUP	W/ ACUPUNCT CHOI & INITIAL PHYS TX/CHIRO TX	230.00
/ /	-	W/DR HA @ SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/11/16	INITIAL EXAM	DR TRUJILLO/GROUBAN @ SIDHU*	230.00
/ /	INTERPRETER:	AMY SANCHEZ # 003674	0.00
02/24/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/07/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX & F/U CHIRO TX	180.00
/ /	-	W/DR HA @ SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/09/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/14/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/12/16	PR2/REEVAL	DR GOUBRAN/MIRZABEIGI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/08/16	FOLLOW UP	PHYSICAL THERAPY & CHIRO TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	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#
08/25/16 68559

EAMS#(s):
ADJ10294962
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2163833

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

Case: vs BEMUS LANDSCAPE
Date Of Injury: 8/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/22/16	F/U CHIRO TX	CHIRO TREATMENT & PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/27/16	F/U CHIRO TX	CHIRO TREATMENT & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/21/16	PR2/REEVAL	DR GOUBRAN/TRUJILLO, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/15/16	PMT BY CHECK	DOS 2/17/16-6/27/16* # 01279777	-2350.00

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01279777
2163833-1
SWC1052952

DATE	AMOUNT
8/25/2016	$2,350.00

PAY Two Thousand Three Hundred Fifty and 0/100s Dollars
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

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

VOID AFTER 90 DAYS

CHECK DATE • COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

⑈01279777⑈ ⑆072000805⑆ 790026146⑈

Check Number	01279777
Claim Number:	2163833-1
Bill Number:	1
Invoice Number:	
Policy / Insured:	SWC1052952/Bemus Landscape, Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/14/2015
Location:	CA
Examiner Code:	23558

PAID 08/28/16

Amount:	$2,350.00
Dates of Service:	2 (4/7/16-6/27/2016
Explanation:	68559
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P O. Box 89404
Cleveland, OH 44101
844-601-7760

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#
09/09/16 69337

EAMS#(s):
ADJ9852532
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33043499

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

Case: vs STATES DRAWER BOX
Date Of Injury: CT 5/1/13 - 11/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/16	LEGAL_WCAB	FULL DAY EXPEDITED HEARING @ WCAB LONG BEACH	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/08/16	PMT BY CHECK	DOS 5/9/16* # 0625301	-313.00
07/19/16	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LB	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/01/16	PMT BY CHECK	DOS 7/19/16* # 0657539	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 09/01/2016
Check Number : 0657539
Check Amount : $313.00

5JYZ1X

oz 01 **RETURN SERVICE REQUESTED**
JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

lzx5a
00053

D

PAID SEP 08 2

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33043499		09/20/2013	69337	Interpreter Fees -	07/19/2016	07/19/2016	$313.00

53-53
4014

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#
09/09/16	70051

EAMS#(s):
ADJ9821095
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
1010-14-05485

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

Case: vs SCHROEDER MANAGEMENT
Date Of Injury: 6/13/14

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
09/02/16	PMT BY CHECK	DOS 7/21/16* # 1414617	-250.00

BALANCE 0.00

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

Check Date: 09/02/2016
Check Number: 1414617
Check Amount: $250.00

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,34J15K

34J15K

3/8/16 11:37 AM 4 0000847 20160902 LI14R102 CHECK 1 oz DOM LI14R10000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101405485		06/13/2014	70051	492	07/21/2016	07/21/2016	$250.00

Category	Stub Notes	Stub Amount
492	70051 - Interpreting for C&R Reading	$0.00

PAID SEP 09 2016
PAID SEP 09 2016

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#
01/12/17 70751

EAMS#(s):
ADJ10565886
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
33073548

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

Case: vs REPLANET HOLDINGS INC
Date Of Injury: 3/8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/16	ADMISSION	& SURGERY W/DR WALTER BURNHAM :L/S @ MONROVIA HOSP	810.00
/ /	-	(8 HRS 50 MIN)	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/09/17	PMT BY CHECK	DOS 10/18/16* # 0703270	-810.00

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.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 01/09/2017
Check Number : 0703270
Check Amount : $810.00

CT812W

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

6pg5a
00044

PAID
JAN 12 2017

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33073548		03/08/2016	70751	Interpreter Fees -	10/18/2016	10/18/2016	$810.00

014

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#
09/12/16 70239

EAMS#(s):
ADJ10277865
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
126747WC2016

BILL TO:
PATRIOT RISK SVCS (W.H. 746)
W. C. DEPARTMENT
ATTN: ANITA GARZON
P.O. BOX 746
WOODLAND HILLS, CA 91365

Case: vs VIRGIL REHAB/SKILLED NURSING
Date Of Injury: CT 6/1/13 - 1/9/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/30/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
07/27/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/29/16	LEGAL_WCAB	STATUS CONFERENCE @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/06/16	PMT BY CHECK	DOS 6/30/16-7/27/16* =# 0020272 PATRIOT	-406.50

BALANCE 156.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

3O NATIONAL CASUALTY COMPANY
) Box 958470
ke Mary, FL 32795

BANK OF AMERICA

DATE: 09/06/16

NO. **0020272**

63-4/630

CLAIM NUMBER	DATE OF INJURY	EMPLOYEE	PAYEE IRS NUMBER
26747WC2016	01/09/16		330956713

AY FOUR HUNDRED SIX AND 50/100 DOLLARS **$406.50**

VOID AFTER 90 DAYS

To The Order Of **JOYCE ALTMAN INTERPRETERS, INC.**
PO Box 4165
Tustin CA 927810000

⑈0020272⑈ ⑆063000047⑆ 898052404921⑈

PLEASE CASH OR DEPOSIT THE ABOVE CHECK AS SOON AS POSSIBLE AND RETAIN THIS PORTION FOR YOUR RECORDS

592

NATIONAL CASUALTY COMPANY
8877 GAINEY CENTER DRIVE
SCOTTSDALE AZ 85258

70239-1
69902

'EE: JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 927810000

ID#: 330956713 0

LOYER:

IM #: 126747WC2016 CLAIMANT:

E OF INJURY: 01/09/16 ADJUSTER: SHAVONTE WILLIAMS

PAID SEP 09

CK NUMBER: 20272 PAYMENT VALUE: LI LANGUAGE INTERPRETING SERVICE

CK AMOUNT: 406.50 RESERVE: E EXPENSE

CK DATE: 09/06/16 PAYMENT PERIOD: 06/30/16 - 07/27/16 WEEKS/DAYS: 4 / 0

REMARKS

70239 DEPO PREP MARIA PACO CORTEZ & GLADYS PINEDA REYNA

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#
09/06/16	69735

EAMS#(s):ADJ10166852
ADJ7839083
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
002647004940WC01

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

Case: vs HAMPTON INN AND SUITES HIGHLAN
Date Of Injury: 5/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/16	SURGERY	DR MOSHE WILKER: RIGHT SHLDR @ MONROVIA HOSPITAL	540.00
/ /	-	(6 HRS)	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/01/16	PMT BY CHECK	DOS 6/2/16* # 0000215530	-540.00

BALANCE 0.00

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

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

002647 PAGE 1 OF 1 003744

MDG2009 00005112 1 MB 0419 1

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

6

PAID SEP 06

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF HARTFORD INS /
FOR VENTURE HOSPITALITY

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 002647 004940 WC 01 (0052300007)
CLAIMANT:
DESCRIPTION: INV#69735

DATES OF SERVICE: 02Jun16 **THRU** 02Jun16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 25May11

NO.: 0000215530
VN: 0000350232
DATE: 01Sep16
AMOUNT: 540.00

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005112 005847 001 002

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#
09/15/16 69290

EAMS#(s):
ADJ10262510
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30165252469

BILL TO:
SEDGWICK/SRS INS (LEX14154)
W. C. DEPARTMENT
ATTN: ERIN KIMMET
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs CP OPCO LLC DBA CLASSIC PARTY
Date Of Injury: CT 1/1/03 - 1/10/16

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
07/18/16	LEGAL_PREP	DEPO PREP @ COURT REPORTERS SIGNAL HILLS	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
08/09/16	PMT BY CHECK	DOS 4/27/16* # 0070829486	-156.50
08/17/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNSI FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
09/06/16	PMT BY CHECK	DOS 8/17/16* # 0070832752	-250.00

BALANCE 156.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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P0903028000

20160916614

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

[redacted]

Electronic Service Requested

2 OF 2

ENV 2306

SINGLE PIECE

2306 0.5738 SP 0.465

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

5

DATE	CHECK AMT	CHECK NO.
09/06/2016	250.00	0070832752

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

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

Claimant Name	Loss Date	Claim Number
	01/10/2016	30165252469-0001

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 69290
Dates: 08/17/2016-08/17/2016 Comment:

ICN: 301652524690001

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#
09/01/16	69059

EAMS#(s):
ADJ9638585
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
4919639

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

Case: vs CHATSWORTH PARK HEALTHCARE CTR
Date Of Injury: CT 3/1/09 - 9/12/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/16	PR2/REEVAL	DR LABUNSKY @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/13/16	PR2/REEVAL	DR MAYYA KRAVCHENKO @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
05/07/16	PR2/REEVAL	DR LABUNSKY @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/29/16	PMT BY CHECK	DOS 3/19/16-5/7/16* =# 0000014167	-540.00
07/22/16	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
08/26/16	PMT BY CHECK	DOS 3/19/16-7/22/16* =# 0000014460	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P9741028001

20160829161O

Matrix Absence Management, Inc.
2421 W. Peoria Avenue, Suite 200
PHOENIX, AZ 85029-4940

Electronic Service Requested

4 OF 4 F

ENV1427

MIXED AADC 926
1427 0.8765 MB 0.416

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

129

PAID SEP 01 2016

69059

Claim: 4919639 / , Accident date: 09/12/2014, Jurisdiction State: California.
Insured: Chatsworth Park Health Care Center, Policy: LDM4045766.

