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

Includes payments for Penalties and Interest plus Cost Sanctions (Exotics) Pymts recieved within date range June 2016 - May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
60273	11/5/13 - 9/5/14	3/27/17	$ 7,425.00	12 PR-2's, Depo prep, Depo review, Board appear. SA, Lien fil fee, P&I's + Cost & Sanc. (Vietnamese)	$ 990.00	870233	11/14/14	CHUBB
					$ 270.00	11253516	3/27/15	
					$ 180.00	1163016	4/16/15	
					$ 7,000.00	2563818	3/21/17	
			TOTAL AMOUNT PAID =>		**$ 8,440.00**			
61328	3/14/14 - 1/28/15	8/3/16	$ 6,455.00	8 PR-2's, Depo prep, Depo review, Initial, EMG, Board appear. SA, P&I'S + Cost & Sanc. (Vietnamese)	$ 2,910.00	896D84699109	8/25/14	Travelers
					$ 1,940.00	896D85259586	12/12/14	
					$ 2,500.00	896D88102213	7/29/16	
			TOTAL AMOUNT PAID =>		**$ 7,350.00**			
63333	8/14/14 - 2/6/15	3/7/17	$ 6,455.00	3 Initial's, MRI, 6 PR-2's, Consult, Depo prep, Depo review, Lien fil fee + P&I's (Vietnamese)	$ 7,200.00	924233	3/3/17	Alasaka National
			TOTAL AMOUNT PAID =>		**$ 7,200.00**			

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

Includes payments for Penalties and Interest plus Cost Sanctions (Exotics) Pymts recieved within date range June 2016 - May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
60622	1/6/14 - 2/24/15	5/18/17	$ 8,395.00	13 PR-2's, P&S, Depo prep, Depo review, Intial, Lien fil fee + P&I's (Vietnamese)	$ 9,188.75	0079437983	5/15/17	Sedgwick
			TOTAL AMOUNT PAID =>		**$ 9,188.75**			
64062	10/21/14	3/3/17	$ 485.00	Board appear. SA, P&I's + Cost & Sanc. (Vietnamese)	$ 1,200.00	CQ-459973	3/1/17	SCIF
			TOTAL AMOUNT PAID =>		**$ 1,200.00**			
61322	3/26/14 - 11/24/14	7/19/16	$ 1,455.00	Board appear. AHM, Depo prep, Depo review, P&I'S + Cost & Sanc. (Vietnamese)	$ 156.56	00584002	7/19/16	PacificComp
					$ 1,798.44	01013282	7/13/16	
			TOTAL AMOUNT PAID =>		**$ 1,955.00**			
64288	11/12/14	6/17/16	$ 485.00	Depo prep, P&I's + Cost & Sanc. (Vietnamese)	$ 750.00	DA76283403	6/14/16	ACE/ESIS
			TOTAL AMOUNT PAID =>		**$ 750.00**			

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

Includes payments for Penalties and Interest plus Cost Sanctions (Exotics) Pymts recieved within date range June 2016 - May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
64065	10/27/14	6/1/16	$ 485.00	Depo prep, P&I's + Cost & Sanc. (Korean)	$ 800.00	0128200330	5/24/16	Gallagher Bassett
			TOTAL AMOUNT PAID =>		**$ 800.00**			
62684	6/19/14 - 2/11/15	9/14/16	$ 4,515.00	7 PR-2's, Board appear. SA, Depo prep, Lien fil fee, P&I's + Cost & Sanc. (Vietnamese)	$ 5,000.00	260608491	9/9/16	Employers
			TOTAL AMOUNT PAID =>		**$ 5,000.00**			
60621	1/6/14 - 2/4/15	1/19/17	$ 7,910.00	Initial, 12 PR-2's, Depo prep, Depo review, Lien fil fee, P&I's + Cost & Sanc. (Vietnamese)	$ 4,365.00	896D84699109	8/25/14	Travelers
					$ 1,455.00	896D85108545	11/13/14	
					$ 485.00	896D85471800	1/27/15	
					$ 2,000.00	896D88844654	1/13/17	
			TOTAL AMOUNT PAID =>		**$ 8,305.00**			

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

Includes payments for Penalties and Interest plus Cost Sanctions (Exotics) Pymts recieved within date range June 2016 - May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
60144	10/18/13 - 2/25/15	12/8/16	$ 6,940.00	9 PR-2's, 5 Board appear's SA, Lien fil fee + P&I's (Vietnamese)	$ 825.00	0057613109	6/5/15	Sedgwick
					$ 7,000.00	0068374429	12/5/16	
			TOTAL AMOUNT PAID =>		**$ 7,825.00**			
61347	3/11/14 - 2/14/15	5/2/17	$ 5,970.00	Initial, EMG, 8 PR-2's, Injection, Lien fil fee + P&I's (Vietnamese)	$ 180.00	36490	7/1/14	Zurich
					$ 90.00	38157	8/19/14	
					$ 90.00	42215	12/11/14	
					$ 90.00	42274	12/12/14	
					$ 180.00	45409	3/20/15	
					$ 5,692.71	64204	4/28/17	
			TOTAL AMOUNT PAID =>		**$ 6,322.71**			

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

Includes payments for Penalties and Interest plus Cost Sanctions (Exotics) Pymts recieved within date range June 2016 - May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
40379	11/16/10 - 10/8/13	6/2/16	$ 26,290.00	Initial, Initial Psych., 14 F/U psychotherapies, P&S Psychometric test (full day), Part II of P&S Psychometric test., P&S Psych. Eval., 3 Board appears. LBO, 3 PR-2's, Depo prep, Depo review, Full day Depo review, Pre-op, Surgery(full day), 3 Post-ops, P&S, Lien fil fee + P&I's (Korean)	$ 3,395.00	896D87266299	2/3/16	Travelers
					$ 2,690.00	896D87798927	5/24/16	
					$ 22,310.00	896D87816981	5/27/15	
			TOTAL AMOUNT PAID =>		**$ 28,395.00**			

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

Includes payments for Penalties and Interest plus Cost Sanctions (Exotics) Pymts recieved within date range June 2016 - May 2017

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s) plus additional fees	Total Paid Amt	Check No.	Check Date	Payment Authority
62681	6/18/14 - 2/4/15	5/1/17	$ 5,484.00	Initial, Depo prep, Depo review, EMG, 6 PR-2's, Board appear. SA, Lien fil fee, P&I's + Cost & Sanc. (Vietnamese)	$ 6,600.00	01052989	4/25/17	PacificComp
			TOTAL AMOUNT PAID =>		**$ 6,600.00**			

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#
03/27/17 60273

EAMS#(s):ADJ9073390
ADJ8865451
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
023212009222

BILL TO:
CHUBB GROUP OF INS. CO. (L.A.)
W. C. DEPARTMENT
ATTN: AMY DORAN
555 S. FLOWER ST., 3RD FLOOR
LOS ANGELES, CA 90071

Case: vs LONGVIEW FEDCONSULTING JV
Date Of Injury: 5/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/13	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/04/13	DEPO PREP	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	JAMIE NGUYEN 100190	0.00
12/14/13	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/31/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/12/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/14/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/09/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/30/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/03/14	WCAB SA	MSC - LAN TRINH # 100303	485.00
07/25/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/05/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/17/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/11/14	PMT BY CHECK	DOS 11/5/13-9/5/14*	-990.00
		=# 870233	
12/02/14	MED_EXOTIC	-PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/17/15	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	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#
03/27/17 60273

EAMS#(s):ADJ9073390
ADJ8865451
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
023212009222

BILL TO:
CHUBB GROUP OF INS. CO. (L.A.)
W. C. DEPARTMENT
ATTN: AMY DORAN
555 S. FLOWER ST., 3RD FLOOR
LOS ANGELES, CA 90071

Case vs LONGVIEW FEDCONSULTING JV
Date Of Injury: 5/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/15	MED_EXOTIC	-PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/27/15	PMT BY CHECK	DOS 10/17/14-12/2/14* =# 1123516	-270.00
04/16/15	PMT BY CHECK	DOS 1/17/15-2/24/15* =# 1163016	-180.00
04/08/16	LIEN FIL FEE	LIEN FILING FEE	150.00
04/15/16	PENALTIES	FOR DATE OF SERVICE 12/4/13	72.75
11/11/14	INT LATE PMT	FOR DATE OF SERVICE 12/4/13	43.70
03/20/17	INTEREST	FOR DATE OF SERVICE 12/4/13	142.62
04/15/16	PENALTIES	FOR DATE OF SERVICE 3/12/14	72.75
11/11/14	INT LATE PMT	FOR DATE OF SERVICE 3/12/14	36.83
03/20/17	INTEREST	FOR DATE OF SERVICE 3/12/14	137.02
04/15/16	PENALTIES	FOR DATE OF SERVICE 6/3/14	72.75
11/11/14	INT LATE PMT	FOR DATE OF SERVICE 6/3/14	18.64
03/20/17	INTEREST	FOR DATE OF SERVICE 6/3/14	122.21
03/21/17	PMT BY CHECK	DOS 3/20/17* # 2563818	-7000.00
05/24/17	COSTS & SANC	COST & SANCTIONS	295.73

BALANCE 0.00

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

CHUBB GROUP OF INSURANCE COMPANIES

555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

60273

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165
Tax ID: 330956713
Carrier Code:
JCN: 201205141735357154278 4
Network Indicator: N

Patient

PPO Name:
Patient's SSN #:
Patients's DOB:
Patient Acct #:

Patient's Employer
Longview International Technology Solutions, Inc.
21000 Atlantic Blvd Suite 40
Dulles, VA 20166-2495
Claim Ref #: 023212009222
Claim Adjuster: AMY DORAN
Date of Loss: 05/08/2012
Check Number: 870233
Print Date: 11/11/2014

Comments:

