Joyce Altman Interpreters, Inc.
P.O. BOX 4165 ~ Tustin, CA 92781-4165
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MARKET RATE EXHIBITS BOOKLET CERTIFICATION

I, **Joyce Altman**, President of **Joyce Altman Interpreters**, hereby certify that I have personally monitored the compilation process of the enclosed documents by my office staff and authenticate that they are valid copies of checks, check stubs and invoices showing payment of Joyce Altman Interpreters' market rate by various insurance companies.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

This declaration was executed on Thursday, 30th of September of 2010 at Tustin, California.

Joyce C. Altman

Joyce Altman

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

July 2009 - July 2010

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
07993	1/14/2010	3/26/2010	$ 250.00	Depo Review	$ 250.00	0011713963	3/25/2010	County of Los Angeles
15512	9/24/09 & 11/10/09	11/30/2009	$ 469.50	Board App (LBO) + Full Day Board App (LBO)	$ 469.50	0022640134	11/18/2009	Sedgwick Claims
17337	8/14/09 & 9/16/09	11/9/2009	$ 406.50	C&R Read, Board Appear (LBO)	$ 406.50	FE40999760	11/5/2009	ESIS
21627	11/4/2009	11/30/2009	$ 250.00	C&R Reading	$ 250.00	0413046378	11/26/2009	Crawford & Company
21713	9/16/09 & 10/26/09	12/10/2009	$ 406.50	Board Appear (RIV) & C&R Read	$ 406.50	601102	12/5/2009	Safeco
22256	1/21/2010	3/1/2010	$ 250.00	C&R Reading	$ 250.00	0001021261	2/23/2010	Matrix
23534	11/23/2009	12/3/2009	$ 250.00	C&R Reading	$ 250.00	0000183070	11/23/2009	FARA Ins. Svcs.
25365	10/6/2009	11/3/2009	$ 250.00	C&R Reading	$ 250.00	896D75209048	10/27/2009	The Travelers
27348	1/19/2010	4/5/2010	$ 156.50	Board Appearance (VNO)	$ 156.50	896D76043220	3/30/2010	The Travelers
28461	1/11/2010	1/25/2010	$ 156.50	Board Appearance (LBO)	$ 156.50	2434193	3/25/2010	CompWest Insurance
29666	5/14/2010	6/28/2010	$ 250.00	C&R Reading	$ 250.00	1003008496	6/23/2010	Specialty Risk Svcs.
30386	1/20/2010	3/18/2010	$ 313.00	Full Day Board Appearance (LBO)	$ 313.00	6125442	3/15/2010	Hallmark Mgmt.
30628	3/24/2010	5/11/2010	$ 345.00	P&S (3 hrs)	$ 345.00	0001498819	5/4/2010	Crum & Forster
30880	7/30/2009	8/17/2009	$ 156.50	Board Appearance (LBO)	$ 156.50	816729	8/12/2009	Golden Eagle Ins.
30999	9/16/2009	10/9/2009	$ 250.00	C&R Reading	$ 250.00	8812097928	10/6/2009	Truck Ins Exchange
31172	4/13/2010	8/30/2010	$ 156.50	Board Appearance (LBO)	$ 156.50	FE41578397	5/4/2010	ESIS
	7/13/2010		$ 156.50	Board Appearance (LBO)	$ 156.50	FE41938790	8/24/2010	
31192	10/12/09 & 11/30/09	12/2/2009	$ 360.00	2 PR2s	$ 360.00	200180275	11/30/2009	Employers

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31244	9/1/2009	10/13/2009	$ 156.50	Depo Prep	$ 156.50	0074104323	10/9/2009	Gallagher Bassett
31975	4/3/09 - 7/19/10	8/13/2010	$ 4,178.75	Initials, PR2s, Surgery (8 hrs)	$ 4,178.75	1100920228	8/9/2010	Zurich Ins.
32529	11/13/2009	5/24/2010	$ 250.00	Depo Review	$ 250.00	0119792	12/14/2009	Oak River Ins. Co.
	4/28/2010		$ 313.00	Full Day Board Appearance (LBO)	$ 313.00	0141913	5/20/2010	
32533	12/23/2009	2/23/2010	$ 250.00	C&R Reading	$ 250.00	84910134	2/17/2010	Risk Enterprise Mgmt.
32538	6/28/2010	8/27/2010	$ 250.00	C&R Reading	$ 250.00	153372	8/24/2010	Illinois Midwest Ins.
32625	8/20/2009	9/18/2009	$ 250.00	2 Diag Studies (EMG, NCV)	$ 250.00	5315288	9/17/2009	Chubb Group of Ins. Companies
32753	8/26/2009	11/16/2009	$ 402.50	P&S (3.5 hrs)	$ 402.50	2469476	11/11/2009	Lumbermen's Underwriting
32759	12/31/08 - 8/4/09	9/9/2009	$ 876.00	3 Board Appear (LBO), Depo Prep, Depo Rev	$ 876.00	1013108043	9/1/2009	Specialty Risk Svcs.
32828	3/2/2010	4/5/2010	$ 313.00	Full Day Board Appearance (LBO)	$ 313.00	FE41475131	4/1/2010	ESIS
32919	1/14/09 - 12/10/09	2/4/2010	$ 1,573.62	Initial,3 PR2s, Depo Prep, 2 Depo Rev + P&I	$ 1,573.62	126353	2/1/2010	Oak River Ins. Co.
32951	3/10/10 - 6/29/10	7/27/2010	$ 186.44	Board Appearance (LBO) + P&I	$ 186.44	14355049	7/24/2010	Chartis
33154	2/11/09 - 1/5/10	3/29/2010	$ 1,915.75	Initial,2 PR2s,2 Depo Preps,Depo Rev, Board App (LBO),Epidural	$ 1,915.75	0000022612	3/23/2010	Sedgwick Claims
33271	2/25/2010	3/31/2010	$ 313.00	Full Day Board Appearance (LBO)	$ 313.00	7414627	3/29/2010	Argo Group US
33466	12/14/09 - 1/28/10	3/26/2010	$ 563.00	Depo Prep,Depo Review,Board App (LBO)	$ 563.00	1001824624	3/22/2010	Gab Robins
33481	6/24/10 - 7/26/10	9/7/2010	$ 437.97	Depo Prep, Depo Review + P&I	$ 437.97	0000017952	9/1/2010	Matrix Absence Mgmt.
33516	3/25/09 - 8/17/09	9/22/2009	$ 1,646.50	Initial, 7 PR2s, Depo Prep	$ 1,646.50	DA61361632	9/16/2009	ACE USA
33549	3/25/2010	4/21/2010	$ 156.50	Board Appearance (LBO)	$ 156.50	5000299197	4/14/2010	Preferred Employers

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
33788	4/21/09 - 9/14/09	11/9/2009	$ 813.00	Depo Prep,Depo Rev,C&R Read,Board App (LBO)	$ 813.00	101411145	11/3/2009	Specialty Risk Svcs.
33807	11/19/2009	12/15/2009	$ 250.00	Depo Review	$ 250.00	307937	12/29/2009	Tristar
33897	7/19/2009	8/21/2009	$ 250.00	Depo Review	$ 250.00	395069	8/18/2009	Care West Ins. Co.
33898	4/13/09 - 8/28/09	9/22/2009	$ 786.50	Initial, Depo Prep, C&R Read, Diag Study (FCE)	$ 786.50	DA61378417	9/18/2009	ACE USA
33976	4/16/09 - 10/13/09	11/2/2009	$ 897.74	Initial, Surgery (8 hrs 15 mins) + P&I	$ 897.74	0113228	10/26/2009	Oak River Ins. Co.
33985	9/14/2009	10/6/2009	$ 345.00	Initial (3 hrs)	$ 345.00	0073964993	10/2/2009	Gallagher Bassett
34033	3/30/2010	4/5/2010	$ 156.50	Depo Prep	$ 156.50	053574	3/30/2010	Frank Gates
34034	5/12/09 - 6/9/10	8/2/2010	$ 735.65	Depo Prep, Depo Rev, C&R Reading + P&I	$ 735.65	93582101	7/30/2010	Liberty Mutual
34055	4/21/2010	6/14/2010	$ 313.00	Full Day Board App (LBO)	$ 313.00	896D76420873	6/8/2010	The Travelers
34328	6/15/09 & 7/21/09	7/28/2009	$ 313.00	2 Board Appearances (LBO)	$ 313.00	0104652	7/24/2009	Cypress Ins.
34330	3/2/2010	4/5/2010	$ 156.50	Board Appearance (LBO)	$ 156.50	13107471	4/1/2010	Chartis
34402	6/22/09 & 7/6/09	7/30/2009	$ 406.50	Depo Prep, Depo Review	$ 406.50	54700	7/28/2009	California Contractors Network
34417	9/30/2009	10/19/2009	$ 180.00	PR2	$ 180.00	3000015983	10/13/2009	Republic Indemnity
34452	6/29/09 - 8/14/09	9/22/2009	$ 793.00	Initial, 2 Diag Studies (EMG,NCV), 2 Depo Preps	$ 793.00	399113	9/17/2009	Care West Ins. Co.