The payment is for Language Interpreter - paid under Medical from 03/19/2016 to 07/22/2016.
Check: 0000014460, issued: 08/26/2016, for: $180.00, for: Medical, Invoice: 26162301517400

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

Please refer to the attached explanation of review number: 26162301517400

Joyce Altman Interpreters, 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 66107

EAMS#(s):
ADJ9827921
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
YMQ41699C

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

Case: vs KOT ELECTRIC INC.
Date Of Injury: 9/11/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
06/29/15	PMT BY CHECK	DOS 6/2/15* # 124307923 1	-156.50
07/10/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
07/24/15	PMT BY CHECK	DOS 07/10/15-07/10/15* #124433318 2	-250.00
09/12/16	LEGAL_WCAB	FULL DAY MSC @ WCAB LB	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
10/05/16	PMT BY CHECK	DOS 9/12/16* # 126421472 3	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2308197

MB 01 001156 70484 B 6 A

PAID OCT 12 2016

001156 1/1

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

66107

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
09/11/2014	84WEC AA4699 YMQC 41699	YURY KOTLERMAN		$313.00
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 09/12/2016 09/12/2016	$313.00

Claim Handler: LINDA SLAVIK
8664019222 x2308197
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	10/05/2016	Check Number	126421472 3	Total Check Amount	$313.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

111803466

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

*** INVOICE ***
Date NO#
10/07/16 69946

EAMS#(s):
ADJ7526522
SS # :
DOB :
Terms: 60 days
Claim #(s):
0216638-BIMWWC

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

Case: vs LANDWIN MANAGEMENT
Date Of Injury: 2/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/17/16	SURGERY	DR KEVIN PELTONL RT SHOULDER (8HR 5MIN)	720.00
/ /	-	@ MONROVIA MEDICAL HOSPITAL	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/04/16	PMT BY CHECK	DOS 6/17/16* # 138327	-720.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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BENCHMARK INSURANCE COMPANY

INSURED
Landwin Management, Inc, Landwin Hospita
Claimant

Check No:	138327
Check Amt:	$720.00
Check Date:	10/04/2016
Claimant:	
Soc. Sec. No:	
Claim No:	0216638-BIMWWC
Date of Loss:	02/04/2010
Adjuster:	Cadle, Jo Anna
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	06/17/2016 To: 06/17/2016
Invoice No:	

Payable Comment

BENCHMARK INSURANCE COMPANY

INSURED
Landwin Management, Inc, Landwin Hospita
Claimant

Check No:	138327
Check Amt:	$720.00
Check Date:	10/04/2016
Claimant:	
Soc. Sec. No:	
Claim No:	0216638-BIMWWC
Date of Loss:	02/04/2010
Adjuster:	Cadle, Jo Anna
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	06/17/2016 To: 06/17/2016
Invoice No:	

Payable Comment

69946

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

*** INVOICE ***
Date NO#
10/03/16 61575

EAMS#(s):
ADJ8934953
SS # :
DOB :
Terms: 60 days
Claim #(s):
SCIH-037480

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

Case: vs IHSS
Date Of Injury: 1/28/13

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/14	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/09/14	PMT BY CHECK	DOS 4/16/14* # 60-391594	-156.50
06/10/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/21/14	PMT BY CHECK	DOS 4/16/14-6/10/14* # 60-593813	-250.00
07/13/16	LEGAL_WCAB	MSC @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/05/16	PMT BY CHECK	DOS 7/13/16* # 64-933958	-156.50
09/01/16	LEGAL_WCAB	FULL DAY TRIAL @ WCAB LB	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
09/29/16	PMT BY CHECK	DOS 9/1/16* # 65-257141	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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STATE OF CALIFORNIA

WARRANT NUMBER 65-257141

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

XXXXX176

FUND NO. 0001 FUND NAME GENERAL FUND

5180

MO. 09 DAY 29 YR. 2016

90-1342/1211

65257141

DOLLARS $*****313.00 CENTS

TO: 257141
--- JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX # 4165
TUSTIN CA 92781

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/99) CONTROLLERS WARRANT

⑆121134231⑆ 65257141⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

65-257141

ISSUE DATE: 09/29/2016
CLAIM NUMBER: SCIH-037480
CLAIMANT NAME:
DATE OF INJURY: 01-28-2013
PAY DESCRIPTION: INTERPRETER MED
PERIOD FROM - PERIOD TO: 04-16-2014 - 09-01-2016

61575

D

PAID 10/08/16

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#
10/17/16	70014

EAMS#(s):ADJ10494089
ADJ10494054
SS # :
DOB :
Terms: 60 days
Claim #(s):
011260-055505-WC-01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 6/6/16; 6/8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/19/16	INITIAL EXAM	DR NEGIN RAMESHNI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049 DOI: 6/6/16	0.00
07/26/16	INITIAL EXAM	DR NEGIN RAMESHNI @ EPC* DOI: CT 6/16 - 7/16	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/01/16	INITIAL ACUP	W/ ACUPUNCT JEONG HUN YOON @ EPC*	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/04/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC* DOI: 6/16-7/16	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/08/16	FOLLOW-UP	W/ ACUPUNCT HUN YOON @ EPC*	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/10/16	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 6/6/16	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
08/11/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
08/25/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 6/6/16	180.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
08/30/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 6/6/16	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
09/14/16	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 6/6/16	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500341	0.00
09/30/16	PMT BY CHECK	DOS 7/19/16-8/25/16* # 0131429410	-1590.00

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	70014

EAMS#(s):ADJ10494089
ADJ10494054
SS # :
DOB :
Terms: 60 days
Claim #(s):
011260-055505-WC-01

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

Case: vs CITISTAFF SOLUTIONS INC
Date Of Injury: 6/6/16; 6/8/16

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 360.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

011260 PAGE 1 OF 1 004754

MDG2009 00007341 1 MB 0419 1

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011260 055505 WC 01 (4020150-01)
CLAIMANT:
DESCRIPTION: INV #: 70014

DATES OF SERVICE: 19Jul16 **THRU** 25Aug16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 08Jun16

NO.: 0131429410
VN: 0001197621
DATE: 30Sep16
AMOUNT: 1590.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0007341 008338 001 002

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#
03/23/16	68110

EAMS#(s):ADJ10089649
ADJ10132126
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2011629

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

Case: vs WILSON BURGERS
Date Of Injury: 5/1/15

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
01/20/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/25/16	PMT BY CHECK	DOS 12/15/15* # 002056458	-156.50
02/25/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
03/17/16	PMT BY CHECK	DOS 1/20/16* # 02090130	-250.00

BALANCE 156.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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TECHNOLOGY INSURANCE CO (Claims Funding)
PO Box 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
02090130
2011629-1
TWC3474484

DATE	AMOUNT
3/17/2016	$250.00

PAY Two Hundred Fifty and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To

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

VOID AFTER 90 DAYS

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈02090130⑈ ⑆021309379⑆ 6018775333⑈

Check Number	02090130
Claim Number:	2011629-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	TWC3474484/Youn, Jeong Wook (An Individual)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	5/1/2015
Location:	CA -
Examiner Code:	smiller

PAID MAR 21 2016

Amount:	$250.00
Dates of Service:	1/20/2016-1/20/2016
Explanation:	68110
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

on behalf of Technology Insurance Company
AmTrust North America
P.O. Box 4026
Concord, CA 94524
858-385-4040

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#
10/03/16	69280

EAMS#(s):ADJ9807539
ADJ9807511
SS # :
DOB :
Terms: 60 days
Claim #(s):
PP-15-010101; PP-15-01009

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs ALCAL SPECIALTY CONTRACTING
Date Of Injury: 10/16/14; 8/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/16	INITIAL EXAM	DR GALAL GOUBRAN/DAVE FRANKE, P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/11/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/10/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/16/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/14/16	PMT BY CHECK	DOS 4/14/16-5/12/16* =# 6018591	-1000.00
07/20/16	PMT BY CHECK	DOS 6/10/16-6/16/16* =# 6018684	-540.00
07/26/16	PMT BY CHECK	DOS 6/22/16* =# 6018821	-360.00
07/21/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/25/16	PMT BY CHECK	DOS 7/21/16* =# 6019369	-180.00
08/25/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	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#
10/03/16	69280

EAMS#(s):ADJ9807508
ADJ9807511
SS # :
DOB :
Terms: 60 days
Claim #(s):
PP-15-010101; PP-15-01009

BILL TO:
CORVEL CORPORATION (SAC)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs ALCAL SPECIALTY CONTRACTING
Date Of Injury: 10/16/14; 8/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
09/27/16	PMT BY CHECK	DOS 8/25/16* =# 6020085	-180.00

BALANCE 0.00

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

CORVEL ENTERPRISE COMP, INC.
PACIFIC COAST BUILDING PRODUCTS PAID ON BEHALF OF
SAFETY NATIONAL / SAFETY FIRST INSURANCE COMPANY
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= PCBP1
11-24
1210(8)

CHECK NUMBER	CHECK DATE
6020085	09/27/16

Claim#: PP-15-010101

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

Richard Schweppe

⑈000602008 5⑈ ⑆121000248⑆ 4122 383730⑈

ATACH HERE

CORVEL
Explanation of Review

DETACH HERE

Business Unit: Alcal Riverside, Multi Product
1614 Marlborough Ave Unit S2
Riverside, CA 92507

Employer
Patient:

Patient DOB: 11/11/1991

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3295347 - 1
Reprice: CA, 92780
Billed Date: 09/19/2016
Business Rcvd: 09/22/2016
MBR Rcvd: 09/22/2016
MBR Date: 09/26/2016
Date Approved: 09/26/2016
DOS From - To: 04/14/2016 - 09/19/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Leos, June
Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL GOUBRAN
Patient Control #: 69280
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: PP-15-010101
Processor Initials: JL
DOI: 10/16/2014
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/14/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [3140173.48]								
04/22/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [3140173.48]								
04/27/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [3140173.48]								

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#
03/25/16	68425

EAMS#(s):
ADJ8998029
SS # : XXX-XX
DOB :
Terms : 45 days
Claim #(s):
CA-363159

BILL TO:
LUMBERMAN'S UNDERWRITING (FL)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 3061
BOCA RATON, FL 33431

Case: vs TRI-STATE STAFFING
Date Of Injury: CT 4/1/12 - 11/1/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/22/16	PMT BY CHECK	DOS 2/4/16* # 001703158	-250.00

BALANCE 0.00

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

63-4
630

363159

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership
BOCA RATON, FLORIDA 33431

001703158

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
11-01-12	58397-3254	422615	WC-CA-363159	MARCH 22, 2016

001703158

INSURED TS STAFFING SERVICES INC
CLAIMANT

PAYEE TAX ID: 330956713

NATURE OF PAYMENT FROM 02-04-16 TO 02-04-16 C&R TRANSLATION 68425

PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS

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

BANK OF AMERICA, N.A.