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
11/05/2013	T1013	SIGN LANGUAGE OR ORAL INT	G1	1	485.00	395.00	0.00	90.00
12/04/2013	T1013	SIGN LANGUAGE OR ORAL INT	G1	1	485.00	395.00	0.00	90.00
12/14/2013	T1013	SIGN LANGUAGE OR ORAL INT	G1	1	485.00	395.00	0.00	90.00
01/31/2014	T1013	SIGN LANGUAGE OR ORAL INT	G1	1	485.00	395.00	0.00	90.00
			CHECK TOTAL:		5,335.00	4,345.00	0.00	990.00

Reduction Reason Codes and Description

G1 - The charge has been adjusted to OMFS

PAID NOV 17 2014

State Disclaimer

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.
For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.
If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.
Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

For questions regarding the payment amount, please contact: CORVEL at (714)939-5621 1100 Town & Country Road, Suite 400 Orange, CA 92868
Review Date: 11/7/2014 12:00:00 AM **Ref. #:** 08462986-0001-6 **IRS #:** 953382819

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description
959.9	Injury Other&Unspec Unspe				

60273

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

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165
Tax ID: 330956713
Carrier Code:
JCN: 201205141735357154278A
Network Indicator: N

Patient

PPO Name:
Patient's SSN #:
Patients's DOB:
Patient Acct #:

Patient's Employer
Longview International Technology Solutions, Inc.
21000 Atlantic Blvd Suite 40
Dulles, VA 20166-2495
Claim Ref #: 023212009222
Claim Adjuster: AMY DORAN
Date of Loss: 05/08/2012
Check Number: 1123516
Print Date: 03/27/2015

Comments:

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
12/04/2013	T1013	SIGN LANGUAGE OR ORAL INT	G56,R1	1	485.00	485.00	0.00	0.00
12/14/2013	T1013	SIGN LANGUAGE OR ORAL INT	G56,R1	1	485.00	485.00	0.00	0.00
01/31/2014	T1013	SIGN LANGUAGE OR ORAL INT	G56,R1	1	485.00	485.00	0.00	0.00
03/12/2014	T1013	SIGN LANGUAGE OR ORAL INT	G56,R1	1	485.00	485.00	0.00	0.00
			CHECK TOTAL:		5,820.00	5,550.00	0.00	270.00

Reduction Reason Codes and Description

G56 - Duplicate charge or balance forward

R1 - Duplicate Billing

PAID MAR 30 2015

State Disclaimer

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.
For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.
If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.
Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

For questions regarding the payment amount, please contact: CORVEL at (714)939-5621 1100 Town & Country Road, Suite 400 Orange, CA 92868
Review Date: 3/25/2015 12:00:00 AM Ref. #: 08895181-0001-6 IRS #: 953382819

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description
959.9	Injury Other&Unspec Unspe				

CHUBB GROUP OF INSURANCE COMPANIES

555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

60273

Explanation of Benefits

Medical Provider
Joyce Altman Interpreters
PO BOX 4165
Tustin, CA 92781-4165
Tax ID: 330956713
Carrier Code:
JCN: 201205141735357154 2784
Network Indicator: N

Comments:

Patient

PPO Name:
Patient's SSN #:
Patients's DOB:
Patient Acct #:

Patient's Employer
Longview International Technology Solutions, Inc.
21000 Atlantic Blvd Suite 40
Dulles, VA 20166-2495
Claim Ref #: 023212009222
Claim Adjuster: AMY DORAN
Date of Loss: 05/08/2012
Check Number: 1163016
Print Date: 04/16/2015

Date of Service	CPT Code	Description	Reduction Reason	Days Units	Billed Amount	Fee Schedule Reduction	PPO Reduction	Payment Amount
11/05/2013	T1013	SIGN LANGUAGE OR ORAL INT	G56,R1	1	485.00	485.00	0.00	0.00
12/04/2013	T1013	SIGN LANGUAGE OR ORAL INT	G56,R1	1	485.00	485.00	0.00	0.00
12/14/2013	T1013	SIGN LANGUAGE OR ORAL INT	G56,R1	1	485.00	485.00	0.00	0.00
01/31/2014	T1013	SIGN LANGUAGE OR ORAL INT	G56,R1	1	485.00	485.00	0.00	0.00
			CHECK TOTAL:		7,275.00	7,095.00	0.00	180.00

Reduction Reason Codes and Description

G56 - Duplicate charge or balance forward

R1 - Duplicate Billing

PAID APR 20 2015

State Disclaimer

Amounts billed above the recommended allowance are hereby objected to as being in excess of the amounts authorized under §5307.1 and §5307.3 of the California Labor Code. The provider shall not attempt to collect expenses for medical treatment from the injured worker per LC§4600. If you disagree with our objection, you have the right to file a lien/application with the WCAB to adjudicate the matter.
For DOS 01-01-2013 and after, if the provider disputes the amount paid, a second review may be requested per LC§9792.5.0 through LC§9792.5.7. Dispute must be received within 90 days of receipt of the E.O.R. or an order of the WCAB resolving the threshold issue as stated in the E.O.R. pursuant to paragraph (5) of subdivision (a) of LC§4603.3.
If still unresolved the provider may request an Independent Bill Review within 30 days of service of the second bill review per LC§4603.6. Upon completion of second review, further remedies for resolution exist under LC§9792.5.7; Independent Bill Review.
Per LC§9792.5.5 2(e) if the only dispute is the amount of payment and the provider does not request a second review within the timeframes set forth in subdivision (b), the bill shall be deemed satisfied and neither the claims administrator nor the employee shall be liable for any further payment.

For questions regarding the payment amount, please contact: CORVEL at (714)939-5621 1100 Town & Country Road, Suite 400 Orange, CA 92868
Review Date: 4/14/2015 12:00:00 AM **Ref. #:** 08936676-0001-6 **IRS #:** 953382819

ICD Code	ICD Description	ICD Code	ICD Description	ICD Code	ICD Description
959.9	Injury Other&Unspec Unspe				

CHUBB®

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

Payment Summary

Claim Ref #: 023212009222
Policy: 000071746679
Occurence: 000004
Date of Loss: 05/08/2012
SSN#/TIN#: XXXXXXXXXX
Payee: JOYCE ALTMAN INTERPRETERS

Page: 1 of 1
Check Number: 2563818
Print Date: 03/22/2017
Issue Date: 03/21/2017

Insured: Longview International Technology Solutions, Inc.

DATE	CLAIMANT	DESCRIPTION	AMOUNT
		Lien Order	7,000.00

MAR 27 2017

CHECK TOTAL: 7,000.00

Comments: Lien per Order Full & Final -

Claim Representative: AMY DORAN

Phone: (213)612-5493

Joyce Altman Interpreters, 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 61328

EAMS#(s):
ADJ9147223
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EWJ6399

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

Case: vs C&D ZODIAC
Date Of Injury: 7/20/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT.	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
04/18/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	THACH NGUYEN # 100147	0.00
05/16/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/14/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/09/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/13/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	THE VIN TRAN # 100026	0.00
08/25/14	PMT BY CHECK	DOS 3/14/14-6/13/14* # 896d 84699109	-2910.00
08/19/14	PR2/REEVAL	DR BERNSTEIN @ INTERVENTIONAL PAIN MGMT	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
09/16/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	TRANG LE # 301677	0.00
10/14/14	PR2/REEVAL	DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	TRANG LE # 301677	0.00
10/27/14	EMG TESTING	BY DR SCHREIBER: U/L/E @ IPM	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/12/14	MED_EXOTIC	INITIAL W/DR JERRY MORRIS (SANTA ANA)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/12/14	PMT BY CHECK	DOS 3/14/14-10/27/14* # 896D 85259586	-1940.00
01/27/15	MED_EXOTIC	PR-2 W/DR MORRIS	485.00

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

*** INVOICE ***
Date NO#
08/03/16 61328

EAMS#(s):
ADJ9147223
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EWJ6399

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

Case: vs C&D ZODIAC
Date Of Injury: 7/20/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/28/15	LEGAL_EXOTIC	EXP HEARING @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/28/15	LIEN FIL FEE	LIEN FILING FEE	150.00
09/28/15	PENALTIES	FOR DATE OF SERVICE 1/28/15	72.75
07/06/16	INTEREST	FOR DATE OF SERVICE 1/28/15	80.99
07/06/16	COSTS & SANC	COST & SACN	741.26
07/29/16	PMT BY CHECK	DOS 7/6/16* # 896D 88102213	-2500.00

BALANCE 0.00

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

014093

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

SA06987

896D 84699109

TRAVELERS

DATE: 08/25/14
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 EUJ6290R	01/06/14 - 06/16/14	$ 4,365.00		60621
	152 CB EWJ6399H	03/14/14 - 06/13/14	$ 2,910.00		61328
				PAID AUG 29 2014	
		Total Amount Paid	$*****7275.00		

SUMM CVRPSUM2-021506

:37007106
DETACH CHECK

DETACH CHECK

000598

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SB00289

896D 85259586

TRAVELERS

DATE: 12/12/14
LOSS DATE: 08/12/13
FILE NUMBER: 152 CB EWJ6399 H

EMPLOYEE

ACCOUNT NAME:
C & D ZODIAC, INC.