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34482	6/17/09 - 8/13/09	2/22/2010	$ 1,262.50	2 Initials,Initial (3.5 hrs),Diag Studies (NCV,EMG), Shockwave	$ 1,262.50	28124	2/19/2010	NonProfits United
	11/6/2009		$ 230.00	P&S	$ 230.00	27544	1/7/2010	
	1/13/10 & 1/14/10		$ 410.00	Initial, PR2	$ 410.00	28124	2/19/2010	
34507	7/6/2009	8/21/2009	$ 156.50	Board Appearance (LBO)	$ 156.50	1969325	8/19/2009	Redwood Fire & Casualty
34528	7/2/09 - 4/22/10	6/16/2010	$ 2,126.50	Initial, 7 PR2s, P&S, Depo Prep, Depo Review	$ 2,126.50	1066291390	6/10/2010	Specialty Risk Svcs.
34534	7/1/2009	8/17/2009	$ 156.50	Board Appearance (LBO)	$ 156.50	32084865	8/14/2009	AIU Holdings Inc.
34546	10/2/09 & 10/29/09	11/24/2009	$ 430.00	PR2,2 Diag Studies (EMG, NCV)	$ 430.00	0074893853	11/17/2009	Gallagher Bassett
34556	7/13/09 & 9/21/09	10/5/2009	$ 469.50	Board App (LBO), Full Day Board App (LBO)	$ 469.50	CU-514694	10/1/2009	SCIF
34569	7/10/2009	8/24/2009	$ 250.00	C&R Reading	$ 250.00	0073100191	8/19/2009	Gallagher Bassett
34600	7/16/2009	8/17/2009	$ 250.00	C&R Reading	$ 250.00	0102897	8/13/2009	Oak River Ins. Co.
34633	7/10/2009	8/31/2009	$ 156.50	Depo Prep	$ 156.50	0073242506	8/26/2009	Gallagher Bassett
34634	7/10/09 & 7/28/09	9/11/2009	$ 406.50	Depo Prep, Depo Review	$ 406.50	DA61307401	9/8/2009	ESIS
34645	7/30/2009	11/24/2009	$ 156.50	Board Appearance (LBO)	$ 156.50	0073198416	8/25/2009	Gallagher Bassett
	11/4/2009		$ 250.00	C&R Reading	$ 250.00	0074957100	11/19/2009	
34687	7/23/09 & 9/24/09	6/1/2010	$ 410.00	Initial, PR2	$ 410.00	1620322987	10/23/2009	Zurich Ins.
	1/20/10 - 4/22/10		$ 510.00	Pre-op, 2 PR2s	$ 510.00	1100832074	5/25/2010	
34745	7/17/2009	10/13/2009	$ 230.00	Initial	$ 230.00	0074077982	10/8/2009	Gallagher Bassett
34764	8/3/09 & 8/21/09	9/14/2009	$ 406.50	Depo Prep & Depo Review	$ 406.50	FE40816823	9/9/2009	ESIS
34806	8/5/2009	8/21/2009	$ 156.50	Board Appearance (LBO)	$ 156.50	200109612	8/19/2009	Employers

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34829	3/23/2010	3/29/2010	$ 156.50	Board Appearance (LBO)	$ 156.50	0148383	3/25/2010	Cypress Ins.
34831	8/17/2009	9/24/2009	$ 250.00	C&R Reading	$ 250.00	81607	9/21/2009	Blue Lake Ins.
34856	8/11/09 & 8/21/09	9/22/2009	$ 406.50	Depo Prep, Depo Review	$ 406.50	32157987	9/17/2009	AIU Holdings Inc.
34872	8/17/09 & 9/22/09	10/15/2009	$ 313.00	2 Board Appearances (LBO)	$ 313.00	CP-420235	10/13/2009	SCIF
34879	8/18/2009	10/12/2009	$ 250.00	C&R Reading	$ 250.00	891A79320970	10/6/2009	The Travelers
34903	8/18/2009	4/5/2010	$ 156.50	Board Appearance (AHM)	$ 156.50	275252	10/5/2009	The Gas Company
	3/2/2010		$ 156.50	Board Appearance (AHM)	$ 156.50	290188	3/31/2010	
34907	8/19/2009	9/29/2009	$ 345.00	Initial	$ 345.00	0073829921	9/25/2009	Gallagher Bassett
34916	8/11/2009	9/24/2009	$ 156.50	Depo Prep	$ 156.50	0411095646	9/17/2009	Broadspire
34983	8/27/2009	9/22/2009	$ 156.50	Board Appearance (AHM)	$ 156.50	0073656899	9/17/2009	Gallagher
35037	8/28/2009	10/30/2009	$ 250.00	C&R Reading	$ 250.00	DA61595417	10/21/2009	ACE USA
35048	8/19/2009	10/19/2009	$ 150.00	Diag Study (FCE)	$ 150.00	0074203070	10/14/2009	Gallagher Bassett
35083	9/3/09 & 10/1/09	11/3/2009	$ 406.50	Depo Prep, Depo Review	$ 406.50	32242474	10/28/2009	AIU Holdings Inc.
35103	8/14/09 - 9/30/09	11/2/2009	$ 810.00	Initial,PR2,Diag Studies (NCV,EMG,FCE)	$ 810.00	896E00349123	10/26/2009	The Travelers
35148	9/8/2009	5/25/2010	$ 287.50	Initial (2.5 hrs)	$ 287.50	0074318752	10/20/2009	Gallagher Bassett
	2/1/10 - 4/13/10		$ 563.00	2 Depo Preps, Depo Review	$ 563.00	0078625659	5/21/2010	
35152	9/9/09 & 10/15/09	12/7/2009	$ 450.00	Depo Prep (SDO-billed at $200), Depo Review	$ 450.00	1000022618	12/1/2009	Republic Indemnity
35154	9/3/09 & 10/10/09	11/4/2009	$ 450.00	Depo Prep (SDO-billed at $200), Depo Review	$ 450.00	896D75214410	10/28/2009	The Travelers
35156	8/25/09 - 9/29/09	11/9/2009	$ 563.00	Depo prep,Depo Rev,Board App (LBO)	$ 563.00	0074636686	11/4/2009	Gallagher Bassett