$ ********250.00

VOID IF NOT CASHED WITHIN 6 MONTHS

Bruce Beaty
AUTHORIZED SIGNATURE

COUNTERSIGNATURE MAY BE REQUIRED

HTO

RUB RED IMAGE FADES WITH HEAT

INSURING THE FUTURE LUA SINCE 1915

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈001703158⑈ ⑆063000047⑆ 003601187388⑈

LUMBERMEN'S UNDERWRITING ALLIANCE In Receivership

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

Check Number: 001703158

Date: MARCH 22, 2016

Paid Amount: ********250.00

Dates: 02-04-16 TO 02-04-16

Bill ID No: 68425 ✓

Nature of Pay: C&R TRANSLATION

Special Instructions:

PAID MAR 25 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 70349

EAMS#(s):ADJ10522822
ADJ10522826
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080335826-001; 208034274

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

Case: vs GOODWILL INDUSTRIES
Date Of Injury: 4/1/16; 5/14 - 8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/16	INITIAL EXAM	DR NEGIN RAMESHNI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049 DOI: 4/1/16	0.00
08/25/16	INITIAL EXAM	DR RAMESHNI @ EPC* DOI: 5/14 - 8/16	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/29/16	INITIAL ACUP	W/ ACUPUNCT JEONG HUN YOON @ EPC* DOI: 4/1/16	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/30/16	FOLLOW-UP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/31/16	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 5/14 - 8/16	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
09/01/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE* DOI: 5/14 - 8/16	230.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
09/19/16	PR2/REEVAL	PSYCH EVAL @ EPC W/DR PARVIN SALKELD*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
09/22/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 4/1/16	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
10/04/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 5/14 - 8/16	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/05/16	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: 5/14 - 8/16	180.00
/ /	INTERPRETER:	JESUS A. 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#
05/01/17 70349

EAMS#(s):ADJ10522822
ADJ10522826
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080335826-001; 208034274

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

Case: vs GOODWILL INDUSTRIES
Date Of Injury: 4/1/16; 5/14 - 8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/27/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 5/14 - 8/16	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/08/16	PMT BY CHECK	DOS 8/11/16-10/5/16* # 1101024118	-2000.00
11/10/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 5/14 - 8/16	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
11/15/16	SHOCK WAVE	THERAPY W/DR MOGHARABI* DOI: 4/1/16	150.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/01/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: 4/1/16	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/02/16	INITIAL EXAM	DR ALLEN MASSIHI @ EPC* DOI: 5/14 - 8/16	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
12/15/16	PR2/REEVAL	DR RAMESHNI @ EPC* DOI: CT 8/7/16	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
12/19/16	PR2/REEVAL	DR BHARATWAL @ EPC* DOI: CT 8/7/16	180.00
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
01/09/17	PMT BY CHECK	DOS 8/11/16-12/02/16* # 1101090129	-1100.00
01/10/17	PR2/REEVAL	DR ROSTAMI @ EPC* DOI: 4/1/16	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/13/17	PR2/REEVAL	DR MASSIHI @ EPC*	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#
05/01/17 70349

EAMS#(s):ADJ10522822
ADJ10522826
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080335826-001; 208034274

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

Case: vs GOODWILL INDUSTRIES
Date Of Injury: 4/1/16; 5/14 - 8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
		DOI: 5/19/14	
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/19/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: CT 8/7/16	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
02/14/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 4/1/16	
/ /	INTERPRETER:	JESUS A. CASTILLO # 500358	0.00
02/23/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
		DOI: 5/19/14	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/03/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
		DOI: CT 8/7/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/13/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 5/14-8/16	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/15/17	PR2/REEVAL	DR BHARTWAL @ EPC*	180.00
		DOI: CT 8/16	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/20/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
		DOI: CT 5/14	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/24/17	PT INITIAL	PHYSICAL THERAPY W/DR CHRIS MENDOZA @ EPC*	90.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/28/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/30/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/03/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	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#
05/01/17	70349

EAMS#(s):ADJ10522822
ADJ10522826
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2080335826-001; 208034274

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

Case: vs GOODWILL INDUSTRIES
Date Of Injury: 4/1/16; 5/14 - 8/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/07/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
		DOI: CT 5/14	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/24/17	PMT BY CHECK	DOS 8/11/16-3/24/17*	-2070.00
		# 1101212961	

BALANCE 720.00

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

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00421

PAID
APR 27 2017
BY:.....

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0335826 001 MR	WC 0119088	70349		04/01/16	08/11/16-03/24/17
Check Number	1101212961	Date Issued	04/24/17	Amount	$**2,070.00
Insured	Goodwill Serving the People of SOLAC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Priya CG-Murugan				
File Supervisor	Eva Reale	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,070.00		

TOTAL $2070.00

MR

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

*** INVOICE ***
Date NO#
02/12/16 68174

EAMS#(s):ADJ9959081
ADJ9959233
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
002086013960-WC01; 002086

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

Case: vs VOLT INFORMATION SCIENCES
Date Of Injury: 1/2/15; CT 3/9/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/16	LEGAL C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/07/16	PMT BY CHECK	DOS 1/8/16* # 0125468227	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

002086 PAGE 1 OF 1 000989

MDG2009 00000424 1 SP 0500 2

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

G

PAID FEB 12 2016

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

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

CLAIM NO.: 002086 013960 WC 01 (43093)
CLAIMANT:
DESCRIPTION: DOS 010816 INV 68174

BRANCH NO.: 170
ACC DATE: 02Jan15

NO.: 0125468227
VN: 0000449320
DATE: 07Feb16

DATES OF SERVICE: 08Jan16 **THRU** 08Jan16
BENEFIT PERIOD: **THRU**

AMOUNT: 250.00

**

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000424 000542 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#
04/06/16	68288

EAMS#(s):ADJ10204042
ADJ10180835
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
2022720

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

Case: vs NORTHWESTERN CONVERTING
Date Of Injury: 10/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/16	LEGAL_PREP	DEPO PREP @ L/O DENNS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/12/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/29/16	PMT BY CHECK	DOS 1/22/16-2/12/16* # 01098643	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO
01098643
2022720-1
SWC1069799

DATE	AMOUNT
3/29/2016	$406.50

PAY Four Hundred Six and 50/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

VOID AFTER 90 DAYS

Mail To

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

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈01098643⑈ ⑆021309379⑆ 790262463⑈

PAID APR 04 2016

Check Number	01098643
Claim Number:	2022720-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1069799/Northwestern Converting Company, Inc. (a Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	10/30/2015
Location:	2395 Railroad St Corona CA 92880 -
Examiner Code:	jdulaney

Amount:	$406.50
Dates of Service:	1/22/2016-2/12/2016
Explanation:	68288
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

on behalf of Security National Insurance Company
AmTrust North America
P.O. Box 4026
Concord, CA 94524
858-385-4040

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

*** INVOICE ***
Date NO#
04/05/16 65459

EAMS#(s):
ADJ9660455
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
002979-053332-WC01

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

Case: vs PACIFIC PRODUCTION PLUMING INC
Date Of Injury: 12/4/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/15	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/23/15	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/21/15	PMT BY CHECK	DOS 3/25/15-4/23/15* # 0118883772	-406.50
03/08/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/31/16	PMT BY CHECK	DOS 3/8/16* # 0126835481	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 003898

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

PAID APR 05 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

65459

CLAIM NO.: 002979 053136 WC 01 (1W4575001)
CLAIMANT:
DESCRIPTION: 3/8/16

BRANCH NO.: 170
ACC DATE: 28Jun14

NO.: 0126835481
VN: 0002180781
DATE: 31Mar16

DATES OF SERVICE: 08Mar16 **THRU** 08Mar16
BENEFIT PERIOD: **THRU**

AMOUNT: 250.00

**

MR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004705 005360 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#
04/11/16	67731

EAMS#(s):
ADJ9892585
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
011975-092342-WC-01

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

Case: vs ALVARADO RESTAURANT GROUP
Date Of Injury: 9/22/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/15	LEGAL_PREP	DEPO PREP @ L/O DONNA LAW	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
01/11/16	PMT BY CHECK	DOS 10/8/15* # 0124762959	-156.50
01/28/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
04/04/16	PMT BY CHECK	DOS 1/28/16* # 0126916002	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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GB-CARRIER WEST-WC
PO BOX 4040
SACRAMENTO CA 95812-4040

011975 PAGE 1 OF 1 003630

MDG2009 00004894 1 MB 0439 1

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

C

PAID APR 11 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

CLAIM NO.: 011975 092342 WC 01 (6613194P)
CLAIMANT:
DESCRIPTION: INV #: 67731 ✓

DATES OF SERVICE: 28Jan16 **THRU** 28Jan16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 502
ACC DATE: 22Sep14

NO.: 0126916002
VN: 0002047362
DATE: 04Apr16

AMOUNT: 250.00

MP

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004894 005552 001 002

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#
09/19/16	68559

EAMS#(s):
ADJ10294962
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2163833

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

Case: OCHOA vs BEMUS LANDSCAPE
Date Of Injury: 8/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/16	INITIAL ACUP	W/ ACUPUNCT CHOI & INITIAL PHYS TX/CHIRO TX	230.00
/ /	-	W/DR HA @ SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/11/16	INITIAL EXAM	DR TRUJILLO/GROUBAN @ SIDHU*	230.00
/ /	INTERPRETER:	AMY SANCHEZ # 003674	0.00
02/24/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/29/16	FOLLOW-UP	W/ ACUPUNCT CHOI & F/U PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/07/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U PHYS TX & F/U CHIRO TX	180.00
/ /	-	W/DR HA @ SIDHU CHIRO*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/09/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/14/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
05/12/16	PR2/REEVAL	DR GOUBRAN/MIRZABEIGI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/08/16	FOLLOW UP	PHYSICAL THERAPY & CHIRO TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	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#
09/19/16 68559

EAMS#(s):
ADJ10294962
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2163833

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

Case: vs BEMUS LANDSCAPE
Date Of Injury: 8/14/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/22/16	F/U CHIRO TX	CHIRO TREATMENT & PHYS TX W/DR HA @ SIDHU*	90.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/27/16	F/U CHIRO TX	CHIRO TREATMENT & PHYS TX W/DR HA*	90.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
07/21/16	PR2/REEVAL	DR GOUBRAN/TRUJILLO, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/15/16	PMT BY CHECK	DOS 2/17/16-6/27/16* # 01279777	-2350.00
08/25/16	PR2/REEVAL	DR GOUBRAN/FRANKE, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
09/09/16	PMT BY CHECK	DOS 2/17/16-8/15/16* # 01317645	-180.00