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/14/2014 TO: 10/27/2014

PAID DEC 19 2014

TOTAL PAID: $1940.00
TAX INFO: 330956713547893 9Y
PAY MISC: 61328,ADJ9147223
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: KAELA HART AT (909)612-3840

346010309
DETACH CHECK

UNSUMM-111311
OVAPUNS2-121203
DETACH CHECK

015031

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SE03171

896D 88102213

TRAVELERS

DATE: 07/29/16
LOSS DATE: 08/12/13
FILE NUMBER: 152 CB EWJ6399 H
REFERENCE #: 1012971051SW
EMPLOYEE

ACCOUNT NAME:
C & D ZODIAC, INC.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC 61328

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 07/06/16

TOTAL PAID: $2500.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FF, SP

PAID AUG 03 2016

FOR ADDITIONAL INFORMATION, CONTACT: ROSALYNDA WASON AT (909)612-3968

211020307
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#
03/07/17	63333

EAMS#(s):ADJ9589182
ADJ9589077
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
GC165

BILL TO:
ALASKA NATIONAL INS. (W.C.)
W. C. DEPARTMENT
ATTN: RICHARD LEE
100 PRINGLE AVE., STE 460
WALNUT CREEK, CA 94596

Case: vs DRIESSEN ZODIAC AEROSPACE
Date Of Injury: 8/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/14	INITIAL EXAM	-DR NEERAJ GUPTA (SANTA ANA) LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241	0.00
08/26/14	INITIAL EXAM	-DR J. MONASTERSKY (SANTA ANA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/03/14	INITIAL EXAM	-DR DILANCHIAN (SANTA ANA)	485.00
/ /	INTERPRETER:	THE VINH TRAN # 100026	0.00
09/03/14	MRI	-REF BY DR GUPTA: C/S @ PLAZA MEDICAL IMAGING	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/09/14	PR2/REEVAL	DR MONASTERSKY (SANTA ANA)	485.00
/ /	INTERPRETER:	DUC NGUYEN # 301485	0.00
09/25/14	PR2/REEVAL	-DR NEERAJ GUPTA	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241	0.00
10/22/14	PR2/REEVAL	DR DILANCHIAN (SANTA ANA)	485.00
/ /	INTERPRETER:	TRANG LE # 301677	0.00
11/04/14	DEPO PREP	@ THE L/O OF NAKAMOTO CHOW	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/06/14	MED_EXOTIC	-PR-2 W/DR GUPTA	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241	0.00
11/20/14	MED_EXOTIC	-SURGERY CONSULT W/DR GUPTA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/08/14	LEGAL_EXOTIC	DEPO REVIEW @ L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/06/15	MED_EXOTIC	-DR BERNSTEIN @ IPM	485.00
/ /	INTERPRETER:	TRANG LE # 301677	0.00
02/06/15	MED_EXOTIC	-PR-2 W/DR BERSTEIN @ IPM DOI: 6/14/13	485.00
/ /	INTERPRETER:	TRANG LE # 301677	0.00
01/29/16	LIEN FIL FEE	LIEN FILING FEE	150.00

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

*** INVOICE ***

Date	NO#
03/07/17	63333

EAMS#(s):ADJ9589182
ADJ9589077
SS # : XXX-XX-_
DOB :
Terms: 60 days
Claim #(s):
GC165

BILL TO:
ALASKA NATIONAL INS. (W.C.)
W. C. DEPARTMENT
ATTN: RICHARD LEE
100 PRINGLE AVE., STE 460
WALNUT CREEK, CA 94596

Case: vs DRIESSEN ZODIAC AEROSPACE
Date Of Injury: 8/7/14

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/16	PENALTIES	FOR DATE OF SERVICE 11/04/14	72.75
02/07/17	INTEREST	FOR DATE OF SERVICE 11/04/14	126.68
08/18/16	PENALTIES	FOR DATE OF SERVICE 12/08/14	72.75
02/07/17	INTEREST	FOR DATE OF SERVICE 12/08/14	116.59
09/06/16	PENALTIES	FOR DATE OF SERVICE 8/14/14	72.75
02/07/17	INTEREST	FOR DATE OF SERVICE 8/14/14	130.04
09/06/16	PENALTIES	FOR DATE OF SERVICE 8/26/14	72.75
02/07/17	INTEREST	FOR DATE OF SERVICE 8/26/14	130.04
09/06/16	PENALTIES	FOR DATE OF SERVICE 9/3/14	72.75
02/07/17	INTEREST	FOR DATE OF SERVICE 9/3/14	130.04
03/03/17	PMT BY CHECK	DOS 2/7/17* 924233 ALASKA NATIONAL	-7200.00
03/07/17	BLCE OFF SET	BALANCE OFF SET	-252.14

BALANCE 0.00

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

ALASKA NATIONAL INSURANCE COMPANY
100 Pringle Avenue, Suite 460, Walnut Creek, CA 94596
(415) 248-5030

WELLS FARGO BANK ALASKA, N.A.

924233

89-5/1252

CLAIM #	DATE	CHECK AMOUNT
00 GC165-00	03/03/2017	*******$7,200.00

PAY *Seven Thousand Two Hundred 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

⑈009242338⑈ ⑆121000248⑆ 405000291 6⑈

ALASKA NATIONAL INSURANCE COMPANY
100 Pringle Avenue, Suite 460, Walnut Creek, CA 94596
(415) 248-5030

CHECK NUMBER	924233
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
GC165-00 14A WS 09527	08/07/2014	DRIESSEN AIRCRAFT INTERIOR SYSTEMS, INC. PER STIPULATION AND ORDER TO PAY LIEN CLAIMANT ADJ9589182 & ADJ9589077	7,200.00 M-OTHR

63333
CS416

F.F.
SP ok

PAID

MR

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT 7,200.00

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#
05/18/17 60622

EAMS#(s):
ADJ8562848
SS # : XXX-XX
DOB :
Terms: 60 days
Claim #(s):
YLRC61027

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

Case: vs FXC CORPORATION
Date Of Injury: 9/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/14	PR2/REEVAL	DR SIMPKIN @ ORTHO MED GRP	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/10/14	PR2/REEVAL	DR SIMPKIN @ ORTHO MED GRP	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/17/14	P AND S	DR SIMPKIN @ ORTHO MED GRP	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/13/14	PR2/REEVAL	DR MIGUEL DOMINGUEZ - TUSTIN	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
05/27/14	PR2/REEVAL	DR DOMINGUEZ - RET'ND DUE	485.00
		INCREASE PAIN	
/ /	INTERPRETER:	JAMIE NUGYEN # 100190	0.00
06/19/14	PR2/REEVAL	DR DOMINGUEZ (TUSTIN)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
07/21/14	PR2/REEVAL	DR DOMINGUEZ (TUSTIN)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
07/31/14	DEPO PREP	@ THE L/O OF GOLDMAN &	485.00
		MADGALIN	
/ /	INTERPRETER:	VIET TRAN # 301678	0.00
08/29/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
		@ L/O NORMAN HOMEN	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/19/14	PR2/REEVAL	DR DOMINGUEZ (TUSTIN)	485.00
/ /	INTERPRETER:	VIET TRAN # 301678	0.00
09/15/14	PR2/REEVAL	DR DOMINGUEZ (TUSTIN)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
10/13/14	PR2/REEVAL	DR DOMINGUEZ @ (TUSTIN)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/10/14	MED_EXOTIC	PR-2 W/DR DOMINGUEZ (TUSTIN)	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/09/14	MED_EXOTIC	PR-2 W/DR DOMINGUEZ	485.00

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

*** INVOICE ***
Date NO#
05/18/17 60622

EAMS#(s):
ADJ8562848
SS # : XXX-XX-
DOB
Terms: 60 days
Claim #(s):
YLRC61027

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

Case: vs FXC CORPORATION
Date of Injury: 9/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/13/14	MED_EXOTIC	INITIAL NEURO W/DR MUMTAZ ALI MEDICAL ARTS G.G.	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/13/15	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/24/15	MED_EXOTIC	PR-2 W/DR ALI MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/16/16	LIEN FIL FEE	LIEN FILING FEE	150.00
12/07/16	PENALTIES	FOR DATE OF SERVICE 3/17/14	72.75
05/03/17	INTEREST	FOR DATE OF SERVICE 3/17/14	165.34
12/07/16	PENALTIES	FOR DATE OF SERVICE 12/13/14	72.75
05/03/17	INTEREST	FOR DATE OF SERVICE 12/13/14	129.43
12/07/16	PENALTIES	FOR DATE OF SERVICE 7/31/14	72.75
05/03/17	INTEREST	FOR DATE OF SERVICE 7/31/14	149.29
12/07/16	PENALTIES	FOR DATE OF SERVICE 8/29/14	72.75
05/03/17	INTEREST	FOR DATE OF SERVICE 8/29/14	148.53
05/15/17	PMT BY CHECK	DOS 6/1/14-2/24/15* # 0079437983	-9188.75
05/18/17	BLCE OFF SET	BALANCE OFF SET	-89.84
		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

201705151611

Electronic Service Requested

1 OF 2 F

ENV 1426

SINGLE PIECE

1426 0.5486 SP 0.460

JOYCE ALTMAN INTERPRETERS INC 4
PO BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
05/15/2017	9,188.75	0079437983

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services, Inc	1 of 3

Claimant Name	Loss Date	Claim Number
	09/13/2011	YLR C 61027

60622

Amt Paid: 4,594.38 Description:
Amt Billed: 5,450.00 Invoice: ICN: 5201-13054987
Dates: 06/01/2014-06/01/2014 Comment:

Amt Paid: 4,594.37 Description:
Amt Billed: 5,450.00 Invoice: ICN: 5201-13054987
Dates: 02/24/2015-02/24/2015 Comment:

PAID
MAY 18 2017
BY: .....