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35173	3/18/2010	4/22/2010	$ 230.00	P&S	$ 230.00	FE41529348	4/19/2010	ESIS
35202	2/1/2010	3/30/2010	$ 250.00	C&R Reading	$ 250.00	0077483706	3/26/2010	Gallagher
35211	9/2/2009	11/16/2009	$ 156.50	Board Appearance (LBO)	$ 156.50	CU-536578	11/13/2009	SCIF
35212	9/21/2009	11/3/2009	$ 156.50	Depo Prep	$ 156.50	0074468530	10/27/2009	Gallagher Bassett
35214	9/23/2009	11/9/2009	$ 156.50	Board Appearance (LBO)	$ 156.50	BU-527364	11/5/2009	SCIF
35217	8/31/09 &9/30/09	10/30/2009	$ 406.50	Depo Prep,Depo Review	$ 406.50	398712	10/23/2009	Alaska National Ins.
35221	9/25/2009	10/30/2009	$ 250.00	C&R Reading	$ 250.00	0274106	10/23/2009	National Liability & Fire Ins.
35225	9/18/09 & 9/28/09	11/2/2009	$ 500.00	Depo Review, C&R Reading	$ 500.00	896D75203614	10/26/2009	The Travelers
35266	3/11/2010	7/7/2010	$ 675.00	Surgery (9 hrs)	$ 675.00	891A80135553	7/2/2010	The Travelers
35306	9/25/2009	3/15/2010	$ 525.00	Surgery (7 hrs)	$ 525.00	104279094	11/5/2009	CNA
	11/13/2010		$ 225.00	Surgery (3 hrs)	$ 225.00	104329736	3/11/2010	
35323	9/8/09 & 9/25/09	12/8/2009	$ 450.00	Depo Prep (SDO-billed at $200), Depo Review	$ 450.00	5000289854	12/3/2009	Preferred Employers
35324	9/24/2009	7/19/2010	$ 525.00	Surgery (7 hrs)	$ 525.00	0100458363	7/15/2010	Majestic Ins.
35335	6/1/2010	7/7/2010	$ 156.50	Board Appearance (LBO)	$ 156.50	1067796002	7/1/2010	Specialty Risk Svcs.
35356	9/28/09 - 10/13/09	1/7/2010	$ 1,050.00	3 Initials,2 PR2s	$ 1,050.00	0075775862	12/30/2009	Gallagher Bassett
	11/23/2009		$ 180.00	PR2	$ 180.00	0075775853	12/30/2009	
35360	5/6/2010	6/7/2010	$ 431.00	Initial (3 hrs 45 mins)	$ 431.00	13795803	6/3/2010	Chartis
35393	4/1/2010	4/29/2010	$ 165.00	Board Appearance (SDO)	$ 165.00	49380	4/26/2010	LWP Claims
35401	9/30/09 - 7/14/10	8/2/2010	$ 1,310.00	6 PR2s, P&S	$ 1,310.00	530910	7/29/2010	York Claims Service
35443	10/12/09 - 2/19/10	3/29/2010	$ 950.00	Initial, 4 PR2s	$ 950.00	0077463977	3/25/2010	Gallagher Bassett

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35472	12/14/09 - 1/19/10	2/23/2010	$ 656.50	Depo Prep, 2 Depo Reviews	$ 656.50	896D75809174	2/16/2010	The Travelers
35536	10/23/09 - 11/13/09	12/14/2009	$ 865.00	2 Initials, PR2, Psych Test	$ 865.00	0075318067	12/9/2009	Gallagher Bassett
35588	5/6/10 & 5/18/10	5/28/2010	$ 430.00	Depo Review, PR2	$ 430.00	0079239773	6/22/2010	Gallagher Bassett
35666	7/14/2010	9/7/2010	$ 250.00	Depo Review	$ 250.00	CD-505742	9/2/2010	SCIF
35693	11/12/09 - 4/13/10	5/11/2010	$ 719.50	3 Depo Preps, Depo Review	$ 719.50	2016259	5/6/2010	Redwood Fire and Casualty Ins.
35697	7/27/2010	8/30/2010	$ 156.50	Board Appearance (LBO)	$ 156.50	6086856	8/27/2010	Chubb Group of Ins. Companies
35708	2/3/2010	3/24/2010	$ 180.00	PR2	$ 180.00	0077345035	3/19/2010	Gallagher Bassett
35734	3/26/2010	5/21/2010	$ 156.50	Depo Prep	$ 156.50	200256106	4/12/2010	Employers
	4/19/2010		$ 250.00	Depo Review	$ 250.00	200278342	5/18/2010	
35754	11/12/09 & 12/15/09	1/19/2010	$ 450.00	Depo Prep, Depo Review	$ 450.00	FE41224555	1/15/2010	ESIS
35766	11/5/09 & 12/2/09	1/19/2010	$ 406.50	Depo Prep, Depo Review	$ 406.50	FE41224803	1/15/2010	ESIS
35786	10/4/09 & 10/5/09	3/24/2010	$ 337.50	Pre-op (2.5 hrs), Surgery	$ 337.50	CN-420505	3/22/2010	SCIF
35801	11/13/09 - 3/31/10	4/29/2010	$ 1,590.00	3 Initials, 5 PR2s	$ 1,590.00	17577	4/26/2010	Everest National Ins.
35866	11/30/2009	1/22/2010	$ 575.00	QME (5 hrs)	$ 575.00	200208728	1/19/2010	Employers
35878	2/12/2010	3/12/2010	$ 250.00	C&R Reading	$ 250.00	0023682788	3/9/2010	Sedgwick Claims
35899	10/30/2009	4/30/2010	$ 318.75	Surgery (4 hrs 10 mins)	$ 318.75	1062969332	4/23/2010	Specialty Risk
35912	11/23/09 - 2/17/10	3/23/2010	$ 590.00	Initial, 2 PR2s	$ 590.00	12939838	3/18/2010	Chartis
36021	12/16/09 & 1/27/10	2/23/2010	$ 406.50	Depo Prep, Depo Review	$ 406.50	DA62365209	2/18/2010	ESIS
36024	1/13/2010	3/1/2010	$ 250.00	Depo Review	$ 250.00	3601148	2/24/2010	Amerisure Insurance
36049	12/10/2009	7/19/2010	$ 150.00	Diag Study (FCE)	$ 150.00	1068385596	7/12/2010	Specialty Risk Svcs.

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36071	12/15/09 - 6/22/10	7/9/2010	$ 545.24	Depo Prep, Depo Review + P&I	$ 545.24	93430318	7/1/2010	Liberty Mutual
36135	12/7/09 & 1/6/10	2/23/2010	$ 406.50	Depo Prep, Depo Review	$ 406.50	0415183185	2/18/2010	Broadspire
36143	2/3/2010	5/7/2010	$ 165.00	Board Appearance (SDO)	$ 165.00	FE41575025	5/3/2010	ESIS
36171	12/9/09 - 4/15/10	5/3/2010	$ 179.45	MRI + P&I	$ 179.45	13433623	4/30/2010	Chartis
36192	1/7/10 - 7/13/10	7/29/2010	$ 1,311.49	Initial, 4 PR2s, Board App (LBO)	$ 1,311.49	19560	7/27/2010	Pennsylvania Manufacturers Assoc.
36205	12/24/09 - 6/23/10	8/2/2010	$ 636.50	Initial,Depo Prep,Depo Review	$ 636.50	93567551	7/28/2010	Liberty Mutual
36249	12/30/09 & 1/11/10	3/29/2010	$ 300.00	Surgery, Post-op	$ 300.00	13019801	3/25/2010	Chartis
36291	12/21/09 & 5/5/10	6/14/2010	$ 825.00	2 Diag Studies (EMG, NCV), Initial (5 hrs)	$ 825.00	1100847444	6/8/2010	Zurich Ins.
36301	5/25/2010	6/14/2010	$ 156.50	Board Appearance (LBO)	$ 156.50	13894930	6/11/2010	Chartis
36309	1/15/2010	4/2/2010	$ 230.00	Initial	$ 230.00	FE41464141	3/30/2010	ESIS
36330	1/8/10 - 3/9/10	5/12/2010	$ 563.00	Depo Prep,Depo Rev, Board App (LBO)	$ 563.00	2140002649	5/10/2010	Metro Risk Mgmt.
36336	1/7/10 & 2/10/10	3/23/2010	$ 406.50	Depo Prep, Depo Review	$ 406.50	0147064	3/18/2010	Cypress Ins.
36375	1/7/2010	5/11/2010	$ 150.00	Surgery	$ 150.00	147720	5/3/2010	Frank Gates
36395	1/4/10 - 4/2/10	4/26/2010	$ 926.50	Initial, 3 PR2s, Depo Prep	$ 926.50	3000046245	4/22/2010	Republic Indemnity
36405	1/11/2010	4/5/2010	$ 250.00	C&R Reading	$ 250.00	896D76053411	4/1/2010	The Travelers
36414	1/20/10 - 3/11/10	5/7/2010	$ 745.00	Initial (3 hrs), Diag Studies	$ 745.00	13468642	5/4/2010	Chartis
36419	1/11/10 - 3/18/10	5/4/2010	$ 1,050.00	3 Initials, 2 PR2s	$ 1,050.00	0078168561	4/29/2010	Gallagher Bassett
36441	1/28/10 & 2/25/10	4/29/2010	$ 406.50	Depo Prep, Depo Review	$ 406.50	1100797433	4/26/2010	Zurich Ins.