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PRINTED IN BLUE AND 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.
01317645
2163833-1
SWC1052952

DATE	AMOUNT
9/9/2016	$180.00

PAY One Hundred Eighty 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

⑈01317645⑈ ⑆021309379⑆ 790262463⑈

Check Number	01317645
Claim Number:	2163833-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1052952/Bemus Landscape, Inc.
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	8/14/2015
Location:	CA -
Examiner Code:	23538

Amount:	$180.00
Dates of Service:	2/17/2016-8/15/2016
Explanation:	Invoice # 68559 ✓
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
844-601-7760

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#
08/29/16 69274

EAMS#(s):
ADJ10088245
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30153969600

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

Case: vs RALPHS
Date Of Injury: 5/16/15

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/16	INITIAL EXAM	DR SUUTARI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/11/16	PR2/REEVAL	DR GOFNUNG @ GOFNUNG CHIRO*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
05/16/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
05/23/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	GLADYS REYNA PINEDA # 301721	0.00
06/14/16	INITIAL EXAM	DR ALLEN MASSIHI @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
08/03/16	PMT BY CHECK	DOS 4/13/16-6/14/16* # 3127983	-820.00
07/26/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG* U	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
06/28/16	PR2/REEVAL	DR MASSIHI @ GOFNUNG* U	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
08/19/16	PMT BY CHECK	DOS 7/26/16* # 3136483	-180.00
08/25/16	PMT BY CHECK	DOS 6/28/16* # 3139263	-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#
08/29/16 69274

EAMS#(s):
ADJ10088245
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
30153969600

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

Case: vs RALPHS
Date Of Injury: 5/16/15

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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DATE	CHECK AMOUNT	CHECK NUMBER
08/25/2016	180.00	3139263

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 0000229 00000000 001 001 00229 INS: 0 0
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

PAID AUG 29 2016

CLAIMANT NAME	LOSS DATE	CLAIM NUMBER	SSN
	05/16/2015	30153969600-0001	

Amount Paid: 180.00
Amount Billed: 180.00
Dates: 06/28/2016 – 06/28/2016
Description: Miscellaneous Medical
Invoice:
Comment: 69274
ICN: 194862076.338

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

CHK0001 v1.56

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#
01/30/17	70961

EAMS#(s):ADJ10507009
ADJ10234909
SS # :
DOB :
Terms: 60 days
Claim #(s):
06213906

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

Case: vs ESSENTIAL FREIGHT CALIFORNIA
Date Of Injury: 4/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/16	LEGAL_PREP	DEPO PREP @ L/O SCIF	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
12/30/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/25/17	PMT BY CHECK	DOS 12/9/16-12/30/16* =# CE-832182	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

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

Questions & Appeals : 1888STATEFUND

Provider Number: XXXXX6713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CE-832182**

Issue Date: 01/25/17
Doc #: 031920895

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06213906		**Date of Injury:** 04/01/13		
	Employer name: ESSENTIAL FREIGHT CALIFORNIA				Employer ID: 0000009047817130				
1	SF1-SPCA-265842	12/09/16	999Q9	Interpreter Deposit-	1	156.50	.00		156.50
2	SF1-SPCA-265842	12/30/16	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
							Total Allowances:		**$406.50**

PAID
JAN 30 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"

Joyce Altman Interpreters, 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 70994

EAMS#(s):
ADJ9927135
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
63826

BILL TO:
APPLIED RISK SERVICES (NE3646)
W. C. DEPARTMENT
ATTN: LIEN DEPARTMENT
P.O. BOX 3646
OMAHA, NE 68103

Case: vs FDS MANUFACTURING COMPANY
Date Of Injury: 1/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA E. PACO-CORTEZ # 100533	0.00
02/10/17	PMT BY CHECK	DOS 12/21/16* # 0000994041	-250.00

BALANCE 0.00

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

Indemnity Payment

Check Date:	02/10/17
Service Begining:	12/21/16
Service Ending:	12/21/16

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		01/17/13	63826

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
70994	12/21/16-12/21/16	250.00	N/A	N/A	250.00

Messages

PAID
FEB 1
BY:

Total	250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND GREEN ARE PRESENT.

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

000094041

Date: 02/10/17

Pay TWO HUNDRED FIFTY AND .00 DOLLARS********** $ 250.00

To the Order of
Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781-4165

VOID AFTER 60 DAYS

Amy Robb

IRD SECURITY MARK™ ★ IRD SECURITY MARK™ ★ IRD SECURITY

⑆000094041⑆ ⑈122000496⑈ 7000168038⑈

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#
02/13/17 68288

EAMS#(s):ADJ10204042
ADJ10180835
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2022720

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

Case: vs NORTHWESTERN CONVERTING
Date Of Injury: 10/30/15

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/16	LEGAL_PREP	DEPO PREP @ L/O DENNS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
02/12/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
03/29/16	PMT BY CHECK	DOS 1/22/16-2/12/16* # 01098643	-406.50
01/17/17	LEGAL_WCAB	MSC @ WCAB RIVERSIDE	195.00
/ /	INTERPRETER:	DORIS PEREZ # 01415380	0.00
02/07/17	PMT BY CHECK	DOS 1/17/17* # 01541510	-195.00

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.
01541510
2022720-1
SWC1069799

DATE	AMOUNT
2/7/2017	$195.00

One Hundred Ninety-Five 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

⑈01541510⑈ ⑆021309379⑆ 790262463⑈

PAID
FEB 13 2017
BY:

Check Number	01541510
Claim Number:	2022720-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1069799/Northwestern Converting Company, Inc. (a Corp)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	10/30/2015
Location:	2395 Railroad St Corona CA 92880 -
Examiner Code:	24819

Amount:	$195.00	ANA UBI Claims
Dates of Service:	1/17/2017-1/17/2017	AmTrust North America
Explanation:	68288	P.O. Box 89404
Category:	E10 - Interpreter	Cleveland, OH 44101
Placement:	4 - Expense	858-385-4040
Transaction Type:		

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

*** INVOICE ***
Date NO#
08/29/16 69280

EAMS#(s):ADJ9807508
ADJ9807511
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
PP-15-010101; PP-15-01009

BILL TO:
CORVEL CORPORATION (SACREM)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs ALCAL SPECIALTY CONTRACTING
Date Of Injury: 10/16/14; 8/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/16	INITIAL EXAM	DR GALAL GOUBRAN/DAVE FRANKE, P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/11/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/10/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/16/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/14/16	PMT BY CHECK	DOS 4/14/16-5/12/16* =# 6018591	-1000.00
07/20/16	PMT BY CHECK	DOS 6/10/16-6/16/16* =# 6018684	-540.00
07/26/16	PMT BY CHECK	DOS 6/22/16* =# 6018821	-360.00
07/21/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/25/16	PMT BY CHECK	DOS 7/21/16* =# 6019369	-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#
08/29/16	69280

EAMS#(s):ADJ9807508
ADJ9807511
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
PP-15-010101; PP-15-01009

BILL TO:
CORVEL CORPORATION (SACREM)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs ALCAL SPECIALTY CONTRACTING
Date Of Injury: 10/16/14; 8/7/14

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.

CORVEL ENTERPRISE COMP, INC.
PACIFIC COAST BUILDING PRODUCTS PAID ON BEHALF OF
SAFETY NATIONAL / SAFETY FIRST INSURANCE COMPANY
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= PCBP1
11-24
1210(8)

CHECK NUMBER	CHECK DATE
6019369	08/25/16

Claim#: PP-15-010101

PAY EXACTLY: *One hundred eighty and 00/100 Dollars*

*******$180.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000601936⑈ ⑆121000248⑆ 4122 383730⑈

TACH HERE

DETACH HERE

CORVEL

Explanation of Review

Business Unit: Alcal Riverside, Multi Product
1614 Marlborough Ave Unit S2
Riverside, CA 92507

Employer
Patient:

PAID AUG 29 2016

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3236701 - 1
Reprice: CA, 92780
Billed Date: 07/21/2016
Business Rcvd: 08/18/2016
MBR Rcvd: 08/18/2016
MBR Date: 08/25/2016
Date Approved: 08/25/2016
DOS From - To: 04/14/2016 - 07/21/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Leos, June
Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL
Patient Control #: 69280
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: PP-15-010101
Processor Initials: JL
DOI: 10/16/2014
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/14/16	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [3140173.48]								
04/22/16	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [3140173.48]								
04/27/16	T1013 R1 . G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [3140173.48]								

MR

05/11/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [3140173.48]						
05/12/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [3140173.48]						
06/10/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [3176490.48]						
06/15/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [3176490.48]						
06/16/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [3176490.48]						
06/22/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [3182606.48]						
06/24/16	T1013 R1 , G56	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$180.00 $0.00
	Original bill [3182606.48]						
07/21/16	T1013 523. G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	1	$0.00 $180.00

Sub-Totals for Bill: 3236701		**$2080.00**	**$1900.00** **$180.00**
Totals for Bill:3236701			**$180.00**

Line Item Reason Codes and Descriptions

523 Reduced per administrative rules

R1 Duplicate Billing

Line Item Reason Codes and Descriptions

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

G67 Payment based on individual pre-negotiated agreement for this specific service

Joyce Altman Interpreters, 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 70798

EAMS#(s):
ADJ10553590
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
55c302084

BILL TO:
SENTRY INSURANCE (WI-8032)
W. C. DEPARTMENT
ATTN: JASON PEEL
P.O. BOX 8032
STEVENS POINT, WI 54481

Case: vs OPI PRODUCTS
Date Of Injury: CT 5/17/11 - 5/17/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIO B. VALDEZ # 301322	0.00
12/15/16	PMT BY CHECK	DOS 11/17/16* # 46747856	-156.50
12/28/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/01/17	PMT BY CHECK	DOS 12/28/16* # 46847848	-250.00

BALANCE 0.00

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

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 46847848

1 1 614 17852 BCLM.FZT70SEN
00270200445567247854927814165665

SENTRY INSURANCE

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

INVOICE# 70798

FEB 06 2017

BY:

REFERENCE NO. 109888666
EMPLOYEE/PATIENT:

CL NO. 55C302084
NOT NEGOTIABLE
$******250.00

THIS PAYMENT COVERS--122816 THRU 122816 ACCT#70798

656B

▼ Detach Here ▼

(10/13)