F. F.
SPOK

HR

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#
03/03/17 64062

EAMS#(s):
ADJ9241864
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
05904840

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

Case: vs FAIRVIEW DEVELOPMENTAL CENTER
Date Of Injury: 7/15/13

DOS	SERVICE	DESCRIPTION	AMOUNT
10/21/14	LEGAL_EXOTIC	EXPEDITED HEARING @ WCAB ANA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/03/16	PENALTIES	FOR DATE OF SERVICE 10/21/14	72.75
02/09/17	INTEREST	FOR DATE OF SERVICE 10/21/14	124.84
03/01/17	PMT BY CHECK	FOR 10/21/14-11/3/16* # CQ-459973	-1200.00
03/03/17	COSTS & SANC	COST AND SANCTIONS	517.41

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been acknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the 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 #: **CQ-459973**

Issue Date: 03/01/17
Doc #: 032033806

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05904840		**Date of Injury:** 07/05/13		
SSN: XXX-XX-	Employer name: FAIRVIEW DEVELOPMENTAL CENTER ATTN: PERS Employer ID: STATES0000518130								
	ICD-10 Code:T14.90 INJURY, UNSPECIFIED								
1	SF1-SFSC-8713306	03/09/16	MDS21	Settlement For Dispu	1	1,200.00	.00	375 961 G5 G67	1,200.00
					Total Allowances:				**$1,200.00**

#64062

F.F
NDJ-OK

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"

0134006503203380600 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#
07/19/16	61322

EAMS#(s):
ADJ2707893
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
25811

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

Case: vs PAYLESS FOODS/KOSHAN, INC.
Date Of Injury: 8/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/14	WCAB AHM	MSC - LAN TRINH # 100303 LANG: (VIETNAMESE)	485.00
06/05/14	PMT BY CHECK	DOS 3/26/14* # 00584002	-156.56
10/31/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/24/14	LEGAL_EXOTIC	DEPO REVIEW @ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/30/16	PENALTIES	FOR DATE OF SERVICE 3/26/14	49.28
06/30/16	INTEREST	FOR DATE OF SERVICE 3/26/14	81.77
06/30/16	PENALTIES	FOR DATE OF SERVICE 10/31/14	72.75
06/30/16	INTEREST	FOR DATE OF SERVICE 10/31/14	92.91
06/30/16	PENALTIES	FOR DATE OF SERVICE 11/24/14	72.75
06/30/16	INTEREST	FOR DATE OF SERVICE 11/24/14	88.63
06/30/16	COSTS & SANC	COSTS & SANC	500.00
07/13/16	PMT BY CHECK	DOS 6/12/16-6/30/16* =# 01013282 PACIFIC	-1798.44
07/19/16	BLCE OFF SET	BALANCE OFF SET	-458.09

BALANCE 0.00

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

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

Temporary Return Service Requested

000080-000001-000080 2501874 2320EDC 1
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Insured: KOSHAN, INC.
Amount of this check: 156.56

Claimant:
Claim: 00014613
Policy #: WC 00036501
Date of injury: 20060612
Description: 03-26-14 - 03-26-14 61322
Payment For: INTERPRETER FOR HEARINGS

Payment Amount: $ 156.56

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

PAID JUN 10 2014

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

PacificComp®
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

18-01606/1220

CHECK NO: 00584002
DATE: 06/05/2014

AMOUNT
*****$156.56

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

PAY One Hundred Fifty-Six and 56/100

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

Authorized Signature

Authorized Signature

⑈00584002⑈ ⑆122016066⑆ 412⑈878892⑈

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

Temporary Return Service Requested

000007-000001-000019 2506775 2320EDC 3
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0211565
Date of Review: 07/11/2016
Date Bill Received: 07/08/2016
Adjustor: RCARLSON
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01013282 Bulk $1,798.44
Method of Payment: Paper Check

61322

ovider: JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781
ovider State License: 99999999
ovider Invoice:
ndering Provider: JOYCE ALTMAN INTERPRETERS, INC
ndering Provider ID: 9999999999

Claim 00014613
Policy: WC 00036501
Employer Name: KOSHAN, INC.
DoI: 06/12/2006
Claimant:
Patient SSN:
MPN Number: 1018

F. F.
MW

: ID: 330956713 PHY
S: 06/12/2006 TO 06/30/2016
ID: 33095671300 100
ment Status Code: 1
ment Date: 07/13/2016 Bill Frequency:

DX 1: T1490 Injury, unspecified

PAID JUL 19 2016

e of vice	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	Reductions PPO	Allowance	Expl. Code(s)
12/2006	MDO10			FINAL ORDR/AWARD WC APPL		1	1	0	899.22			899.22	1000
30/2016	MDO10			FINAL ORDR/AWARD WC APPL		1	1	0	899.22			899.22	1000
								Total Charges:	1,798.44				
								Bill Review Reductions:		0.00			
								Recommended Allowance				1,798.44	

0 FULL and FINAL SETTLEMENT

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

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

PacificComp®
CIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01013282
DATE: 07/13/2016

AMOUNT
*****$1,798.44

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

PAY One Thousand Seven Hundred Ninety-Eight and 44/100

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

Authorized Signature
Daniel K. Richardson
Authorized Signature

⑈01013282⑈ ⑆122016066⑆ 412⑈118464⑈

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

*** INVOICE ***
Date NO#
06/17/16 64288

EAMS#(s):
ADJ9179393
SS # : XXX-XX-
DOB :
Terms : 30 days
Claim #(s):
345C6291010

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

Case: vs GARRETT AVIATION/STANDARDAERO
Date Of Injury: 7/1/13

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/14	LEGAL_EXOTIC	DEPO PREP @ THE L/O OF TOBIN & LUCKS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
05/25/16	PENALTIES	FOR DATE OF SERVICE 11/12/14	72.75
05/25/16	INTEREST	FOR DATE OF SERVICE 11/12/14	75.64
06/14/16	COSTS & SANC	COSTS & S SANC	116.61
06/14/16	PMT BY CHECK	DOS 11/12/14-5/25/16* # DA76283403 ACE	-750.00

BALANCE 0.00

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

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

DATE 06/14/16

CHECK NO. **DA76283403**

STATEMENT

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

64288

5900A11DA 00 00196 DA76283403
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6291010

DOLLARS
$*******750.00

*** NOT NEGOTIABLE ***

Invoice #
Agency Claim # 201401212375575925222

FOR
11/12/14 THRU 05/25/16 FULL & FINAL

CLAIMANT

DATE OF EVENT
07/01/13

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

F.F. OK

LA

PAID JUN 17 2016

EDMT.DMCD-001178-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

MR

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

*** INVOICE ***

Date	NO#
06/01/16	64065

EAMS#(s):
ADJ9614405
SS # : XXX-XX-N/A
DOB :
Terms : 45 days
Claim #(s):
005497-000085-WC01

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

Case: vs COMMERCE CASINO
Date Of Injury: 07/30/14

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/14	LEGAL_EXOTIC	DEPO PREP @ MCNAMARA & DRASS LANG: (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
05/11/16	PENALTIES	FOR DATE OF SERVICE 10/27/14	72.75
05/11/16	INTEREST	FOR DATE OF SERVICE 10/27/14	83.13
05/10/16	COSTS & SANC	COSTS & SANC	159.12
05/24/16	PMT BY CHECK	DOS 5/20/16* # 0128200330 GALLAGHER	-800.00

BALANCE 0.00

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

MDG2009 00005168 1 MB 0419 1

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

PAID JUN 01 2016

F.F.
LA OK

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

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

64065

CLAIM NO.: 005497 000085 WC 01 (51)
CLAIMANT:
DESCRIPTION: FULL & FINAL RESOLUTION

DATES OF SERVICE: 20May16 **THRU** 20May16
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 30Jul14

NO.: 0128200330
VN: 0000021769
DATE: 24May16
AMOUNT: 800.00

HR

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005168 005868 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#
09/14/16	62684

EAMS#(s):
ADJ9418019
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2014240372

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

Case: vs SEAL SERVICE
Date Of Injury: 1/14/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/14	PR2/REEVAL	DR NIMISH SHAH @ NEW HORIZON	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	TRANG LE # 301677	0.00
07/16/14	PR2/REEVAL	DR SHAH @ NEW HORIZON	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/15/14	PR2/REEVAL	DR SHAH @ NEW HORIZON	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
11/13/14	MED_EXOTIC	PR-2 W/DR SHAH @ NEW HORIZON	485.00
		(date amended)	
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
12/11/14	MED_EXOTIC	PR-2 W/DR SHAH @ NEW HORIZON	485.00
/ /	INTERPRETER:	TRANG LE # 301677	0.00
01/06/15	LEGAL_EXOTIC	STATUS CONFERENCE @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/13/15	MED_EXOTIC	PR-2 W/DR SHAH @ NEW HORIZON	485.00
/ /	INTERPRETER:	TRANG LE # 301677	0.00
02/06/15	LEGAL_EXOTIC	DEPO PREP @ L/O BLACK & ROSE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/11/15	MED_EXOTIC	PR-2 W/DR SHAH @ NEW HORIZON	485.00
/ /	INTERPRETER:	JACQUELINE NGUYEN # 500241	0.00
08/31/16	PENALTIES	FOR DATE OF SERVICE 1/6/15	72.75
08/31/16	INTEREST	FOR DATE OF SERVICE 1/6/15	88.32
08/31/16	PENALTIES	FOR DATE OF SERVICE 2/6/15	72.75
08/31/16	INTEREST	FOR DATE OF SERVICE 2/6/15	83.28
03/02/16	LIEN FIL FEE	LIEN FILING FEE	150.00
09/13/16	COSTS & SANC	COSTS & SANC	167.90
09/09/16	PMT BY CHECK	DOS 6/19/14-9/30/15*	-5000.00
		# 260608491	

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

*** INVOICE ***

Date	NO#
09/14/16	62684

EAMS#(s):
ADJ9418019
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
2014240372

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

Case: vs SEAL SERVICE
Date Of Injury: 1/14/14

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.