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
36444	1/13/10 - 3/30/10	6/3/2010	$ 1,120.00	3 Initials, PR2, Diag Studies (NCV,EMG)	$ 1,120.00	5806045	4/26/2010	Chubb Group of Ins. Companies
	4/22/2010		$ 460.00	P&S (4 hrs)	$ 460.00	5890816	6/2/2010	
36455	1/15/10 & 2/8/10	5/3/2010	$ 450.00	Depo Prep, Depo Review	$ 450.00	DA62848414	4/30/2010	ACE USA
36475	1/11/10 & 3/15/10	4/16/2010	$ 313.00	2 Board App (LBO)	$ 313.00	CY-398950	4/14/2010	SCIF
36481	5/27/2010	6/25/2010	$ 250.00	Depo Review	$ 250.00	00447796	6/22/2010	PacifcComp
36484	1/19/10 & 2/23/10	4/27/2010	$ 406.50	Depo Prep, Depo Review	$ 406.50	93067001	4/23/2010	Liberty Mutual
36488	1/25/10 - 7/19/10	8/13/2010	$ 1,837.50	5 PR2s,Pre-op, Surgery (6 hrs)	$ 1,837.50	535260	8/29/2010	York Claims Service
36495	1/12/10 & 3/15/10	4/26/2010	$ 406.50	Depo Prep, Depo Review	$ 406.50	020016	4/22/2010	Staffmark
36508	1/13/10 - 3/29/10	4/27/2010	$ 1,230.00	3 Initials, 3 PR2s	$ 1,230.00	896D76179523	4/23/2010	The Travelers
36518	1/31/2010	5/3/2010	$ 150.00	Pre-op	$ 150.00	20266919	4/29/2010	Employers
36573	1/27/2010	3/2/2010	$ 156.50	Board Appearance (LBO)	$ 156.50	896D75868503	2/26/2010	The Travelers
36581	1/21/10 - 3/29/10	5/11/2010	$ 563.00	2 Depo Preps, Depo Review	$ 563.00	22642	5/6/2010	Lincoln General Ins. Co.
36594	10/8/2009	3/18/2010	$ 313.00	Full Day Board Appearance (LBO)	$ 313.00	CU-595428	3/16/2010	SCIF
36618	2/4/10 & 4/22/10	7/7/2010	$ 525.00	QME (3 hrs), PR2	$ 525.00	1152819119	6/29/2010	The Hartford
36624	2/2/10 - 7/6/10	7/15/2010	$ 540.28	Depo Prep, Depo Review + P&I	$ 540.28	0100457858	7/13/2010	Majestic Ins.
36631	4/12/10 & 5/10/10	6/21/2010	$ 406.50	Board App (LBO), C&R Reading	$ 406.50	CU-639198	6/16/2010	SCIF
36660	2/4/2010	5/3/2010	$ 150.00	Surgery	$ 150.00	1100804469	4/30/2010	Zurich Ins.
36686	2/11/10 & 3/23/10	4/23/2010	$ 406.50	Depo Prep, Depo Review	$ 406.50	0023950298	4/20/2010	Sedgwick Claims
36698	2/11/10 & 4/2/10	4/26/2010	$ 313.00	Board App (LBO), Depo Prep	$ 313.00	1226142	7/23/2010	Argo Select
36713	2/25/10 & 7/22/10	9/7/2010	$ 931.50	Initial, Depo Prep, Deposition	$ 931.50	14780687	9/2/2010	Chartis

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
36725	2/11/10 & 3/10/10	5/10/2010	$ 500.00	4 Diag Studies (2 EMGs, 2 NCVs)	$ 500.00	101097	5/7/2010	California Fair Svcs.
36796	4/21/2010	7/9/2010	$ 250.00	Diag Studies (EMG, NCV)	$ 250.00	CL-414412	7/7/2010	SCIF
36806	2/18/10 - 6/30/10	8/30/2010	$ 1,332.50	Initials,PR2s,Diag Sudies,PsychTest	$ 1,332.50	C7-587104	8/26/2010	SCIF
36828	2/22/2010	5/13/2010	$ 150.00	Pre-op	$ 150.00	619466	5/10/2010	SeaBright Ins.
36846	2/10/10 - 6/9/10	7/9/2010	$ 770.00	Initial, 3 PR2s	$ 770.00	8812513487	7/7/2010	Farmers
36893	3/2/2010	5/3/2010	$ 150.00	Surgery	$ 150.00	3000047310	4/29/2010	Republic Indemnity
36903	2/1/10 - 4/13/10	5/24/2010	$ 563.00	Board App (LBO), Depo Prep, Depo Rev	$ 563.00	1064706037	5/19/2010	Specialty Risk
36909	3/10/10 - 4/13/10	5/24/2010	$ 846.25	2 Initials, Psych Test, PR2	$ 846.25	1100822067	5/17/2010	Zurich Ins.
36913	3/9/2010	5/17/2010	$ 562.50	Surgery (7.5 hrs)	$ 562.50	0078377158	5/11/2010	Gallagher Bassett
36915	3/10/10 & 3/11/10	5/4/2010	$ 675.00	Pre-op, Surgery (7 hrs)	$ 675.00	0001494406	4/30/2010	Crum & Forster
36918	3/11/2010	6/7/2010	$ 675.00	Surgery (9 hrs)	$ 675.00	0417934404	6/2/2010	Crawford & Company
36943	3/10/2010	5/3/2010	$ 250.00	C&R Reading	$ 250.00	3000047310	4/29/2010	Republic Indemnity
36946	6/2/2010	6/29/2010	$ 250.00	Depo Review	$ 250.00	896D76517491	6/25/2010	The Travelers
36975	3/2/10 & 3/31/10	5/17/2010	$ 430.00	PR2, 2 Diag Studies (EMG, NCV)	$ 430.00	1064273327	5/12/2010	Specialty Risk
36977	3/2/10 & 4/13/10	5/4/2010	$ 580.00	Full Day Board App (SDO) + C&R Reading	$ 580.00	891A79940094	4/30/2010	The Travelers
36982	3/5/10 & 4/8/10	5/3/2010	$ 406.50	Depo Prep, Depo Review	$ 406.50	896D762081117	4/29/2010	The Travelers
36992	3/12/10 & 4/1/10	6/1/2010	$ 406.50	Depo Prep, Depo Review	$ 406.50	2531234	5/28/2010	Lumbermen's Underwriting
36996	3/15/2010	5/4/2010	$ 156.50	Board Appearance (LBO)	$ 156.50	0078175637	4/30/2010	Gallagher Bassett
37033	3/26/2010	6/14/2010	$ 975.00	Surgery (13 hrs)	$ 975.00	0001529732	6/11/2010	Crum & Forster
37034	4/8/10 & 5/3/10	8/9/2010	$ 450.00	Depo Prep, Depo Review	$ 450.00	0002143818	8/3/2010	Cambridge Integrated Svcs.