CLAIM ACCOUNT

VOID VOID VOID VOID

No. 46847848

56-382 / 412
WELLS FARGO BANK, N.A.
VAN WERT, OH 45891

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
55C302084	05/17/16	COTY, INC	02/01/17

PAYMENT COVERS	AMOUNT
122816 THRU 122816 ACCT#70798	$******250.00

TWO HUNDRED FIFTY AND NO/100 DOLLARS

SENTRY CASUALTY COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

Terry Baars

⑈46847848⑈ ⑆041203824⑆ 9600031681⑈

Joyce Altman Interpreters, 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 69981

EAMS#(s):
ADJ10476869
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
2016008550

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

Case: vs TEAM AIR INC
Date Of Injury: 6/15/15 - 6/15/16

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/16	INITIAL EXAM	DR GALAL GOUBRAN/JOE TRUJILLO P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
08/16/16	PR2/REEVAL	DR GOUBRAN/FRANKE, P.A. @ SIDHU CHIRO*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
08/24/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
09/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/13/16	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
12/03/16	PR2/REEVAL	DR GOUBRAN/TAYLOR @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/12/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/30/17	PMT BY CHECK	DOS 7/14/16-12/3/16* # 1597532	-1180.00

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Insurance Company of the West
15025 Innovation Drive
San Diego, CA 92128

Check Date: 01/30/2017
Check Number: 1597532
Check Amount: $1,180.00

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,93XH5N

93XH5N

12/11/16 4:29 PM 4 0000895 20170130 MA9C8102 CHECK 1 oz DOM MA9C810000* 161281 CK

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

Payment Summary

Claim #	Check #	Date	Payee	Category	Service Date	Invoice Date	Total Amount
2016008550		02/27/2016	69981	180	07/14/2016	12/03/2016	$1,180.00

Category	Stub Notes	Stub Amount
180	Translation - Medical Appointments	$0.00

PAID
FEB 0 8 2017
BY: .....

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#
02/03/17	70760

EAMS#(s):
ADJ10486388
SS # :
DOB :
Terms: 60 days
Claim #(s):
E3330183

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

Case: vs KING TACO RESTAURANTS INC
Date Of Injury: 12/1/15 - 5/11/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/16	LEGAL_PREP	DEPO PREP @ L/O TOBIN LUCKS	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
12/14/16	PMT BY CHECK	DOS 11/9/16* # 105213645	-156.50
12/27/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/30/17	PMT BY CHECK	DOS 12/27/16* # 105301619	-250.00

BALANCE 0.00

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

CNA

000673

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

PAID
FEB 0 3 2017
BY:

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

Insured/Client	Claimant	Claim Number *
KING TACO RESTAURANT INC		E3 330183FT

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	IRAN Code#	EXP	Pay Code#	ATT	Amount
05/11/16		12/27/16-12/27/16	IND	26	TR		01/30/17	$250.00
								$250.00

Reason
INV# 70760 01/10/2016

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.

MR

ACCIWF 02.28.13

PLEASE DETACH BEFORE CASHING

CNA
Continental Casualty Company
Chicago, IL 60604

UNDERWRITTEN BY:
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVAN

105301619
Date Issued
01/30/17

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 330183	FT	KING TACO RESTAURANT INC	2C
Prefix & Contract No. WC -2074978367		Claimant	Date of Loss 05/11/16
From-thru (Dates) 12/27/16	In Payment of 12/27/16	INV# 70760 01/10/2016	

PAY TWO HUNDRED FIFTY AND NO/100THS ---------- Dollars

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

********$250.00

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0105301619⑈ ⑆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#
01/31/17 70964

EAMS#(s):
ADJ8144206
SS # :
DOB :
Terms: 60 days
Claim #(s):
2335978

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

Case: vs DON LUIS CONSTRUCTION/MOTEL
Date Of Injury: 12/7/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
12/27/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/27/17	PMT BY CHECK	DOS 12/5/16-12/27/16* # 01526227	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ANA UBI Claims
PO BOX 740042
Atlanta, GA 30374-0042

JP Morgan Chase
Syracuse, NY
50-937/213

CHECK NO.
01526227
2335978-1
SWC1004334

DATE	AMOUNT
1/27/2017	$406.50

Four Hundred Six and 50/100s 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

⑈01526227⑈ ⑆021309379⑆ 790262463⑈

PAID
JAN 30 2017
BY: .....

Check Number	01526227
Claim Number:	2335978-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1004334/Rite Choice Resources, Inc. LCF Hollywood Host Ventures dba:Motel 6 Hollywood
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	12/7/2011
Location:	Job Site Los Angeles CA 90028 -
Examiner Code:	24319

Amount:	$406.50
Dates of Service:	12/5/2016-12/27/2016
Explanation:	INV 70964
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

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#
03/20/17 71207

EAMS#(s):
ADJ10600568
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
SCIH-043059

BILL TO:
YORK INSURANCE (OH-183188)
W. C. DEPARTMENT
ATTN: NORMA SALCEDO
P.O. BOX 183188
COLUMBUS, OH 43518

Case: vs DEPT OF SOCIAL SERVICES
Date Of Injury: 9/6/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/17	LEGAL_REVIEW	DEPO REVIEW @ L/O KUPPER & WILSON	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/15/17	PMT BY CHECK	DOS 1/31/17* # 66-183922	-250.00

BALANCE 0.00

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

STATE OF CALIFORNIA

66-183922

THE TREASURER OF THE STATE WILL PAY OUT OF THE FUND NO. 0001 FUND NAME GENERAL FUND

IDENTIFICATION NO. XXXXX437 5180

MO. 03 DAY 15 YR. 2017

90-1342/1211

66183922

DOLLARS	CENTS
$*****250.	00

TO: 183922
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 92781

Betty T. Yee

BETTY T. YEE
CALIFORNIA STATE CONTROLLER

FORM CD-85(1/99) CONTROLLERS WARRANT

⑆121134231⑆ 66183922⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

66-183922

ISSUE DATE: 03/15/2017
CLAIM NUMBER: SCIH-043059
CLAIMANT NAME:
DATE OF INJURY: 09-06-2016
PAY DESCRIPTION: DEPOSITION COSTS
PERIOD FROM - PERIOD TO: 01-31-2017 - 01-31-2017

71207

PAID

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 70452

EAMS#(s):
ADJ10093542
SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-15-09746

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

Case: vs NONGSHIM AMERICA INC
Date Of Injury: CT 12/23/14-7/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/16	INITIAL EXAM	DR TASHA BROWN/SHERRY ROSTAMI @ ENHANCED PRECISION	230.00
/ /		CARE* (EPC)	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/26/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/03/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
10/05/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
10/14/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/21/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
10/24/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
11/04/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/11/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/16/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
11/21/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/18/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
11/23/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/28/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	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#
03/23/17 70452

EAMS#(s):
ADJ10093542
SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-15-09746

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

Case: vs NONGSHIM AMERICA INC
Date Of Injury: CT 12/23/14-7/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/02/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/06/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/09/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/14/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/16/16	INITIAL EXAM	DR ALLEN MASSIHI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/19/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/21/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/22/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/28/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/11/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/16/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/20/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/27/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/03/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	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#
03/23/17 70452

EAMS#(s):
ADJ10093542
SS # :
DOB :
Terms: 60 days
Claim #(s):
1010-15-09746

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

Case: [redacted]s NONGSHIM AMERICA INC
Date Of Injury: CT 12/23/14-7/30/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/06/17	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/13/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/24/17	PR2/REEVAL	DR MASSIHI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/14/17	PMT BY CHECK	DOS 8/29/16-2/6/17* # 1653273	-5730.00

BALANCE 360.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for 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
15025 Innovation Drive
San Diego, CA 92128

Check Date: 03/14/2017
Check Number: 1653273
Check Amount: $5,730.00

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,G9TR5A

G9TR5A

12/11/16 4:29 PM 4 0000898 20170314 MC4QF102 CHECK 1 oz DOM MC4QF10000* 161281 CK

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

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10101509746	[redacted]	07/30/2015	70452	180	08/29/2016	02/06/2017	$5,730.00

Category	Stub Notes	Stub Amount
180	Medical Translation	$0.00

PAID
MAR 20 2017
BY: [redacted]

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#
03/23/17 71164

EAMS#(s):
ADJ10654120
SS # :
DOB :
Terms: 60 days
Claim #(s):
Y67C34669

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

Case: vs SUBWAY
Date Of Injury: 10/20/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/17	LEGAL_PREP	DEPO PREP @ L/O LYDIA NEWCOMB	156.50
/ /	INTERPRETER:	SANDRA MONTALTO # 100754	0.00
02/22/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
03/15/17	PMT BY CHECK	DOS 1/27/17-2/22/17* # 127095679 5	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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THE HARTFORD

Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington KY 40512
8664019222 x2304178

MB 01 001560 02630 B 7 D

001560 1/1

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

71164

MAR 2 2 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
71164 10/12/2016	76WEG PK1957 Y67C 34669	SIMPY INC. DBA SUBWAY		$406.50
Nature of Benefits: Interpreter Fees at Hearing		Nature of Payment: Payment Reason - Interpreter Fees at Hrng	Service Dates 01/27/2017 02/22/2017	$406.50

Claim Handler: MADELINE KERSWELL
8664019222 x2304178
Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512

Additional Comments:

Issue Date	03/15/2017	Check Number	127095679 5	Total Check Amount	$406.50

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

113456271

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

*** INVOICE ***
Date NO#
03/08/17 71214

EAMS#(s):ADJ9849597 ADJ9988632
ADJ9849598
SS # :
DOB :
Terms: 60 days
Claim #(s):
YMLC25274; 00574808

BILL TO:
SEDGWICK CLAIMS (LEXINGT14450)
W. C. DEPARTMENT
ATTN: GABRIELA BAKER
PO BOX 14450
LEXINGTON, KY 40512

Case: vs AMERICAN AIRLINES
Date Of Injury: 8/7/14; 1/19/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/17	LEGAL_C&R	C&R READING @ L/O DENISE KUPER	250.00
/ /	INTERPRETER:	ALEXANDER DIAMONDS # 100817	0.00
03/20/17	PMT BY CHECK	DOS 1/25/17* # 0067601268	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P69050280006

20170320161617

Sedgwick Claims Management Services, Inc
P O Box 14450
Lexington, KY 40512-4450

Electronic Service Requested

SINGLE PIECE

1678 1.0660 SP 0.670

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

4

5 OF 5 F

ENV 1678

DATE	CHECK AMT	CHECK NO.
03/20/2017	250.00	0067601268

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

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

Claimant Name	Loss Date	Claim Number
	01/19/2011	YML C 25274

Amt Paid: → 250.00 Description:
Amt Billed: 250.00 Invoice: 71214
Dates: 01/25/2017-01/25/2017 Comment:

ICN: 137907908.6

MAR 2 8 2017

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#
03/20/17 71061

EAMS#(s):
ADJ8129074
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
003795000377WC01

BILL TO:
GALLAGHER BASSETT/CHUBB SVCS
W. C. DEPARTMENT
ATTN: JENNIFER CROTERU
P.O. BOX 2934
CLINTON, IA 52733

Case: vs BCBG MAZ AZRIA GROUP
Date Of Injury: 8/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/29/16	ADMISSION	& SURGERY W/DR MOSHE WILKER @ MONROVIA HOSPITAL	675.00
/ /	-	(7HR 35MIN)	0.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/13/17	PMT BY CHECK	DOS 12/29/16* # 0135395621	-675.00

BALANCE 0.00

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

0101905 01 RE 0.420 **AUTO T5 2 1549 92781 -P01906

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

DIRECT INQUIRIES TO:

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

GALLAGHER BASSETT SERVICES INC FOR XL SPECIALTY I

CLAIM NO. 003795 000377 WC 01

CLAIMANT:

DESCRIPTION: INV#71061

DATE OF SERVICE: 29-Dec-2016 TO 29-Dec-2016

BRANCH NO. 138

ACC. DATE 10-Aug-2011

PAYMENT AMOUNT: $675.00

CHECK NO. 0135395621

VN. 0000031613

DATE: 13-Mar-2017

MP

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0135395621 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#
02/14/17 68435

EAMS#(s):ADJ9487135
ADJ9457219
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
14D48E214781

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: TONY MONTAYA
P.O. BOX 53550
IRVINE, CA 92619

Case: vs WEST CENTRAL PRODUCE
Date Of Injury: 4/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/16	LEGAL_PREP	DEPO PREP @ L/O COLANTONI, COLLINS	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
03/02/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
04/04/16	PMT BY CHECK	DOS 2/10/16* # 144622580	-156.50
04/11/16	PMT BY CHECK	DOS 2/10/16-3/2/16* # 144622869	-250.00
09/23/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI (VOL II)	156.50
/ /	INTERPRETER:	JOSE A. JIMENEZ # 100789	0.00
10/21/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI (VOL II)	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/02/16	PMT BY CHECK	DOS 2/10/16-3/2/16* # 144629343	-156.50
11/16/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/10/17	LEGAL_WCAB	EXP HEARING @ WCAB LB	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/09/17	PMT BY CHECK	DOS 2/10/16-1/10/17* # 144631361	-656.50

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#
02/14/17	68435

EAMS#(s):ADJ9487135
ADJ9457219
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
14D48E214781

BILL TO:
CANNON COCHRAN MGMT SVCS -IRVN
W. C. DEPARTMENT
ATTN: TONY MONTAYA
P.O. BOX 53550
IRVINE, CA 92619

Case: vs WEST CENTRAL PRODUCE
Date Of Injury: 4/23/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

CCMSI obo Strategic Outsourcing, Inc. - Captive
2 East Main St., Suite 208
Danville, IL 61832

2-3/710 IL

Check Number 144631361

Date: 02/09/2017
Batch #: 301136768

Bank of America
CHICAGO, IL 60603

Amount

$****656.50

Amount: SIX HUNDRED FIFTY-SIX AND 50 / 100**********

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

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

⑈0144631361⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
68435	04/23/2014	14D48E214781	656.50	0.00	656.50	68435 DS 2/10/2016 - 1/10/2017	JUWILLIAM

PAID
FEB 14 2017
BY:

MR

atch #: 301136768
Check Number 144631361
Check Amount $****656.50
Loc:8345 WEST CENTRAL PRODUCE INC

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

*** INVOICE ***
Date NO#
03/17/17 70665

EAMS#(s):
ADJ10473584
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
1667359-1

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

Case: vs MULHOLLAND TENNIS CLUB INC
Date Or Injury: 11/10/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/16	LEGAL_PREP	DEPO PREP @ L/O DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
12/07/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
02/21/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/14/17	PMT BY CHECK	DOS 10/27/16-2/21/17* # 01595944	-563.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for 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.
01595944
1667359-1
SWC1044291

DATE	AMOUNT
3/14/2017	$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.

⑈01595944⑈ ⑆021309379⑆ 790262463⑈

Check Number	01595944
Claim Number:	1667359-1
Bill Number:	0
Invoice Number:	
Policy / Insured:	SWC1044291/Mulholland Tennis Club, Inc. (A Corporation)
Claimant Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	11/10/2014
Location:	2555 Crest View Dr Los Angeles CA 90046 -
Examiner Code:	23166

PAID

Amount:	$563.00
Dates of Service:	10/27/2016-2/21/2017
Explanation:	INV# 70665
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

ANA UBI Claims
AmTrust North America
P.O. Box 89404
Cleveland, OH 44101
858-385-4040

Joyce Altman Interpreters, 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 71010

EAMS#(s):
ADJ9264974
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
EYJ5142

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

Case: vs BAJA FRESH MEXICAN GRILL
Date Of Injury: 10/2/13

DOS	SERVICE	DESCRIPTION	AMOUNT
12/27/16	SURGERY	DR PELTON: RT SHOULDER @ MONROVIA HOSPITAL	832.50
/ /	-	(9HR 10 MIN)	0.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
02/10/17	PMT BY CHECK	DOS 12/27/16* # 891A 88072271	-832.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - RANCHO CORDOVA BI/P
TRAVELERS WC CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-3089

SB00549

891A 88072271

TRAVELERS

DATE: 02/10/17
LOSS DATE: 10/02/13
FILE NUMBER: 480 CB EYJ5142 H

EMPLOYEE

ACCOUNT NAME:
SO CAL FOODS DBA BAJA FRESH

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Other

SERVICE DATE: 12/27/2016

TOTAL PAID: $832.50
TAX INFO: 330956713 Y C
PAY MISC: 71010
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
FEB 1[illegible]

BY: .....

MR

FOR ADDITIONAL INFORMATION, CONTACT: KIM NORRIS AT (916)638-6387

41010586
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
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/04/16 69776

EAMS#(s):
ADJ9833748
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
06072320

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

Case: vs ATLANTIC BUILDERS
Date Of Injury: CT 3/1/12 - 1/28/15

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
08/02/16	PMT BY CHECK	DOS 6/20/16* # CE-815716	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, 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 #: **CE-815716**

Issue Date: 08/02/16
Doc #: 031346227

Medical

69776

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 06072320		**Date of Injury:** 01/28/15		
SSN:	Employer name: ATLANTIC BUILDERS INC				Employer ID: 0000001862185140				
1	SF1-SPCA-232857	06/20/16	999Q9	Interpreter Deposit-	1	250.00	.00		250.00
					Total Allowances:				**$250.00**

0

PAID 08/04

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"

0133314903134622700l 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#
08/03/16 69573

EAMS#(s):
ADJ10274225
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
E3A4881

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

Case: vs PETER PEPPER PRODUCTS
Date Of Injury: 3/1/13 - 1/22/16

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/16	LEGAL_PREP	DEPO PREP @ BEN HYATT REPORTERS	156.50
/ /	INTERPRETER:	DIANA CHUY DEL OLMO # 301577	0.00
06/29/16	PMT BY CHECK	DOS 6/7/16* # 891A 87444491	-156.50
07/08/16	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
07/29/16	PMT BY CHECK	DOS 7/8/16* # 891A 875310059	-250.00

BALANCE 0.00

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

015029

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 13089
SACRAMENTO CA 95813-3089
0

891A 87531059

TRAVELERS

DATE: 07/29/16
LOSS DATE: 09/10/15
FILE NUMBER: 158 CB E3A4881 H

EMPLOYEE

ACCOUNT NAME:
PETER PEPPER PRODUCTS, 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: 7/8/2016

TOTAL PAID: $250.00
TAX INFO: 330956713 Y C
PAY MISC: 69573
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID AUG 03 2016

MR

FOR ADDITIONAL INFORMATION, CONTACT: JESUS LICEA AT (925)945-4433

211020306
DETACH CHECK

UNSUMM-111311
CVRPUNS2-121288
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#
08/01/16 69280

EAMS#(s):ADJ9807508
ADJ9807511
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
PP-15-010101; PP-15-01009

BILL TO:
CORVEL CORPORATION (SACREM)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs ALCAL SPECIALTY CONTRACTING
Date Of Injury: 10/16/14; 8/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/16	INITIAL EXAM	DR GALAL GOUBRAN/DAVE FRANKE, P.A. @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/22/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI @ SIDHU*	230.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/27/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/12/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
05/11/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
06/10/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/16/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
06/22/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
07/14/16	PMT BY CHECK	DOS 4/14/16-5/12/16* =# 6018591	-1000.00
07/20/16	PMT BY CHECK	DOS 6/10/16-6/16/16* =# 6018684	-540.00
07/26/16	PMT BY CHECK	DOS 6/22/16* =# 6018821	-360.00

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#
08/01/16	69280

EAMS#(s):ADJ9807508
ADJ9807511
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
PP-15-010101; PP-15-01009

BILL TO:
CORVEL CORPORATION (SACREM)
W. C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs ALCAL SPECIALTY CONTRACTING
Date Of Injury: 10/16/14; 8/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CORVEL ENTERPRISE COMP, INC.
PACIFIC COAST BUILDING PRODUCTS PAID ON BEHALF OF
SAFETY NATIONAL / SAFETY FIRST INSURANCE COMPANY
PO BOX 22369
PORTLAND, OR 97269-2369

CORVEL

Bank Code= PCBP1
11-24
1210(8)

CHECK NUMBER	CHECK DATE
6018821	07/26/16

Claim#: PP-15-010101

PAY EXACTLY: *Three hundred sixty and 00/100 Dollars*

*******$360.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

Richard Schweppe

WELLS FARGO BANK PORTLAND, OR

⑈000601882⑈ ⑆121000248⑆ 4122 383730⑈

TACH HERE

DETACH HERE

CORVEL
Explanation of Review

Business Unit: Alcal Riverside, Multi Product
1614 Marlborough Ave Unit S2
Riverside, CA 92507

Employer
Patient:

PAID AUG 01 2016

Patient DOB: 11/11/1991

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/3182606 - 1
Reprice: CA, 92781
Billed Date: 07/14/2016
Business Rcvd: 07/19/2016
MBR Rcvd: 07/19/2016
MBR Date: 07/26/2016
Date Approved: 07/26/2016
DOS From - To: 04/14/2016 - 06/24/2016

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Leos, June
Vendor #:
PIN:

Treating Provider:
Referring Physician: GALAL GOUBRAN
Patient Control #: 69280
Provider Tax Id: 33-0956713
Claim Rep Phone #:

Claim #: PP-15-010101
Processor Initials: JL
DOI: 10/16/2014
RX Number:
Claim Rep Ext.:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/14/16	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [3140173.48]								
04/22/16	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$230.00		1	$230.00	$0.00
	Original bill [3140173.48]								
04/27/16	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00		1	$180.00	$0.00
	Original bill [3140173.48]								

MR

CORVEL

05/11/16	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	$180.00 1	$0.00
	Original bill [3140173,48]						
05/12/16	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	$180.00 1	$0.00
	Original bill [3140173,48]						
06/10/16	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	$180.00 1	$0.00
	Original bill [3176490,48]						
06/15/16	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	$180.00 1	$0.00
	Original bill [3176490,48]						
06/16/16	T1013 G56, R1	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	$180.00 1	$0.00
	Original bill [3176490,48]						
06/22/16	T1013 523, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	$0.00 1	$180.00
06/24/16	T1013 523, G67	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$180.00	$0.00 1	$180.00
Sub-Totals for Bill: 3182606					**$1900.00**	**$1540.00**	**$360.00**

Totals for Bill:3182606 **$360.00**

Line Item Reason Codes and Descriptions

523 Reduced per administrative rules

R1 Duplicate Billing

Line Item Reason Codes and Descriptions

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service.

G67 Payment based on individual pre-negotiated agreement for this specific service

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

*** INVOICE ***
Date NO#
03/27/17 70861

EAMS#(s):
ADJ10580928
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
30142923460-0001

BILL TO:
SEDGWICK CLAIMS (LEXING-14479)
W. C. DEPARTMENT
ATTN: BREA PFANKUCH
P.O. BOX 14479
LEXINGTON, KY 40512

Case: _ vs WIZARD ENTERPRISE LLC
Date Of Injury: 10/3/14

DOS	SERVICE	DESCRIPTION	AMOUNT
11/29/16	LEGAL_C&R	C&R READING @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 301566	0.00
03/24/17	PMT BY CHECK	DOS 11/29/16* # 344679	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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DATE	CHECK AMOUNT	CHECK NUMBER
03/24/2017	250.00	344679

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

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

PAID
MAR 27 2017

CLAIMANT NAME	LOSS DATE	CLAIM NUMBER	SSN
	10/03/2014	30142923460-0001	

Amount Paid: 250.00 Description:
Amount Billed: 250.00 Invoice: 70861 ICN: 202597718.338
Dates: 11/29/2016 – 11/29/2016 Comment:

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

CHK0001 v1.56

000 0001551 00000000 0002 0002 01500 INS: 0 0

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

*** INVOICE ***
Date NO#
03/20/17 71206

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

EAMS#(s):
ADJ10570505
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
E5Z7712

Case: vs FREUDENBERG NOK
Date Of Injury: 7/7/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/17	LEGAL_REVIEW	DEPO REVIEW @ L/O KUPER & WILSON	250.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721 (AMENDED)	0.00
03/14/17	PMT BY CHECK	DOS 2/2/07* # 896D 89106851	-250.00

BALANCE 0.00

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

SA08777

896D 89106851

TRAVELERS

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

DATE: 03/14/17
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB E3V3221R	02/08/17	$ 156.50		71240
	152 CB E5Z7712J	02/02/17	$ 250.00		71206

Total Amount Paid $******406.50

MP

08874
– DETACH CHECK

SUMM 111311
OVRPSUM2-021509

DETACH CHECK

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

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

TRAVELERS
P O BOX 6510
DIAMOND BAR CA 91765-8510

896D 89106851

62-20
311

DATE
/14/17

ACCOUNT NUMBER
J99

TIN NUMBER
330956713

FILE NUMBER
SUMMARIZED

OUR HUNDRED SIX AND 50/100

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

PAY: $******406.50

PAY JOYCE ALTMAN INTERPRETERS INC
THE P O BOX 4165
DER OF TUSTIN, CA 92781
51
777

Maria Olivo
AUTHORIZED SIGNATURE

⑈89106851⑈ ⑆031100209⑆ 3862289 2⑈

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

*** INVOICE ***
Date NO#
03/30/17 70389

EAMS#(s):
ADJ10532182
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
188327829

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

Case: vs MITSUMA CORP/KENSHIN MGMT/UNIS
Date Of Injury: 1/1/07 - 8/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT
08/26/16	INITIAL EXAM	DR ERIC GOFNUNG @ GOFNUNG CHIROPRACTIC*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/31/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
09/12/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/26/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/03/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG @ GOFNUNG CHIRO*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/10/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
10/17/16	INITIAL ACUP	W/ ACUPUNCT FEDER @ GOFNUNG*	230.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
10/21/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/24/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
10/27/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
10/28/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
10/31/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/03/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/10/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	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#
03/30/17 70389

EAMS#(s):
ADJ10532182
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
188327829

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

Case: vs MITSUMA CORP/KENSHIN MGMT/UNIS
Date Of Injury: 1/1/07 - 8/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/11/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	0.00
11/14/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
11/21/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
11/18/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
11/28/16	F/U CHIRO TX	CHIRO TREATMENT W/DR GOFNUNG*	90.00
/ /	INTERPRETER:	MARIA E. SALINAS # 100942	0.00
12/01/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/02/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/08/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/12/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/15/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
12/19/16	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/06/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/09/17	PR2/REEVAL	DR GOFNUNG @ GOFNUNG*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/12/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/13/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	MARIA SALINAS # 100942	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#
03/30/17 70389

EAMS#(s):
ADJ10532182
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
188327829

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

Case: vs MITSUMA CORP/KENSHIN MGMT/UNIS
Date Of Injury: 1/1/07 - 8/4/16

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
01/19/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS J. GALVEZ # 100727	0.00
01/20/17	FOLLOW-UP	W/ ACUPUNCT FEDER @ GOFNUNG*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/23/17	FINAL ACUPT	W/ ACUPUNCT DAVID FEDER @ GOFNUNG CHIRO*	230.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
02/22/17	PR2/REEVAL	DR KRAVCHENKO @ GOFNUNG*	180.00
/ /	INTERPRETER:	IRIS JANET GALVEZ # 100727	0.00
03/28/17	PMT BY CHECK	DOS 8/26/16-1/23/17* =# 2006861	-5730.00

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 Services, Inc.
PO Box 189080
Plantation FL 33318-9080

0000056-0000568 0716 001 611856 BSP

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

Broadspire®
A CRAWFORD COMPANY

The document you are holding is a payment for services provided. The attached check and Explanation of Payment(s) is sent to you for services rendered on behalf of Broadspire Services, Inc., who has partnered with VPay® to process their payments. If you have questions regarding VPay®, please contact us at 1-855-388-8371. If you have questions regarding the payment amount or benefit calculation, please contact Broadspire at 1-800-800-7885.

70389

Claim ID	Client Reference ID	SE Transaction ID	Date	Amount	Check Number
188327829-001	9060299060	192274140 BSP0001002	03/28/2017	$5730.00	2006861

PAID
MAR 30 2017
BY

Notice of Confidentiality - The information contained in this communication is confidential and is intended solely for the addressee. The information may also be legally privileged. This communication is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this document in error, any use, reproduction or dissemination of this communication is strictly prohibited. If you are not the intended recipient, please immediately notify VPay at **(877) 399-5917** and provide the SE Transaction ID shown above and destroy this communication and its attachments, if any.

16.67.1.4.4

Broadspire®
A CRAWFORD COMPANY

Explanation of Review

Bill Id: BRS-BSCA-1573616

Carrier

SOMPO JAPAN FIRE MAR INS CO
11405 N COMMUNITY HOUSE RD
SUITE 600N
CHARLOTTE, NC 28277-1502

Provider

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

Tax ID: 33-0956713
License: 999999999
Rendering Provider: JOYCE ALTMAN INTERPRETERS INC
External ID: 6713999JOALININUNKNO4165
Invoice Date: 03/06/2017
Patient Account: 70389
Payment Status Code: 1

Claimant

Claim Number: 188327829-001
DOI/DOL: 08/04/2016
CR Date / BR Date: 03/13/2017 / 03/13/2017
External Claim Number: 201608291326586027522 8
Social Security Number: *****
Employer/Insured: MITSUWA CORPORATION
Employer/Insured Address: MITSUWA-TORRANCE, CA W 213TH
1815 213TH ST
TORRANCE, CA 90501
Policy Admin Information: 021822
Branch ID: FSN

Bill Details

Dates of Service: 08/26/2016 to 01/23/2017
Post Date: 03/23/2017
Client Type of Bill: 74
Adjuster: SKDHAL

Bill ICD Version: 10

Dx A: T14.90 INJURY, UNSPECIFIED

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
1	08/26/2016	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	0.00	0.00	0.00	230.00
2	08/31/2016	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	0.00	0.00	0.00	90.00
3	09/12/2016	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	0.00	0.00	0.00	90.00
4	09/26/2016	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	0.00	0.00	0.00	90.00
5	10/03/2016	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	0.00	0.00	0.00	90.00
6	10/10/2016	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	0.00	0.00	0.00	90.00
7	10/17/2016	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	0.00	0.00	0.00	230.00
8	10/21/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
9	10/24/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
10	10/27/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
11	10/28/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
12	10/31/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
13	11/03/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
14	11/10/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
15	11/11/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
16	11/14/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
17	11/18/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
18	11/21/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
19	11/28/2016	99	99199	A	1	UNLISTED SPECIAL SERV	90.00	0.00	0.00	0.00	90.00
20	12/01/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
21	12/02/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00