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

EMPLOYERS®

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

62684

Check Date: 09/09/2016
Check Number: 260608491
Total Billed: $5,000.00
Total Paid: $5,000.00

Claim Number	Injured Employee	EOR Document	From Date	Through Date	Billed Amount	Allowed Amount
2014240372		UN501303633789	06/19/2014	09/30/2015	5,000.00	5,000.00

PAID SEP 14 [illegible]

F.F. OK
LA

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

EMR

Joyce Altman Interpreters, 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	60621

EAMS#(s):
ADJ9245524
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EUJ6290

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

Case: vs C AND D ZODIAC
Date Of Injury: 11/7/12-12/9/13

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/14	INITIAL EXAM	DR MOHEMANI @ COAST SPINE & SPORTS MEDICINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303 LANG: VIETNAMESE	0.00
02/03/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE & SPORTS MED	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/03/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE & SPORTS MED	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/24/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE & SPORTS MED	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/21/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/19/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/19/14	DEPO PREP	@ THE L/O OF STOCKWELL, HARRIS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/05/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/16/14	PR2/REEVAL	DR MOHAEIMANI @ COAST SPINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/14/14	PR2/REEVAL	DR MOHAEIMANI @ COAST SPINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/25/14	PMT BY CHECK	DOS 1/6/14-6/16/14* # 896D 84699109	-4365.00
08/18/14	PR2/REEVAL	DR MOHEIMANI @ COAST SPINE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/29/14	PR2/REEVAL	DR MOHAEIMANI	485.00

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

*** INVOICE ***

Date	NO#
01/19/17	60621

EAMS#(s):
ADJ9245524
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
EUJ6290

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

Case: vs C AND D ZODIAC
Date Of Injury: 11/7/12-12/9/13

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/13/14	PMT BY CHECK	DOS 7/14/14-9/29/14* # 896D 85108545	-1455.00
11/03/14	MED_EXOTIC	PR-2 W/DR MOHEIMANI @ COAST	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/15/14	MED_EXOTIC	PR-2 W/DR MOHEIMANI	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/27/15	PMT BY CHECK	DOS 1/6/14-11/3/14* # 896D 85471800	-485.00
01/26/15	MED_EXOTIC	PR-2 W/DR MOHEIMANI	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/04/15	LEGAL_EXOTIC	PRI CONFERENCE @ WCAB SANTA ANA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/25/16	LIEN FIL FEE	LIEN FILING FEE	150.00
12/27/16	PENALTIES	FOR DATE OF SERVICE 2/4/15	72.75
12/27/16	INTEREST	FOR DATE OF SERVICE 2/4/15	101.31
12/27/16	COSTS & SANC	COSTS & SANC	220.94
01/13/17	PMT BY CHECK	DOS 12/27/16* # 896D 88844654	-2000.00

BALANCE 0.00

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

014093

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

SA06987

896D 84699109

TRAVELERS

DATE: 08/25/14
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

PAID AUG 29 2014

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 EUJ6290R	01/06/14 - 06/16/14	$ 4,365.00		60821
	152 CB EWJ6399H	03/14/14 - 06/13/14	$ 2,910.00		61328
		Total Amount Paid	$*****7275.00		

SUMM 1 1 2 1 1
OVRPSUM2-021509

237007106
DETACH CHECK

DETACH CHECK

018201

896D 85108545

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SA09056

TRAVELERS

DATE: 11/13/14
LOSS DATE: 01/17/13
FILE NUMBER: 152 CB EUJ6290 R

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

EMPLOYEE

ACCOUNT NAME:
C & D ZODIAC, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 07/14/2014 TO: 09/29/2014

TOTAL PAID: $1455.00
TAX INFO: 330956713547[redacted]939Y
PAY MISC: 60621
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID NOV 17 2014

FOR ADDITIONAL INFORMATION, CONTACT: KAELA HART AT (909)612-3840

UNSUMM-111311
UVM-UNS2-121205

317009144
DETACH CHECK

DETACH CHECK

017828

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SA08862

896D 85471800

TRAVELERS

DATE: 01/27/15
LOSS DATE: 01/17/13
FILE NUMBER: 152 CB EUJ6290 R

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

EMPLOYEE

PAID FEB 02 2015

ACCOUNT NAME:
C & D ZODIAC, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/06/2014 TO: 11/03/2014

TOTAL PAID: $485.00
TAX INFO: 330956713317481Y
PAY MISC: 60621
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: KAELA HART AT (909)612-3840

027008966
DETACH CHECK

DETACH CHECK

010065

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

SE02123

896D 88844654

TRAVELERS

DATE: 01/13/17
LOSS DATE: 01/17/13
FILE NUMBER: 152 CB EUJ6290 R
REFERENCE #: 1014558390SW
EMPLOYEE

ACCOUNT NAME:
C & D ZODIAC, INC.

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

60621

EXPLANATION OF PAYMENT

OTHER

F.F.
SP DK

DATE OF SERVICE: 12/27/16

TOTAL PAID: $2000.00

TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JAN 19 2017

BY: .....

MP

FOR ADDITIONAL INFORMATION, CONTACT: JAZMIN BALLESTEROS AT (909)612-3856

013019870
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#
12/08/16 60144

EAMS#(s):
ADJ8049155
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
W1110035284

BILL TO:
SEDGWICK CLAIMS (LEXINGT14450)
W. C. DEPARTMENT
ATTN: RENE ELDER
PO BOX 14450
LEXINGTON, KY 40512

Case: vs SEARS HOLDINGS
Date Of Injury: 3/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/27/13	WCAB SA	PRIORITY CONFERENCE	485.00
		LANG: VIETNAMESE	
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/06/13	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/17/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/28/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
03/05/14	WCAB SA	PRIORITY CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/25/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
06/06/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/22/14	PR2/REEVAL	-DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/17/14	WCAB SA	PRIORITY CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/13/14	MED_EXOTIC	-PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/03/14	LEGAL_EXOTIC	MSC @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/12/14	MED_EXOTIC	-PR-2 W/DR ALI @ MEDICAL ARTS (AMENDED)	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/25/15	LEGAL_EXOTIC	MSC @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	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#
12/08/16 60144

EAMS#(s):
ADJ8049155
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
W1110035284

BILL TO:
SEDGWICK CLAIMS (LEXINGT14450)
W. C. DEPARTMENT
ATTN: RENE ELDER
PO BOX 14450
LEXINGTON, KY 40512

Case: vs SEARS HOLDINGS
Date Of Injury: 3/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/15	PENALTIES	FOR DATE OF SERVICE 11/27/13	72.75
06/20/16	INTEREST	FOR DATE OF SERVICE 11/27/13	143.79
03/20/15	PENALTIES	FOR DATE OF SERVICE 3/5/14	72.75
06/20/16	INTEREST	FOR DATE OF SERVICE 3/5/14	128.82
03/20/15	PENALTIES	FOR DATE OF SERVICE 9/17/14	72.75
07/20/16	INTEREST	FOR DATE OF SERVICE 9/17/14	133.40
03/31/15	LIEN FIL FEE	LIEN FILING FEE	150.00
03/31/15	PENALTIES	FOR DATE OF SERVICE 12/3/14	72.75
07/20/16	INTEREST	FOR DATE OF SERVICE 12/3/14	91.68
06/05/15	PMT BY CHECK	DOS 11/27/13-12/3/14* # 0057613109	-825.00
06/05/15	PENALTIES	FOR DATE OF SERVICE 02/25/15	72.75
07/20/16	INTEREST	FOR DATE OF SERVICE 02/25/15	78.85
06/05/15	INTEREST	FOR DATE OF SERVICE 11/27/13	76.86
06/05/15	INTEREST	FOR DATE OF SERVICE 12/6/13	41.76
12/05/16	PMT BY CHECK	DOS 11/18/16* # 0068374429	-7000.00
12/08/16	BLCE OFF SET	BALANCE OFF SET	-173.91

BALANCE 0.00

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

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14563
Lexington, KY 40512-4563

201506051619

PAID JUN 0 9 2015

Electronic Service Requested

1 OF 1

ENV 4498

SINGLE PIECE

4498 0.3820 SP 0.485

JOYCE ALTMAN INTERPRETERS
P.O. BOX 1460
TUSTIN, CA 92781-1460

8

DATE	CHECK AMT	CHECK NO.
06/05/2015	825.00	0057613109

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****1109

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

Claimant Name	Loss Date	Claim Number
	03/16/2011	W1110035284-0001

Amt Paid: 825.00 Description:
Amt Billed: 825.00 Invoice: ICN: W11100352840001
Dates: 11/27/2013-12/03/2014 Comment: EXPBLK Interpreting Services at WCAB

60144

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

P6905028006

Sedgwick Claims Management Services, Inc
P O Box 14563
Lexington, KY 40512-4563

[redacted]

201612051612

Electronic Service Requested

1 OF 2 F

ENV 1136

SINGLE PIECE

1136 0.5486 SP 0.465

JOYCE ALTMAN INTERPRETERS 3
P.O. BOX 4165
TUSTIN, CA 92781-4165

DATE	CHECK AMT	CHECK NO.
12/05/2016	7,000.00	0068374429

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

SCMS UNIT	PAGE
183 Sedgwick Claims Management Services, Inc	1 of 3

Claimant Name	Loss Date	Claim Number 60144
	03/16/2011	W1110035284-0001

Amt Paid: → 7,000.00 Description: Miscellaneous Medical
Amt Billed: 7,000.00 Invoice: ICN: 1845-10265892
Dates: 11/18/2016-11/18/2016 Comment:

FF.OK

PAID DEC 08 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#
05/02/17 61347

EAMS#(s):ADJ9640401
ADJ9318390
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
17002166

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

Case: vs GSW PRODUCT INC.
Date Of Injury: 7/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/14	INITIAL EXAM	DR ALI @ MEDICAL ARTS LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
04/01/14	EMG TESTING	BY DR ALI: U/E @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
05/13/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
07/01/14	PMT BY CHECK	DOS 3/11/14-4/1/14* # 36490	-180.00
06/24/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/19/14	PMT BY CHECK	DOS 6/24/14* =# 38157	-90.00
08/01/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/16/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/03/14	INJECTION	DR ALI: LT ELBOW @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
10/24/14	PR2/REEVAL	DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/14/14	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
12/11/14	PMT BY CHECK	DOS 10/3/14* =# 42215	-90.00
12/12/14	PMT BY CHECK	DOS 10/24/14* =# 42274	-90.00
01/05/15	LEGAL_EXOTIC	EXP. HEARING @ WCAB SA	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
01/06/15	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
02/14/15	MED_EXOTIC	PR-2 W/DR ALI @ MEDICAL ARTS	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	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#
05/02/17 61347

EAMS#(s):ADJ9640401
ADJ9318390
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
17002166