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
37037	3/31/10 - 6/8/10	7/19/2010	$ 563.00	Depo Prep, Depo Rev, Board App (LBO)	$ 563.00	1068578041	7/14/2010	Specialty Risk Svcs.
37065	3/17/10 - 6/3/10	7/29/2010	$ 1,110.00	Initial, 5 Diag Studies (2 NCVs,2	$ 1,110.00	8812543581	7/26/2010	Farmers
37087	3/17/2010	6/29/2010	$ 637.50	Surgery (8.5 hrs)	$ 637.50	507886	6/28/2010	Tristar
37089	3/30/10 & 5/6/10	7/9/2010	$ 406.50	Board App (LBO), C&R Reading	$ 406.50	647589	7/6/2010	SeaBright Ins.
37131	3/11/10 - 5/27/10	8/9/2010	$ 550.00	Diag Studies (FCE,EMG,NCV)	$ 550.00	CL-418721	8/2/2010	SCIF
37146	3/24/2010	6/25/2010	$ 345.00	Initial (3 hrs)	$ 345.00	0079195746	6/21/2010	Gallagher Bassett
37233	4/14/2010	7/9/2010	$ 165.00	Board Appearance (SDO)	$ 165.00	CD-495209	7/7/2010	SCIF
37317	4/21/10 & 6/9/10	7/12/2010	$ 313.00	2 Board Appearances (RIV)	$ 313.00	0079501562	7/6/2010	Gallagher Bassett
37362	4/14/2010	7/16/2010	$ 956.25	Surgery (12 hrs 45 mins)	$ 956.25	0079599455	7/12/2010	Gallagher Bassett
37369	4/14/10 & 5/18/10	8/6/2010	$ 460.00	2 Initials	$ 460.00	CN-439728	8/4/2010	SCIF
37372	4/21/10 & 4/23/10	8/5/2010	$ 661.25	Initial, Initial (3 hrs 40 mins)	$ 661.25	CP-463581	8/2/2010	SCIF
37412	5/12/10 & 5/28/10	7/9/2010	$ 406.50	Depo Prep, Depo Review	$ 406.50	14150455	7/3/2010	Chartis
37438	5/17/2010	8/19/2010	$ 200.00	Depo Prep (SDO)	$ 200.00	DA63536750	8/16/2010	ACE USA
37725	6/4/10 & 7/6/10	8/16/2010	$ 406.50	Depo Prep, Depo Review	$ 406.50	910268	8/11/2010	Mitsui Sumitomo
37771	8/2/2010	9/7/2010	$ 250.00	Depo Review	$ 250.00	678722	9/2/2010	SeaBright Ins.
37928	6/17/10 - 7/22/10	9/1/2010	$ 1,230.00	Surgery (10 hrs), Post-op, PR2	$ 1,230.00	CN-443974	8/30/2010	SCIF
37935	2/23/2010	8/23/2010	$ 402.50	Initial (3.5 hrs)	$ 402.50	CF-662521	8/20/2010	SCIF

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

*** INVOICE ***

Date	NO#
03/26/10	07993

Claim # : 5000-9701861
W.C.A.B.: POM0262261
ADJ # : ADJ4703901
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
XCHANGING INS. (SD7190)
W.C. DEPARTMENT
ATTN: MARY POLK
P.O. BOX 719025
SAN DIEGO, CA 92171

Case: vs DEPT. OF PUBLIC SCHOOL
Date Of Injury: 2/21/97

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/04	SURGERY	DR BRODIE- CARPAL TUNNEL RELEASE	150.00
05/24/04	PMT BY CHECK	DOS 2/16/04 # T3164092	-150.00
06/04/04	RE-EVAL	DR BRODIE	120.00
08/09/04	PMT BY CHECK	DOS 6/4/04 # T3412151	-120.00
02/16/06	RE-EVAL	DR DOMARACKI	180.00
04/06/06	PMT BY CHECK	DOS 2/16/06 # 0004264603	-180.00
01/14/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
03/25/10	PMT BY CHECK	DOS 1/14/10 # 0011713963	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

↑ DETACH HERE ↑ ↑ DETACH HERE ↑ ↑ DETACH HERE ↑ ↑ DETACH HERE ↑

COUNTY OF LOS ANGELES REMITTANCE ADVICE

PAYEE NAME	PAYEE NUMBER	HANDLING CODE
JOYCE ALTMAN INTERPRETERS	WC1423BV239	

PAYMENT REFERENCE NUMBER	DISB CAT	ISSUE DATE	AMOUNT	WARRANT NUMBER
SWR-EB-74305351305	416	03/25/2010	$250.00	0011713963

5000-97-01861 02-21-97
INVOICE # 07993
01-14-10 THRU 01-14-10
10 MEDICAL EXPENSES 250.00
$250.00
330956713
743053*74299*X2*4

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

PAID

For more information about this payment, please contact
YOUR THIRD PARTY ADMINISTRATOR

NOT NEGOTIABLE NOT NEGOTIABLE NOT NEGOTIABLE

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

*** INVOICE ***

Date	NO#
11/30/09	15512

Claim # : 20050220693
W.C.A.B.: LBO0366717
ADJ # : ADJ2612694
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: ELISE BOYD
P.O. BOX # 14442
LEXINGTON, KS 40512

Case: vs CHURCH OF JESUS CHRIST OF LDS
Date Of Injury: CT 2004 - 1/7/05

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/05	DEPO PREP	@ THE OFFICE OF JEFFREY M. COURT REPORTERS	147.00
06/28/05	PMT BY CHECK	DOS 5/13/05 # 0008244243	-147.00
09/08/05	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
09/23/05	PMT BY CHECK	DOS 9/8/05 # 0008869624	-147.00
09/29/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOLUME I)	147.00
09/29/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOLUME II)	147.00
12/05/05	PENALTIES	FOR DATE OF SERVICE 9/29/05	44.10
04/18/06	INTEREST	FOR DATE OF SERVICE 9/29/05	20.48
05/22/06	PMT BY CHECK	DOS 5/13/05 THRU 4/18/06 # 0010710801	-358.58
09/13/06	WCAB LB	MSC	147.00
01/05/07	PENALTIES	FOR DATE OF SERVICE 9/13/06	22.05
01/05/07	INTEREST	FOR DATE OF SERVICE 9/13/06	6.21
01/31/08	WCAB LB	MSC	156.50
03/05/08	PMT BY CHECK	DOS 5/13/05 THRU 1/31/08 # 0016425619	-331.76
03/12/09	WCAB LB	RATING MSC	156.50
04/01/09	PMT BY CHECK	DOS 3/12/09 # 0020360434	-156.50
09/24/09	WCAB LB	MSC	156.50
11/10/09	WCAB LB	TRIAL (FULL DAY)	313.00
11/18/09	PMT BY CHECK	DOS 9/24/09 THRU 11/10/09 # 0022640134	-469.50

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

*** INVOICE ***

Date	NO#
11/30/09	15512

Claim # : 20050220693
W.C.A.B.: LBO0366717
ADJ # : ADJ2612694
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: ELISE BOYD
P.O. BOX # 14442
LEXINGTON, KS 40512

Case: vs CHURCH OF JESUS CHRIST OF LDS
Date Of Injury: CT 2004 - 1/7/05

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Roseville, CA
PO Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
11/18/2009	469.50	0022640134

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

SCMS UNIT	PAGE
305 Sedgwick Claims Management Services	001

*005470 0022640134 00001 OF 00001 OPM 091117 1426

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

PAID

15512

Claimant Name	Loss Date	Claim Number	SSN
PENA,	01/07/2005	20050220693-0001	

Amt Paid: 469.50 Description:
Amt Billed: 469.50 Invoice: ICN: 20050220693001
Dates: 11/10/2009 - 11/10/2009 Comment:

PAID

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
11/09/09	17337

Claim # : 447463500-13827; 22605
W.C.A.B.: LBO370690/89/75
ADJ # : ADJ1222678;2781429
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ACE/ESIS WC (FLORIDA31082)
W.C. DEPARTMENT
ATTN: CHRISTINE OBIS
P.O. BOX # 31082
TAMPA, FL 33631-3082

Case: vs ABM PLANT PROTECTION
Date Of Injury: 6/8/05; 8/27/04

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/09	C&R READING	@ THE L/O OF DENNIS FUSI AMENDED	250.00
09/16/09	WCAB LB	MSC	156.50
11/05/09	PMT BY CHECK	DOS 8/14/09 THRU 9/16/09 # FE40999760	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence.