DCN Number: 201703135004206

16.67.2.4.46.201
192274140

Bill Id: BRS-BSCA-1573616

Carrier

SOMPO JAPAN FIRE MAR INS CO
11405 N COMMUNITY HOUSE RD
SUITE 600N
CHARLOTTE, NC 28277-1502

Provider

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

Claimant

Line	Date	POS	Rev./Proc. Code	Dx.	Units	Description	Charges	Review	Network	Explanation Code(s) Misc.	Allowance
22	12/08/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
23	12/12/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
24	12/15/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
25	12/19/2016	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
26	01/06/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
27	01/09/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
28	01/12/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
29	01/13/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
30	01/16/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
31	01/19/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
32	01/20/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
33	01/22/2017	99	99199	A	1	UNLISTED SPECIAL SERV	180.00	0.00	0.00	0.00	180.00
34	01/23/2017	99	99199	A	1	UNLISTED SPECIAL SERV	230.00	0.00	0.00	0.00	230.00

Totals

Total Charges:	5,730.00			
Bill Review Reductions:		0.00		
Network Reductions:			0.00	
Miscellaneous Reductions:				0.00
Recommended Allowance:				5,730.00

Notes

Unless otherwise noted, all reductions are in accordance with the medical or med-legal fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. TIME LIMITS TO DISPUTE PAYMENT AMOUNT

16.67.3.4.47.201

192274140

Joyce Altman Interpreters, 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 70619

EAMS#(s):
ADJ10250242
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2080336646

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

Case: vs HORIZON PERSONNEL SERVICES
Date Of Injury: 3/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/16	INITIAL EXAM	DR SHERRY ROSTAMI @ ENHANCED PRECISION CARE* EPC	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 301721	0.00
08/24/16	INITIAL ACUP	W/ ACUPUNCT YOUN ME RHEE @ EPC*	230.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
08/26/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
08/29/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/31/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/07/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
09/09/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/12/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/14/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/19/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
09/23/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/26/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
10/03/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/07/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/16	PR2/REEVAL	DR ROSTAMI @ EPC* ALBERTO	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#
05/22/17 70619

EAMS#(s):
ADJ10250242
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2080336646

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

Case: vs HORIZON PERSONNEL SERVICES
Date Of Injury: 3/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
		VILLAGOMEZ # 500341	
10/14/16	FOLLOW-UP	W/ ACUPUNCT RHEE* ALBERTO	180.00
		VILLAGOMEZ # 500341	
10/21/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ROSARIO RIVAS # 500276	0.00
10/28/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/09/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/14/16	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	LISBETH C. PARRENO # 101080	0.00
12/07/16	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/16/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GUADALUPE MANRIQUEZ # 500090	0.00
12/21/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	PAUL A. LAZCANO # 101143	0.00
12/23/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/22/16	PR2/REEVAL	DR BROWN/MALIN @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ# 500341	0.00
12/28/16	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	0.00
01/04/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	GLADYS P. REYNA # 301721	0.00
01/06/17	FOLLOW-UP	W/ ACUPUNCT RHEE @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/09/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	IRENE MORA # 101159	0.00
02/20/17	PR2/REEVAL	DR BROWN @ EPC*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 301721	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#
05/22/17 70619

EAMS#(s):
ADJ10250242
SS # : XXX-XX-N/A
DOB :
Terms: 60 days
Claim #(s):
2080336646

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

Case: . vs HORIZON PERSONNEL SERVICES
Date Of Injury: 3/25/15

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/17	PR2/REEVAL	DR ROSTAMI @ EPC*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 50341	0.00
04/11/17	P AND S	DR ROSTAMI @ EPC*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/17/17	PMT BY CHECK	DOS 8/17/16-4/11/17* # 1101240656 ZURICH	-5910.00

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

American Zurich Ins. Co.

PAID
MAY 22 2017

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00961

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
208-0336646 001 B5	WC 4664773	70619 ✓ 70359		03/25/15	08/17/16-04/11/17
Check Number	1101240656	**Date Issued**	05/17/17	**Amount**	$**5,910.00
Insured	Personnel Staffing Group				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165				
Requested By	Kavirtha CG-Ethiraj				
File Supervisor	Carlita Berrios	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	5,910.00		
TOTAL	**$5910.00**		

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#
05/17/17	70539

EAMS#(s):
ADJ10425540
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087056054WC-01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 2/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/16	INITIAL EXAM	DR GALAL GOUBRAN @ SIDHU*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 50026	0.00
10/12/16	INITIAL ACUP	W/ ACUPUNCT MIN CHOI, INITIAL CHIRO & PHYS TX	230.00
/ /	-	W/DR CHRISTINE HA @ SIDHU*	0.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/17/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/20/16	PR2/REEVAL	DR GOUBRAN @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
10/26/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
10/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
10/31/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/02/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/07/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & 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#
05/17/17	70539

EAMS#(s):
ADJ10425540
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087056054WC-01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 2/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/09/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/18/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
11/21/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
11/23/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/28/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
11/30/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
12/05/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/09/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/12/16	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	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#
05/17/17 70539

EAMS#(s):
ADJ10425540
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087056054WC-01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 2/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/16	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
12/15/16	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
01/09/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/18/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/19/17	PR2/REEVAL	DR GOUBRAN/MILES @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/23/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/25/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
01/30/17	FOLLOW-UP	W/ ACUPUNCT CHOI, F/U CHIRO & PHYS TX W/DR HA*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
02/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/13/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ 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#
05/17/17 70539

EAMS#(s):
ADJ10425540
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087056054WC-01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: , vs BURLINGTON COAT FACTORY
Date Of Injury: 2/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
02/16/17	PR2/REEVAL	DR GOUBRAN/FRANKE,PA @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/21/17	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/DR SOSA @ EPC* INITIAL	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/27/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/06/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/08/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/15/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/18/17	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/20/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
03/24/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
03/29/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/31/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/03/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	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#
05/17/17 70539

EAMS#(s):
ADJ10425540
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
007087056054WC-01

BILL TO:
GALLAGHER BASSETT (R CUCAMON)
W. C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4200
RANCHO CUCAMONGA, CA 91729-4200

Case: vs BURLINGTON COAT FACTORY
Date Of Injury: 2/5/16

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/07/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA LOPEZ MEDINA # 003693	0.00
04/10/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/12/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/13/17	PR2/REEVAL	DR GOUBRAN/FRANKE @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/19/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/21/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/26/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	ELISA L. MEDINA # 003693	0.00
04/28/17	FOLLOW-UP	W/ ACUPUNCT CHOI @ SIDHU*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/11/17	PMT BY CHECK	DOS 9/22/16-4/7/17* # 0136916844	-9250.00

BALANCE 1260.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent 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.

MDG2009 00004963 1 MB .423 1

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

FAXED
MAY 15 2017

GALLAGHER BASSETT SERVICES INC
FOR BURLINGTON STORES INC

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

CLAIM NO.: 007087 056054 WC 01 (00512)
CLAIMANT:
DESCRIPTION: INV#70539

BRANCH NO.: 011
ACC DATE: 05Feb16

NO.: 0136916844
VN: 0000785982
DATE: 11May17

DATES OF SERVICE: 22Sep16 **THRU** 07Apr17
BENEFIT PERIOD: **THRU**

AMOUNT: 9250.00

MP

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004963 005739 001 003

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#
05/11/16 61464

EAMS#(s):ADJ8714879
ADJ8714880
SS # :
DOB :
Terms : 45 days
Claim #(s):
G02720

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

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

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

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

*** INVOICE ***
Date NO#
05/11/16 61464

EAMS#(s):ADJ8714879
ADJ8714880
SS # :
DOB :
Terms : 45 days
Claim #(s):
G02720

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
06/30/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
07/21/15	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
09/14/15	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/28/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
10/28/15	PR2/REEVAL	DR ROSARIO/RAPHAEL, PA @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
11/30/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
12/08/15	PMT BY CHECK	DOS 2/26/15-10/28/15* # 000033570	-1620.00
12/29/15	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
01/11/16	PMT BY CHECK	DOS 11/30/15* # 000034432	-180.00
02/03/16	PMT BY CHECK	DOS 12/29/15* # 000035209	-180.00
01/29/16	PR2/REEVAL	DR BERNSTEIN @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
03/01/16	PR2/REEVAL	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELDS # 101192	0.00
04/06/16	POST-OP	DR ROSARIO @ CPM*	180.00
/ /	INTERPRETER:	FELIX SHIELS # 101192	0.00
05/01/16	PMT BY CHECK	DOS 1/29/16-3/1/16* # 000037572	-360.00

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	61464

EAMS#(s):ADJ8714879
ADJ8714880
SS # :
DOB :
Terms : 45 days
Claim #(s):
G02720

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

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

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

61464

Check No. 000037572
Check Date 05/01/2016
Check Amount $**********360.00

Claim Number
201200002720

Date of Loss
11/30/2012

Examiner ID
Alana Lias

Payee/Mail To

PAID MAY 09 2016

Joyce Altman Interpreters, Inc

PO Box 4165

Tustin CA 92781-4165

In payment of
61464

Service Dates From 01/29/2016 To 03/01/2016

Payment Type Medical

Claimant Name

Insured Name
URIBE TRUCKING INC

MR

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

*** INVOICE ***
Date NO#
06/08/17 71280

EAMS#(s):
ADJ10608627
SS # :
DOB :
Terms: 60 days
Claim #(s):
001000-552811-WC-01

BILL TO:
GALLAGHER BASSETT/CHUBB SVCS
W. C. DEPARTMENT
ATTN: DENIS CHANTHAPAHY
P.O. BOX 2934
CLINTON, IA 52733

Case: vs MCDONALDS OF LAWNDALE
Date Of Injury: 9/22/16

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/17	LEGAL_WCAB	MSC @ WCAB LONG BEACH	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/04/17	LEGAL_PREP	DEPO PREP @ L/O HALLET, EMERICK, WELLS	156.50
/ /	INTERPRETER:	JULIAO- GREEN, LETTY # 301547	0.00
04/24/17	PMT BY CHECK	DOS 3/28/17* # 0136450101	-156.50
05/03/17	LEGAL_REVIEW	DEPO REVIEW @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	CARLOS TORRES # 301694	0.00
06/02/17	PMT BY CHECK	DOS 2/14/17-5/3/17* # 0137465857	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript, 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/ORANGE CA
P.O. BOX 14260
ORANGE CA 92863-1260

001000 PAGE 1 OF 1 004930

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

JUN 08 2017

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INSURANCE

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

CLAIM NO.: 001000 552811 WC 01 (00854)
CLAIMANT:
DESCRIPTION: INV #: 71280

DATES OF SERVICE: 14Feb17 **THRU** 03May17
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 22Sep16

NO.: 0137465857
VN: 0002114212
DATE: 02Jun17
AMOUNT: 406.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0008792 009731 001 002