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

Case: vs GSW PRODUCT INC.
Date Of Injury: 7/17/13

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/15	PMT BY CHECK	DOS 1/5/15-1/6/15* =# 45409	-180.00
08/09/16	LIEN FIL FEE	LIEN FILING FEE	150.00
11/09/16	PENALTIES	FOR DATE OF SERVICE 1/5/15	59.25
04/24/17	INTEREST	FOR DATE OF SERVICE 1/5/15	101.30
04/24/17	PENALTIES	FOR DATE OF SERVICE 3/11/14	59.25
04/24/17	INTEREST	FOR DATE OF SERVICE 3/11/14	132.91
04/28/17	PMT BY CHECK	DOS 3/11/14-9/30/15* =# 64204	-5692.71

BALANCE 0.00

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

Zurich-American Insurance Group

P.O. Box 85251
San Diego, CA 92186

US Bank

4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 36490

DATE
07/01/2014

**********180.00

VOID AFTER 90 DAYS

VOID

California Workers' Compensation Payment

Pay One Hundred Eighty Dollars And 00/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈036490⑈ ⑆122235821⑆ 153495561216⑈

EXPLANATION OF REVIEW

Payer: Zurich-American Insurance Group
P.O. Box 85251
San Diego, CA 92186
FEIN: 36-6071400

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 36490
Pmt Date: 07/01/2014
Pay Sts Code: 1

Review Date: 06/27/2014
NPI/License #: 9999999999
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: 959.9

Document #: CCS0000371258-01
Patent Name:
Patient SSN: XXX-X
Patient DOB:
Patient Acct #: 61347
Employer Name: GSW Product Inc
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 17002166
Rec. Date: 06/16/2014
Accident Date: 07/17/2013
Bill Type: RB
DRG Code:
Employer ID: WC965913000
Rendering NPI: 1111111111

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
3/11/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	395.00	0.00	90.00	G1
4/1/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	395.00	0.00	90.00	G1
				Totals:			970.00	790.00	0.00	180.00	

61347

Reason Code Description

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

PAID JUL 03 2014

Zurich-American Insurance Group
P.O. Box 85251
San Diego, CA 92186

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 38157

DATE
08/19/2014

California Workers' Compensation Payment

**********90.00

VOID AFTER 90 DAYS

Pay Ninety Dollars And 00/100

TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

PAID AUG 21 2014

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈00381578⑈ ⑆122235821⑆ 153495561216⑈

EXPLANATION OF REVIEW

Payer: Zurich-American Insurance Group
P.O. Box 85251
San Diego, CA 92186
FEIN: 36-6071400

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 38157
Pmt Date: 08/19/2014
Pay Sts Code: 1

Review Date: 08/15/2014
NPI/License #: 9999999999
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: 959.9

Document #: CCS0000406228-01
Patent Name:
Patient SSN: XXX-XX-
Patient DOB:
Patient Acct #: 61347
Employer Name: GSW Product Inc
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 17002166
Rec. Date: 08/04/2014
Accident Date: 07/17/2013
Bill Type: RB
DRG Code:
Employer ID: WC965913000
Rendering NPI: 1111111111

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
3/11/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
4/1/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
5/13/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
6/24/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	395.00	0.00	90.00	G1
				Totals:			1,940.00	1,850.00	0.00	90.00	

Reason Code Description

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

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a "balance forward bill" containing a duplicate charge and billing for a new service.

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

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

CHECK NO. 42215

DATE
12/11/2014

$**********90.00

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay Ninety Dollars And 00/100
TO THE ORDER OF

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

PAID DEC 16 2014

⑈000004221 5⑈ ⑆122235821⑆ 153495561216⑈

EXPLANATION OF REVIEW

Payer: Zurich-American Insurance Group
P.O. Box 85251
San Diego, CA 92186
FEIN: 36-6071400

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 42215
Pmt Date: 12/11/2014
Pay Sts Code: 1

61347

Review Date: 12/09/2014
NPI/License #: 9999999999
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: 959.9

Document #: CCS0000484563-01
Patent Name:
Patient SSN: XXX-XX
Patient DOB:
Patient Acct #: 61347
Employer Name: GSW Product Inc
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 17002166
Rec. Date: 11/20/2014
Accident Date: 07/17/2013
Bill Type: RB
DRG Code:
Employer ID: WC965913000
Rendering NPI: 1111111111

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
3/11/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
4/1/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
5/13/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
6/24/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
8/1/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
9/16/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
10/3/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	150.00	60.00	0.00	90.00	G1
				Totals:			3,060.00	2,970.00	0.00	90.00	

Reason Code Description

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

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a "balance forward bill" containing a duplicate charge and billing for a new service.

THIS CHECK IS VOID WITHOUT A GREEN & BLUE BORDER AND BACKGROUND PLUS ...

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

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

CHECK NO. 42274

DATE
12/12/2014

$*********************90.00

VOID

California Workers' Compensation Payment

Pay Ninety Dollars And 00/100

TO THE ORDER OF

VOID AFTER 90 DAYS

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

PAID DEC 16 2014

⑈000042274⑈ ⑆122235821⑆ 153495561216⑈

Provider Bill Detail

Payer: Zurich-American Insurance Group

Check Number: 42274
Check Date: 12/12/2014

Review Date: 12/11/2014	**Document #:** CCS0000485184-01	**Claim #:** 17002166	
NPI/License #: 9999999999	**Patent Name:**	**Rec. Date:** 11/24/2014	
Jurisdiction: California	**Patient SSN:** XXX-XX	**Accident Date:** 07/17/2013	
PPO Name:	**Patient DOB:**	**Bill Type:** RB	
PPO ID #:	**Patient Acct #:** 61347	**DRG Code:**	
ICD9 Codes: 959.9	**Employer Name:** GSW Product Inc	**Employer ID:** WC965913000	
	Rend. Provider: Joyce Altman Interpreters Inc	**Rendering NPI:** 1111111111	

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
3/11/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
4/1/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
5/13/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
6/24/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
8/1/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
9/16/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
10/3/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	485.00	0.00	0.00	G56
10/24/2014	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	395.00	0.00	90.00	G1
				Totals:			3,880.00	3,790.00	0.00	90.00	

Reason Code **Description**

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

G56 This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a "balance forward bill" containing a duplicate charge and billing for a new service.

Notices:

EXPLANATION OF REVIEW

Payer: Zurich-American Insurance Group
P.O. Box 85251
San Diego, CA 92186
FEIN: 36-6071400

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 45409
Pmt Date: 03/20/2015
Pay Sts Code: 1

Review Date: 03/16/2015
NPI/License #: 9999999999
Jurisdiction: California
PPO Name:
PPO ID #:
ICD9 Codes: 959.9

Document #: CCS0000545748-01
Patent Name:
Patient SSN: XXX-XX
Patient DOB:
Patient Acct #: 61347
Employer Name: GSW Product Inc
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 17002166
Rec. Date: 02/26/2015
Accident Date: 07/17/2013
Bill Type: RB
DRG Code:
Employer ID: WC965913000
Rendering NPI: 0000000000

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
1/5/2015	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	395.00	0.00	90.00	G1
1/6/2015	T1013	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	395.00	0.00	90.00	G1
				Totals:			970.00	790.00	0.00	180.00	

Reason Code Description

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

PAID MAR 25 2015

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. 64204

DATE
04/28/2017

California Workers' Compensation Payment

$**********5,692.71

Pay Five Thousand Six Hundred Ninety Two Dollars And 71/100

TO THE ORDER OF VOID VOID

VOID AFTER 90 DAYS

Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781

VOID

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0000064204⑈ ⑆122235821⑆ 153495561216⑈

EXPLANATION OF REVIEW

Payer: Zurich-American Insurance Group
P.O. Box 85251
San Diego, CA 92186
FEIN: 36-4233459

Pay-To: Joyce Altman Interpreters Inc
PO Box 4165
Tustin, CA 92781
Tax ID: XX-XXX6713

Pmt Method: CK# 64204
Pmt Date: 04/28/2017
Pay Sts Code: 1

PAID
MAY 02 2017
BY:

Review Date: 04/26/2017
NPI/License #: 9999999999
Jurisdiction: California
PPO Name: NRU
PPO ID #: 2486
ICD9 Codes: 959.9

Document #: CCS0000947147-01
Patent Name:
Patient SSN: XXX-XX-
Patient DOB:
Patient Acct #: 61347
Employer Name: GSW Product, Inc.
Rend. Provider: Joyce Altman Interpreters Inc

Claim #: 17002166
Rec. Date: 01/27/2017
Accident Date: 07/17/2013
Bill Type: RB
DRG Code:
Employer ID: WC965913000
Rendering NPI: 0000000000

Date	Bill	Rev	Mod	Description	Bill Qty	Paid Qty	Billed	Fee Schedule Reduction	PPO Savings	Allowed	Reason
3/11/2014	99199	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	80.76	0.00	404.24	G4 NRU002
4/1/2014	99199	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	80.76	0.00	404.24	G4 NRU002
5/13/2014	99199	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	80.76	0.00	404.24	G4 NRU002
6/24/2014	99199	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	80.76	0.00	404.24	G4 NRU002
8/1/2014	99199	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	80.76	0.00	404.24	G4 NRU002
9/16/2014	99199	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	80.76	0.00	404.24	G4 NRU002
10/3/2014	99199	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	80.76	0.00	404.24	G4 NRU002
10/24/2014	99199	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	80.76	0.00	404.24	G4 NRU002
11/14/2014	99199	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	80.76	0.00	404.24	G4 NRU002
1/5/2015	99199	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	80.76	0.00	404.24	G4 NRU002
1/6/2015	99199	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	80.76	0.00	404.24	G4 NRU002
2/14/2015	99199	T1013	00 00 00	Sign Lang/Oral Interpreter	00000 01.00	1.00	485.00	80.76	0.00	404.24	G4 NRU002
9/30/2015	99199	99199	00 00 00	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	00000 01.00	1.00	150.00	24.98	0.00	125.02	G4 NRU002
9/30/2015	99199	99199	00 00 00	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	00000 01.00	1.00	59.25	9.87	0.00	49.38	G4 NRU002
9/30/2015	99199	99199	00 00 00	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	00000 01.00	1.00	80.64	13.43	0.00	67.21	G4 NRU002
9/30/2015	99199	99199	00 00 00	UNLISTED SPECIAL SERVICE PROCEDURE/REPORT	00000 01.00	1.00	720.11	119.89	0.00	600.22	G4 NRU002
				Totals:			6,830.00	1,137.29	0.00	5,692.71	

Reason Code Description

G4 This Charge was Adjusted to Comply with the Rate and Rules of the Contract Indicated.