*C0FE4099976002241010109110500046 98
ESIS, INC.
PO BOX 31083
TAMPA FL 33631-3083

DATE 11/05/09

CHECK NO. FE40999760

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00581 FE40999760
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
4474635001382

DOLLARS
$*********406.50

* NOT NEGOTIABLE *

FOR
08/14/09 THRU 09/16/09 17337

CLAIMANT

DATE OF EVENT
08/27/04

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

PAID

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
11/30/09	21627

Claim # : 27461448
W.C.A.B.: LBO 0378335
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRAWFORD & COMPANY (ANAHEIM)
W.C. DEPARTMENT
ATTN: DENISE KISS
P.O. BOX # 70026
ANAHEIM, CA 92825-0026

Case: vs SOURCE ONE GROUP
Date Of Injury: 3/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/06	INITIAL EXAM	DR KATTAR*	230.00
04/21/06	INITIAL EXAM	DR HUSSAIN*	230.00
04/21/06	MEDS	INSTRUCTION ON MEDICATIONS*	120.00
05/26/06	FOLLOW-UP	DR HUSSAIN*	180.00
07/14/06	FOLLOW-UP	DR HUSSAIN*	180.00
08/25/06	TESTING	NEURO MUSCULAR TESTING W/ DR HUSSAIN*	150.00
09/19/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
09/29/06	RE-EVAL	DR HUSSAIN*	180.00
10/16/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
10/27/06	RE-EVAL	DR HUSSAIN*	180.00
11/14/06	PMT BY CHECK	DOS 4/21/06 THRU 10/27/06 # 0382139784	-1744.00
12/08/06	RE-EVAL	DR HUSSAIN*	180.00
01/24/07	RE-EVAL	DR KATTAR*	180.00
02/09/07	P AND S	DR HUSSAIN*	230.00
03/19/07	INITIAL EXAM	DR HERIC*	230.00
03/21/07	DIAGN STUDY	POLYSOMNOGRAPH REF BY DR HERIC*	150.00
06/12/07	PENALTIES	FOR DATE OF SERVICE 2/9/07	34.50
06/12/07	INTEREST	FOR DATE OF SERVICE 2/9/07	10.36
06/12/07	PENALTIES	FOR DATE OF SERVICE 3/19/07	34.50
06/12/07	INTEREST	FOR DATE OF SERVICE 3/19/07	7.61
06/12/07	PENALTIES	FOR DATE OF SERVICE 3/21/07	22.50
06/12/07	INTEREST	FOR DATE OF SERVICE 3/21/07	4.87
04/14/08	WCAB LB	RATING MSC	156.50
07/30/08	PMT BY CHECK	DOS 4/21/06 THRU 4/14/08 # 0399384954	-1240.84
11/11/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/11/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/10/09	PMT BY CHECK	DOS 11/11/08 THRU 12/11/08	-406.50

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

*** INVOICE ***

Date	NO#
11/30/09	21627

Claim # : 27461448
W.C.A.B.: LBO 0378335
ADJ # :
S.S.N. :
D.O.B. : , ,
Terms : 45 days

BILL TO:
CRAWFORD & COMPANY (ANAHEIM)
W.C. DEPARTMENT
ATTN: DENISE KISS
P.O. BOX # 70026
ANAHEIM, CA 92825-0026

Case: vs SOURCE ONE GROUP
Date Of Injury: 3/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 0404105391	
11/04/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
11/26/09	PMT BY CHECK	DOS 11/4/09 # 0413046378	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CRAWFORD & COMPANY
P O BOX 70026
ANAHEIM CA 92825

2746-01448-001

BRANCH/FILE# 2746-01448-001
INVOICE NO 21627
CLAIMANT
CLAIMANT SSN
DATE OF LOSS 03/21/2006

PG 1 OF 1

0003517 01 MB **AUTO T1 0 9232 92781

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTINY CA 92781-4165

PAYEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: XXX-XX-6713 INSURED: SOURCE ONE STAFFING
DISABILITY FROM / TO: 11/04/2009 11/04/2009 PAYMENT AMT / DATE: $250.00 11/26/2009

PAID

PMT DESCRIPTION INTERPRETING

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0413046378 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
12/10/09	21713

Claim # : 658877082015
W.C.A.B.: LBO 0371588
ADJ # : ADJ3128222
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAFECO INSURANCE (L.A. 515097)
W.C. DEPARTMENT
ATTN: DIANE KLATT
P.O. BOX # 515097
LOS ANGELES, CA 90051

Case: vs MATHEW MOTOGHEDI
Date Of Injury: 7/10/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
05/16/06	PMT BY CHECK	DOS 4/28/06 # 372466	-147.00
10/31/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
11/22/06	PMT BY CHECK	DOS 10/31/06 # 426770	-147.00
11/17/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
12/28/06	PMT BY CHECK	DOS 11/17/06 # 430262	-147.00
04/09/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
04/19/07	PMT BY CHECK	DOS 4/9/07 # 0457455	-250.00
06/11/07	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
07/06/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/16/07	PMT BY CHECK	DOS 6/11/07 # 0465585	-147.00
08/02/07	PMT BY CHECK	DOS 7/6/07 # 0467202	-250.00
05/27/09	WCAB RIV	MSC	156.60
06/13/09	PMT BY CHECK	DOS 5/27/09 # 600218	-156.60
09/16/09	WCAB RIV	MSC	156.50
10/26/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
12/05/09	PMT BY CHECK	DOS 9/16/09 THRU 10/26/09 # 601102	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Safeco Insurance™

Member of Liberty Mutual Group

CLAIMS ACCOUNTING
P.O. BOX 461
ST. LOUIS, MO 63166-0461

Check No. 601102
ISSUE DATE DEC 5, 2009

CLAIM NO. 658877082015
ACS REF NO. 19W052371111
POLICY NO. 0A03304561

LOSS DATE 07-10-05

ADJUSTER:
SANDRA JONES
PHONE NO: 1-800-332-3226

AGENT: 17-3950
HUB INTERNATIONAL INS SVCS INC

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

PAYMENT PERIOD:
09-16-09 TO 10-26-09

COVERAGES PAID THIS CHECK:

406.50 IND PERM PERMANENT DISABILITY

****406.50 TOTAL PAID THIS CHECK
INSURED:
CLAIMANT:
IN PAYMENT OF: INVOICE #21713

PAID

W-1046

Tear on Perforation

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

*** INVOICE ***

Date	NO#
03/01/10	22256

Claim # : 2038000500062
W.C.A.B.: LBO0377651
ADJ # : ADJ1390197
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MATRIX (SAN JOSE)
W.C. DEPARTMENT
ATTN: MELINDA PIPTON
P.O. BOX # 11035
SAN JOSE, CA 95103

Case: vs SUPERIOR SUPER WAREHOUSE
Date Of Injury: 2/23/06

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/06	DEPO PREP	@ THE L/O OF GOLDMAN,MAGDALIN KRIKE	147.00
09/01/06	PENALTIES	FOR DATE OF SERVICE 6/21/06	22.05
12/11/06	INTEREST	FOR DATE OF SERVICE 6/21/06	8.84
09/27/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
12/11/06	PENALTIES	FOR DATE OF SERVICE 9/27/06	22.05
12/11/06	INTEREST	FOR DATE OF SERVICE 9/27/06	4.40
12/29/06	PMT BY CHECK	DOS 6/21/06 THRU 12/11/06 # 01003013	-351.34
06/11/09	WCAB LB	STATUS CONFERENCE	156.50
09/25/09	PENALTIES	FOR DATE OF SERVICE 6/11/09	23.48
09/25/09	INTEREST	FOR DATE OF SERVICE 6/11/09	6.21
10/13/09	PMT BY CHECK	DOS 6/21/06 THRU 6/11/09 # 0001020472	-186.19
01/21/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/23/10	PMT BY CHECK	DOS 1/21/10 # 0001021261	-250.00

BALANCE 0.00

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P9741028001

Matrix Absence Management, Inc.
P.O. Box 779005
Rocklin, CA 95765

201002241601

Electronic Service Requested

MIXED AADC 926
10155 0.3820 MB 0.379

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

233

1 OF 1

ENV 10155

Claim: 1941786 / Accident date: 02/23/2006.
Insured: Superior Super Warehouse, Policy: WC 9306015-03.

The payment is for Miscellaneous Expense from 01/21/2010 to 01/21/2010.
Check: 0001021261, issued: 02/23/2010, for $250.00 Invoice: 22256

To the Order of: Joyce Altman Interpreters
: PO Box 4165
: Tustin, CA 92781

Please contact Melinda Pitman, telephone: (866) 560-1447 in Matrix \ Rocklin, CA Rocklin CA, email: MELINDA.PITMAN@MATRIXCOS.COM, if you have questions regarding this payment.