NRU002 Special negotiated rate.

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

*** INVOICE ***

Date	NO#
06/02/16	40379

EAMS#(s):ADJ7593681
ADJ7593736
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
EHJ1754

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

Case: vs COMMERCE CASINO
Date Of Injury: 6/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/10	INITIAL EXAM	DR WEISSKOPF: PSYCH EVAL (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
11/23/10	PSYCH TEST	PSYCHOMETRIC TEST REF BY DR WEISSKOPF (FULL DAY)	970.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/27/10	INITIAL EXAM	DR WEISSKOPF - PSYCH EVAL (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
01/10/11	PR2/REEVAL	PSYCHOTHERAPY W/ DR WEISSKOPF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
02/18/11	PR2/REEVAL	PSYCHOTHERAPY W/ DR WEISSKOPF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
01/24/11	PR2/REEVAL	PSYCHOTHERAPY W/DR WEISSKOPT (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMRUA # 301033	0.00
03/14/11	PSYCH EVAL.	DR WRISSKOPT: PSYCHOTHERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/21/11	WCAB LB	STATUS CONFERENCE (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/28/11	PSYCH EVAL.	DR WEISSKOPF: PSYCHOTHERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/19/11	PSYCH EVAL.	DR WEISSKOPF: PSYCHOTHERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
05/16/11	PSYCH EVAL.	DR WEISSKOPF: PSYCHOTHERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
06/28/11	PSYCH EVAL.	DR WEISSKOPF: PSYCHOTHERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/26/11	PSYCH EVAL.	DR WEISSKOPF: PSYCHOTHERAPY	485.00

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

*** INVOICE ***

Date	NO#
06/02/16	40379

EAMS#(s):ADJ7593681
ADJ7593736
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
EHJ1754

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

Case: vs COMMERCE CASINO
Date Of Injury: 6/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
08/15/11	PSYCH EVAL.	DR WEISSKOPF: PSYCHOTHERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
09/26/11	PSYCH EVAL.	DR WEISSKOPF: PSYCHOTHERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/24/11	PSYCH EVAL.	DR WEISSKOPF: PSYCHOTHERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/28/11	PR2/REEVAL	DR SIRAKOFF - CHANSUN NISHIMURA # 301033	485.00
11/15/11	PSYCH EVAL.	DR WEISSKOPF: PSYCHOTHERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/06/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (FULL DAY)	970.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/09/11	PR2/REEVAL	DR SIRAKOFF (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/06/11	PSYCH EVAL.	DR WEISSKOPF: PSYCHOTHERAPY	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/15/11	P AND S	PSYCHOMETRIC TEST REF BY DR WEISSKOPF (FULL DAY)	970.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/21/11	WCAB LB	MSC (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/13/11	DEPO PREP	@ THE L/O OF MALQUIST & FIELDS	485.00
/ /	INTERPRETER:	JAEIS CHON # 301034	0.00
12/22/11	P AND S	PSYCHOMETRIC TESTING (CONTINUED)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
01/20/12	PR2/REEVAL	DR SIRAKOFF (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	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#
06/02/16 40379

EAMS#(s):ADJ7593681
ADJ7593736
SS # : XXX-XX
DOB :
Terms : 45 days
Claim #(s):
EHJ1754

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

Case: vs COMMERCE CASINO
Date Of Injury: 6/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/12	P AND S	DR WEISSKOPF: PSYCH EVAL	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
02/15/12	PENALTIES	FOR DATE OF SERVICE 11/16/10	72.75
06/02/16	INTEREST	FOR DATE OF SERVICE 11/16/10	310.20
02/15/12	PENALTIES	FOR DATE OF SERVICE 11/23/10	145.50
11/30/15	INTEREST	FOR DATE OF SERVICE 11/23/10	545.22
02/15/12	PENALTIES	FOR DATE OF SERVICE 12/27/10	72.75
06/02/16	INTEREST	FOR DATE OF SERVICE 12/27/10	303.94
02/15/12	PENALTIES	FOR DATE OF SERVICE 1/10/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 1/10/11	273.53
02/15/12	PENALTIES	FOR DATE OF SERVICE 2/18/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 2/18/11	267.57
02/15/12	PENALTIES	FOR DATE OF SERVICE 1/24/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 1/24/11	271.39
02/15/12	PENALTIES	FOR DATE OF SERVICE 3/14/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 3/14/11	263.37
02/15/12	PENALTIES	FOR DATE OF SERVICE 3/21/11	72.75
06/02/16	INTEREST	FOR DATE OF SERVICE 3/21/11	291.10
02/15/12	PENALTIES	FOR DATE OF SERVICE 3/28/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 3/28/11	261.76
02/15/12	PENALTIES	FOR DATE OF SERVICE 4/19/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 4/19/11	258.40
02/15/12	PENALTIES	FOR DATE OF SERVICE 5/16/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 5/16/11	254.27
02/15/12	PENALTIES	FOR DATE OF SERVICE 6/28/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 6/28/11	247.70
02/15/12	PENALTIES	FOR DATE OF SERVICE 7/26/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 7/26/11	243.42
02/15/12	PENALTIES	FOR DATE OF SERVICE 8/15/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 8/15/11	246.37
02/15/12	PENALTIES	FOR DATE OF SERVICE 9/26/11	72.75

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

*** INVOICE ***

Date	NO#
06/02/16	40379

EAMS#(s):ADJ7593681
ADJ7593736
SS # : XXX-XX
DOB :
Terms : 45 days
Claim #(s):
EHJ1754

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

Case: vs COMMERCE CASINO
Date Of Injury: 6/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/15	INTEREST	FOR DATE OF SERVICE 9/26/11	233.95
02/15/12	PENALTIES	FOR DATE OF SERVICE 10/24/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 10/24/11	229.67
02/15/12	PENALTIES	FOR DATE OF SERVICE 10/28/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 10/28/11	229.06
02/15/12	PENALTIES	FOR DATE OF SERVICE 11/15/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 11/15/11	226.31
02/15/12	PENALTIES	FOR DATE OF SERVICE 10/6/11	145.50
06/02/16	INTEREST	FOR DATE OF SERVICE 10/6/11	521.38
02/15/12	PENALTIES	FOR DATE OF SERVICE 12/9/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 12/9/11	222.64
02/15/12	PENALTIES	FOR DATE OF SERVICE 12/6/11	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 12/6/11	223.10
02/15/12	PENALTIES	FOR DATE OF SERVICE 12/15/11	145.50
06/02/16	INTEREST	FOR DATE OF SERVICE 12/15/11	499.99
02/15/12	PENALTIES	FOR DATE OF SERVICE 12/21/11	72.75
06/02/16	INTEREST	FOR DATE OF SERVICE 12/21/11	249.08
02/15/12	PENALTIES	FOR DATE OF SERVICE 12/13/11	72.75
06/02/16	INTEREST	FOR DATE OF SERVICE 12/13/11	250.30
02/15/12	PENALTIES	FOR DATE OF SERVICE 12/22/11	72.75
06/02/16	INTEREST	FOR DATE OF SERVICE 12/22/11	248.92
02/01/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O DENNIS FUSI	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
02/29/12	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/11/12	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/30/12	WCAB LB	MSC (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 701033	0.00
05/08/12	PRE-OP	DR MARCOS (KOREAN)	485.00

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

*** INVOICE ***
Date NO#
06/02/16 40379

EAMS#(s):ADJ7593681
ADJ7593736
SS # : XXX-XX-
DOB :
Terms : 45 days
Claim #(s):
EHJ1754

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

Case: vs COMMERCE CASINO
Date Of Injury: 6/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/27/12	PR2/REEVAL	DR MASHOOF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
05/17/12	SURGERY	DR MASHOOF: KNEE @ DOCTORS SURGERY CT- FULL DAY	970.00
/ /	INTERPRETER:	RAYMOND OH # 301289	0.00
05/23/12	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	RAYMOND OH # 301289	0.00
05/25/12	POST-OP	DR MASHOOF (KOREAN)	485.00
/ /	INTERPRETER:	RAYMOND OH # 301289	0.00
07/05/12	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
08/15/12	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
08/31/12	PR2/REEVAL	DR MASHOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
09/26/12	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/20/12	POST-OP	DR MORCOS (KOREAN)	485.00
/ /	INTERPRETER:	JAEIS CHON # 301034	0.00
10/12/12	POST-OP	DR MASHOOF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
11/07/12	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
12/19/12	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
01/25/13	PR2/REEVAL	-DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/06/13	PR2/REEVAL	-DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/10/13	PR2/REEVAL	-DR SIRAKOFF (KOREAN)	485.00

Joyce Altman Interpreters, Inc.
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Date	NO#
06/02/16	40379

EAMS#(s):ADJ7593681
ADJ7593736
SS # : XXX-XX
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Terms : 45 days
Claim #(s):
EHJ1754

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

Case: : vs COMMERCE CASINO
Date Of Injury: 6/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
05/15/13	PR2/REEVAL	-DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
06/26/13	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/08/13	P AND S	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
06/24/14	PENALTIES	FOR DATE OF SERVICE 1/23/12	72.75
06/02/16	INTEREST	FOR DATE OF SERVICE 1/23/12	244.03
06/24/14	PENALTIES	FOR DATE OF SERVICE 2/01/12	72.75
06/02/16	INTEREST	FOR DATE OF SERVICE 2/01/12	242.66
06/24/14	PENALTIES	FOR DATE OF SERVICE 4/30/12	72.75
06/02/16	INTEREST	FOR DATE OF SERVICE 4/30/12	229.06
06/24/14	PENALTIES	FOR DATE OF SERVICE 10/08/13	72.75
06/02/16	INTEREST	FOR DATE OF SERVICE 10/08/13	148.68
10/15/14	PENALTIES	FOR DATE OF SERVICE 1/20/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 1/20/12	216.22
10/15/14	PENALTIES	FOR DATE OF SERVICE 2/29/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 2/29/12	210.11
10/15/14	PENALTIES	FOR DATE OF SERVICE 4/11/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 4/11/12	203.69
10/15/14	PENALTIES	FOR DATE OF SERVICE 5/8/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 5/8/12	199.57
10/15/14	PENALTIES	FOR DATE OF SERVICE 4/27/12	72.75
11/20/15	INTEREST	FOR DATE OF SERVICE 4/27/12	201.25
10/15/14	PENALTIES	FOR DATE OF SERVICE 5/17/12	145.50
11/30/15	INTEREST	FOR DATE OF SERVICE 5/17/12	396.38
10/15/14	PENALTIES	FOR DATE OF SERVICE 5/23/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 5/23/12	197.28
10/15/14	PENALTIES	FOR DATE OF SERVICE 5/25/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 5/25/12	196.97

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

Case: [redacted] vs COMMERCE CASINO
Date Of Injury: 6/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/14	PENALTIES	FOR DATE OF SERVICE 7/5/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 7/5/12	196.70
10/15/14	PENALTIES	FOR DATE OF SERVICE 8/15/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 8/15/12	184.44
10/15/14	PENALTIES	FOR DATE OF SERVICE 8/31/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 8/31/12	181.99
10/15/14	PENALTIES	FOR DATE OF SERVICE 9/26/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 9/26/12	178.02
10/15/14	PENALTIES	FOR DATE OF SERVICE 7/20/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 7/20/12	188.41
10/15/14	PENALTIES	FOR DATE OF SERVICE 10/12/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 10/12/12	175.58
10/15/14	PENALTIES	FOR DATE OF SERVICE 11/07/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 11/07/12	171.60
10/15/14	PENALTIES	FOR DATE OF SERVICE 12/19/12	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 12/19/12	165.19
10/15/14	PENALTIES	FOR DATE OF SERVICE 01/25/13	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 01/25/13	159.53
10/15/14	PENALTIES	FOR DATE OF SERVICE 03/06/13	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 03/06/13	153.42
10/15/14	PENALTIES	FOR DATE OF SERVICE 04/10/13	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 04/10/13	148.07
10/15/14	PENALTIES	FOR DATE OF SERVICE 05/15/13	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 05/15/13	142.72
10/15/14	PENALTIES	FOR DATE OF SERVICE 06/26/13	72.75
11/30/15	INTEREST	FOR DATE OF SERVICE 06/26/13	136.30
11/24/15	LIENACTIVFEE	LIEN ACTIVATION FEE	100.00
02/03/16	PMT BY CHECK	DOS 3/21/11-4/30/12* # 896D 87266299	-3395.00
05/24/16	PMT BY CHECK	DOS 5/20/16* # 896D 87798927	-2690.00
05/27/16	PMT BY CHECK	DOS 5/20/16* # 896D 87816981	-22310.00

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PH: 714 838-0950 FAX: 714 832-1979
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/02/16	40379

EAMS#(s):ADJ7593681
ADJ7593736
SS # : XXX-XX-
DOB : _
Terms : 45 days
Claim #(s):
EHJ1754

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

Case: vs COMMERCE CASINO
Date Of Injury: 6/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/16	BLCE OFF SET	BALANCE OFF SET	-13864.01

BALANCE 0.00

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

019185

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

SA09539

896D 87266299

TRAVELERS

DATE: 02/03/16
LOSS DATE: 06/02/10
FILE NUMBER: 152 CB EHJ1754 A

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

EMPLOYEE

PAID FEB 08 2016

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/21/2011 TO: 04/30/2012

TOTAL PAID: $3395.00
TAX INFO: 330956713547893 9Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

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

034009646
DETACH CHECK

UNSUMM 111311
OVRPUNS2 121285

DETACH CHECK

018665

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

SA09376

896D 87798927

TRAVELERS

DATE: 05/24/16
LOSS DATE: 06/02/10
FILE NUMBER: 152 CB EHJ1754 A

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

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

TRAVELERS PROP CAS CO OF AMERIC

40379 - 1

EXPLANATION OF PAYMENT

Penalty Against Tic

SERVICE DATE: 5/20/2016

TOTAL PAID: $2690
TAX INFO: 330956713 Y C

PAID JUN 0 1 2016

PAYEE:
JOYCE ALTMAN INTERPRETERS, INC

FOR ADDITIONAL INFORMATION, CONTACT: BRISTOL J JACOBSON AT (909)612-3000

45009489
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SE03491

896D 87816981

TRAVELERS

DATE: 05/27/16
LOSS DATE: 06/02/10
FILE NUMBER: 152 CB EHJ1754 A
REFERENCE #: 1012376111SW
EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

TRAVELERS PROP CAS CO OF AMERIC

40379

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 05/20/16

TOTAL PAID: $22310.00
TAX INFO: 330956713 Y

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

F=F. ok
LA

PAID JUN 0 1 2016

FOR ADDITIONAL INFORMATION, CONTACT: BRISTOL J JACOBSON AT (909)612-3000

48023617
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#
05/01/17	62681

EAMS#(s):
ADJ9484574
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
43302

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

Case: vs RESCOM SERVICES
Date Of Injury: 5/19/14

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/14	INITIAL EXAM	DR SHAH @ NEW HORIZON LANG: VIETNAMESE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
08/04/14	DEPO PREP	@ THE L/O OF NORMAN HOMEN	485.00
/ /	INTERPRETER:	DAT NGUYEN # 300209	0.00
08/06/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE & WELLNESS	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
08/07/14	EMG TESTING	BY DR ALTMAN: U/L/E @ ADVANCED IMAGING	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/03/14	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O NORMAN HOMEN	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
09/03/14	PR2/REEVAL	DR SHAH @ HARBOR SPINE PM	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
10/22/14	WCAB SA	STATUS CONFERENCE	485.00
/ /	INTERPRETER:	LAN TRINH # 100303	0.00
11/05/14	MED_EXOTIC	PR-2 W/DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NUGYEN # 100190	0.00
12/03/14	MED_EXOTIC	PR-2 W/DR SHAH & M. MERCADO @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
01/07/15	MED_EXOTIC	PR-2 W/DR SHAH @ HARBOR SPINE	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
02/04/15	MED_EXOTIC	PR-2 W/DR SHAH & M.MERCADO	485.00
/ /	INTERPRETER:	JAMIE NGUYEN # 100190	0.00
08/08/16	LIEN FIL FEE	LIEN FILING FEE	150.00
03/28/17	PENALTIES	FOR DATE OF SERVICE 8/4/14	72.75
03/28/17	INTEREST	FOR DATE OF SERVICE 8/4/14	135.24

Joyce Altman Interpreters, 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	62681

EAMS#(s):
ADJ9484574
SS # : XXX-XX-
DOB :
Terms: 60 days
Claim #(s):
43302

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

Case: vs RESCOM SERVICES
Date Of Injury: 5/19/14

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/17	PENALTIES	FOR DATE OF SERVICE 9/3/14	72.75
03/28/17	INTEREST	FOR DATE OF SERVICE 9/3/14	135.24
03/28/17	PENALTIES	FOR DATE OF SERVICE 10/22/14	72.75
03/28/17	INTEREST	FOR DATE OF SERVICE 10/22/14	134.32
04/13/17	COSTS & SANC	COSTS & SANC	491.95
04/25/17	PMT BY CHECK	DOS 5/19/14-4/13/17* =# 01052989 PACIFIC	-6600.00

BALANCE 0.00

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

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

Temporary Return Service Requested

000067-000001-000067 2508351 2320EDC 1
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

PAID
MAY 01 2017
BY: .....

Explanation of Review
Page: 1 of 2
DCN: PC1-0010-0300596
Date of Review: 04/21/2017
Date Bill Received: 04/17/2017
Adjustor: GCOMEAUX
File: 00000000010.00 / 00000000000.00 / 00000000
Check No.: 01052989 Bulk $6,600.00
Method of Payment: Paper Check

71573
62681

ovider: JOYCE ALTMAN INTERPRETERS
P.O.BOX 4165
TUSTIN, CA 927814165
ovider State License: 99999999
ovider Invoice:
ndering Provider: JOYCE ALTMAN INTERPRETERS
ndering Provider ID: 9999999999

Claim 00043302
Policy: WA00044700
Employer Name: RESCOM SERVICES, INC.
DoI: 05/19/2014
Claimant:
Patient SSN:
MPN Number: 1018

F.F.
Ok

ID: 330956713 PHY
S: 05/19/2014 TO 04/13/2017
ID: 33095671301 100
ment Status Code: 1
ment Date: 04/25/2017 Bill Frequency:

DX 1: 9590 INJURY OTHER&UNSPEC HEAD

e of vice	Code	Mod	Rev Code	Service Description	Prescription #	Allow Units	Bill Units	Adjust Qnty	Charges	Reductions Bill Review	PPO	Allowance	Expl. Code(s)
9/2014	MDS10			LUM SUM/MUL BILL-AMT OF R		1	1	0	3,300.00			3,300.00	1000
3/2017	MDS10			LUM SUM/MUL BILL-AMT OF R		1	1	0	3,300.00			3,300.00	1000
								Total Charges:	6,600.00				
								Bill Review Reductions:		0.00			
								Recommended Allowance				6,600.00	

) FULL and FINAL SETTLEMENT

: LIMITS TO DISPUTE PAYMENT AMOUNT

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

PacificComp®
CIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01606/1220

CHECK NO: 01052989
DATE: 04/25/2017

AMOUNT
*****$6,600.00

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

PAY Six Thousand Six Hundred and 00/100

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

Authorized Signature
Daniel K. Richardson
Authorized Signature

⑈01052989⑈ ⑆122016066⑆ 412⑈18464⑈