PAID

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

*** INVOICE ***
Date NO#
12/03/09 23534

Claim # : 790612; 789367
W.C.A.B.: LBO 0376643
ADJ # : ADJ276002/ 2061401
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FA RICHARDS & ASSOC. (FARA)
W.C. DEPARTMENT
ATTN: Marva Taylor
23422 MILL CREE DR., STE.200
LAGUNA HILLS, CA 92653

Case: vs NEAL BEESON dba SPORTS TURF
Date Of Injury: 11/1/05; 7/29/03

DOS	SERVICE	DESCRIPTION	AMOUNT
10/31/06	DEPO PREP	@ THE L/O OF WAYNE SINGER	147.00
11/20/06	PMT BY CHECK	DOS 10/31/06 # 0000144521	-147.00
12/21/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/17/07	PMT BY CHECK	DOS 12/21/06 # 0000148884	-250.00
06/13/07	WCAB LB	MSC	147.00
06/27/07	PMT BY CHECK	DOS 6/12/07 # 0000159829	-147.00
08/29/07	INITIAL EXAM	DR HAJJ*	230.00
09/14/07	PMT BY CHECK	DOS 8/29/07 #0000163437	-230.00
12/04/07	SURGERY	DR HAJJ - LT KNEE (2.5 HRS)	187.50
01/22/08	PR2/REEVAL	DR HAJJ*	180.00
03/05/08	PMT BY CHECK	DOS 12/4/07 # 0000169597	-187.50
12/09/08	PMT BY CHECK	DOS 1/22/08 # 0000176845	-180.00
01/21/09	DEPO PREP	@ THE L/O OF WAYNE SINGER	156.50
01/30/09	PMT BY CHECK	DOS 1/21/09 # 0000177814	-156.50
02/17/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
03/11/09	PMT BY CHECK	DOS 2/17/09 # 0000178829	-250.00
10/20/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
11/23/09	PMT BY CHECK	DOS 10/20/09 # 0000183070	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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FARA Insurance Services
1625 West Causeway Approach
Mandeville, LA 70471

[redacted]

200911250117

Forwarding Service Requested

ENV 23344 1 OF 1

3-DIGIT 926
23344 0.3820 AT 0.357

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

96

Claim: 790612 /) _ , Accident date: 11/01/2005.
Insured: Neal Beeson (An Ind)), Policy: 3800002661051. [50N763]

The payment is for Miscellaneous Expense from 10/20/2009 to 10/20/2009.
Check: 0000183070, issued: 11/23/2009, for $250.00 Invoice: 23534

To the Order of: Joyce Altman Interpreters
: Po Box 4165
: Tustin, CA 92781

Please contact Patricia Zanders, telephone: (949) 707-2038 in FARA \ Laguna Hills, CA Laguna Hills CA, email: Patricia.Zanders@fara.com, if you have questions regarding this payment.

PAID

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

*** INVOICE ***

Date	NO#
11/03/09	25365

Claim # : COA6173
W.C.A.B.: LBO0384879
ADJ # : ADJ3057978
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FLEETWASH INC.
Date Of Injury: 1/16/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/07	EMG TESTING	BY DR PARK: L/E*	125.00
04/03/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
04/04/07	DEPO PREP	@ THE L/O OF BARNARD & ASSOC.	147.00
04/23/07	PMT BY CHECK	DOS 4/3/07 THRU 4/4/07 # 896D 33373629	-397.00
04/27/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/24/07	PMT BY CHECK	DOS 4/27/07 # 896D 35384193	-250.00
12/04/07	WCAB LB	EXP. HEARING	156.50
12/21/07	PMT BY CHECK	DOS 12/4/07 #900A 23500044	-156.50
08/05/09	WCAB LB	MSC	156.50
09/04/09	PMT BY CHECK	DOS 8/5/09 # 896D 74921696	-156.50
10/06/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
10/27/09	PMT BY CHECK	DOS 10/6/09 # 896D 75209048	-250.00

BALANCE 0.00

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

0

896D 75209048

TRAVELERS

DATE: 10/27/09
LOSS DATE: 01/06/07
FILE NUMBER: 152 CB CDA6173 N

EMPLOYEE

ACCOUNT NAME:
FLEETWASH INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/06/2009

TOTAL PAID: $250.00
TAX INFO: 330956713372l476Y
PAY MISC: 25365
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: ARLENE FIER AT (909)612-3045

300010326
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
04/05/10	27348

Claim # : CDA3829
W.C.A.B.: VNO 0538112
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs PAHRMATICE LLC
Date Of Injury: 12/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/05/07	INITIAL EXAM	DR NAMAT*	230.00
09/21/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
09/21/07	EMG TESTING	BY DR HOFFMAN*	125.00
10/22/07	PMT BY CHECK	DOS 9/5-21/07 # 896D 44928252	-480.00
01/25/08	INITIAL EXAM	DR TERRANCE - PSYCH EVAL (5 HRS)	575.00
01/09/08	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF HEALTH*	150.00
02/22/08	PMT BY CHECK	DOS 9/5/07 THRU 1/9/08 # 896D 52423191	-725.00
04/25/08	SHOCK WAVE	THERAPY W/ DR DANESH*	150.00
06/13/08	SHOCK WAVE	THERAPY W/ TECH RIVAS*	150.00
08/01/08	PMT BY CHECK	DOS 4/25/08 THRU 6/13/08 # 896D 62235288	-300.00
01/19/10	WCAB VNO	MSC - MANUEL DE LA TORRE # 100549	156.50
03/30/10	PMT BY CHECK	DOS 1/19/10 # 896D 76043220	-156.50

BALANCE 0.00

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002525

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

UC02525

896D 76043220

TRAVELERS

DATE: 03/30/10
LOSS DATE: 12/05/06
FILE NUMBER: 152 CB CDA3829 N

EMPLOYEE

ACCOUNT NAME:
OTSUKA AMERICA INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 09/05/2007 TO: 01/19/2010

TOTAL PAID: $156.50
TAX INFO: 330956713372l476Y
PAY MISC: 27348
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: BRIAN O PRUITT AT (909)612-3048

089008165
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
01/25/10	28461

Claim # : 107-8205
W.C.A.B.: LBO 0390177
ADJ # : ADJ103194
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
COMP WEST (NEWPORT B)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 12859
NEWPORT BEACH, CA 92658

Case: vs MICHAELS & CO.
Date Of Injury: 7/3/07

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/07	JOB DESCRIPT	@ THE L/O OF DENNIS FUSI	156.50
01/22/08	PMT BY CHECK	DOS 11/16/07 # 85084	-156.50
05/02/08	DEPO PREP	@ THE L/O OF TOBIN & LUCKS	156.50
06/09/08	PMT BY CHECK	DOS 5/2/08 # 2072384	-156.50
06/16/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/07/08	PMT BY CHECK	DOS 6/16/08 # 2090050	-250.00
11/04/09	WCAB LB	MSC	156.50
12/09/09	PMT BY CHECK	DOS 11/4/09 # 2394370	-156.50
01/11/10	WCAB LB	TRIAL - CARMEN GUZMAN #100585	156.50
03/25/10	PMT BY CHECK	DOS 1/11/10 # 2434193	-156.50

BALANCE 0.00

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EXPLANATION OF MEDICAL BENEFITS

Group: CompWest Insurance Company
Employer: Sherman Allen Inc
Injured Worker:
Claim#: 0000008205 DOI: 2007-07-03
Pat Acct#:
Prov ID#: License#:
Dates of Svc: 2010-01-11 - 2010-01-11
Comments:

PmtID: 2434193
Invoice #: 28461

Review Date:
Bill Recvd:
Print Date: 2010-03-25
Recon Date
Check Date: 03/25/2010 Chk #: 2434193
Diagnosis:

25 100-000119 1003 1 003 145

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

Service	Modifiers	POS	Diag Cd	Billed	MRA Reduct	Netwrk Red	Payment

PLEASE DETACH BEFORE DEPOSITING CHECK

PAID

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

CompWest Insurance Company
PO Box 12859
Newport Beach, CA 92658

Wells Fargo Bank, NA
420 Montgomery St
San Francisco, CA 94104

11-24
1210

Date: 03/25/2010
Check #: 2434193

CLAIM NUMBER	DATE OF INJURY	INJURED WORKER
0000008205	2007-07-03	

$*******156.50

PAY **One Hundred Fifty Six and 50/100-US Dollars **

VOID AFTER 180 DAYS

PAY TO THE ORDER OF

25 100-000119 1003 1 145

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

Authorized Signer
If $5,000 or greater two signatures required

⑈0002434193⑈ ⑆121000248⑆ 4121224901⑈

THE ORIGINAL DOCUMENT HAS A BLUE FOIL WATERMARK ON THE BACK

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

*** INVOICE ***
Date NO#
06/28/10 29666

Claim # : 310002804
W.C.A.B.: LBO 0393926
ADJ # : ADJ226989
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (BURBANK)
W.C. DEPARTMENT
ATTN: JOHN HUE
P.O. BOX # 591
BURBANK, CA 91503-0591

Case: vs ARAMARK UNIFORMS
Date Of Injury: 11/16/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/08	INITIAL EXAM	DR BOYER*	230.00
05/20/08	PMT BY CHECK	DOS 2/18/08 # 100003320 1	-230.00
08/14/08	DEPO PREP	@ THE L/O OF RANDALL SCHWARTZ	156.50
09/09/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/25/08	PMT BY CHECK	DOS 8/14/08 # 100052138 9	-156.50
11/03/08	PMT BY CHECK	DOS 9/9/08 # 100067693 5	-250.00
10/01/09	DEPO PREP	@ THE L/O OF RANDALL & SCHWARTZ	156.50
11/17/09	PMT BY CHECK	DOS 10/1/09 # 100217294 2	-156.50
11/05/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
02/18/10	PMT BY CHECK	DOS 11/5/09 # 100251083 0	-250.00
05/14/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/23/10	PMT BY CHECK	DOS 5/14/10 # 100300849 6	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
800/999-3945

SRS
SPECIALTY RISK SERVICES

000077
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00078

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
29666 11-16-06	WLRC44441913 310002804	ARAMARK UNIFORM SRVS	$250.00

Nature of Payment:	Service Dates	
Miscellaneous Expense	05-14-2010 05-14-2010	$250.00

Claim Handler: John Hughes
800/999-3945
BURBANK CA SRS ARAMARK CLAIM OFFICE
P.O. BOX 591
Burbank, CA 91503

Additional Comments: PAID

Issue Date	06-23-2010	Check Number	100300849 6	Total Amount of Check	$250.00

Please keep the above information for your records.

*200012 1003008496

0884401 18

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
03/18/10	30386

Claim # : WC119071
W.C.A.B.: LBO0396586
ADJ # : ADJ2530293
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
HALLMARK MANAGEMENT (FOLSOM)
W.C. DEPARTMENT
ATTN: WENDY MOONEN
101 PARKSHORE DRIVE, STE 100
FOLSOM, CA 95630

Case: vs EXPRESS PERSONNEL
Date Of Injury: 6/19/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/08	PR2/REEVAL	DR PAYANDEH*	180.00
10/28/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
11/10/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/13/09	PMT BY CHECK	DOS 4/24/08 THRU 11/10/08 # 6066552	-586.50
01/20/10	WCAB LB	MSC (FULL DAY) CARMEN GUZMAN 100585	313.00
03/15/10	PMT BY CHECK	DOS 1/20/10 # 6125442	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

claimetrics on behalf of Hallmark Management and Express Personnel Services P.O. Box 22478 Oklahoma City, OK 73123 -1478 (405) 728 -5544

39386

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Interpretation Services				$0.00	$313.00

Claim Number: WC119071 Claimant:
Check Number: 6125442 Total Check Amt $313.00
Department: 2296 Corona/Riverside CA USA
Memo: MSC
Payee Tax ID: 33-0956713

Payee: Joyce Altman Interpreters, Inc.
Event Date: 6/19/2007 Date of Check: 3/15/2010

PAID

REMITTANCE STATEMENT- PLEASE DETACH BEFORE DEPOSITING

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

*** INVOICE ***

Date	NO#
05/11/10	30628

Claim # : PZC00392794
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : / /
Terms : 45 days

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

Case: vs LANDCO LANDSCAPE ASOC.
Date Of Injury: 11/30/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/08	INITIAL EXAM	DR NEMAT @ PAIN RELIEF CTR*	230.00
07/15/08	PR2/REEVAL	DR NEMAT @ PAIN RELIEF CTR*	180.00
09/24/08	PR2/REEVAL	DR NEMAT @ PAIN RELIEF CTR*	180.00
11/26/08	INITIAL EXAM	DR KASIMIAN @ PAIN RELIEF CTR*	230.00
12/12/08	NCV	DIAGNOSTIC STUDY INTERP: L/E & EMG @ PAIN RELIEF*	150.00
01/29/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
01/27/09	INITIAL EXAM	DR COLLINS @ PAIN RELIEF CTR*	230.00
02/26/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
04/14/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
05/22/09	PMT BY CHECK	DOS 5/22/08 THRU 4/14/09 # 0001201191	-1740.00
03/24/10	P AND S	DR TERRENCE: PSYCH EVAL (3 HRS)	345.00
05/04/10	PMT BY CHECK	DOS 3/24/10 # 0001498819	-345.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

CRUM&FORSTER

Number: 0001498819

Vendor Number: 408694239 Issuing Location: Orange County Claims Check Date: 05/04/2010

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00392794	MC	30628	11/30/2007	$345.00

PAID

TOTAL: $345.00

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

Processor: **U. Mora**

Internal Reference No: 30628

Please Detach Before Depositing

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

*** INVOICE ***

Date	NO#
08/17/09	30880

Claim # : 155218243015
W.C.A.B.: LBO 0392470
ADJ # : ADJ3694666
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAFECO INSURANCE (L.A. 515097)
W.C. DEPARTMENT
ATTN: SANDRA JONES
P.O. BOX # 515097
LOS ANGELES, CA 90051

Case: [redacted] vs SEAPORT FISH CORP.
Date Of Injury: 7/30/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/21/08	PMT BY CHECK	DOS 6/9/08 # 523017	-250.00
07/30/09	WCAB LB	MSC	156.50
08/12/09	PMT BY CHECK	DOS 7/30/09 # 816729	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Golden Eagle Insurance
Member of Liberty Mutual Group

CLAIMS ACCOUNTING
P. O. BOX 461
ST. LOUIS, MO 63166-0461

Check No. 816729
ISSUE DATE AUG 12, 2009

CLAIM NO. 155218243015
ACS REF NO. 19W072111401
POLICY NO. 25WC007569

LOSS DATE 07-30-07

ADJUSTER:
SANDRA JONES
PHONE NO: 1-800-332-3226

AGENT: 16-1349
THOMAS R HAYES INS SER INC

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

PAYMENT PERIOD:
07-30-09 TO 07-30-09

COVERAGES PAID THIS CHECK:

156.50 IND PERM PERMANENT DISABILITY

****156.50 TOTAL PAID THIS CHECK
INSURED: Y.M.B.D., INC.
CLAIMANT:
IN PAYMENT OF: INVOICE #30880

PAID

W-1039

Tear on Perforation

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

*** INVOICE ***

Date	NO#
10/09/09	30999

Claim # : E2035747
W.C.A.B.: LBO0395805
ADJ # : ADJ2569884
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SOLO TIRE
Date Of Injury: 1/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/08	DEPO PREP	@ THE L/O OF EARLY & MASLACH	156.50
07/14/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/05/08	PMT BY CHECK	DOS 6/27/08 # 8810001975	-156.50
08/05/08	PMT BY CHECK	DOS 7/14/08 # 8810001990	-250.00
07/15/09	WCAB LB	MSC	156.50
09/16/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
09/24/09	PMT BY CHECK	DOS 7/15/09 # 8812086530	-156.50
10/06/09	PMT BY CHECK	DOS 9/16/09 # 8812097928	-250.00

BALANCE 0.00

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TRUCK INSURANCE EXCHANGE

Check Number: 8812097928
Date: 10/06/2009

Amount: $250.00******

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

To the order of
JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781

30999

Claimant/Patient:
Insured: RAYSHEIL INC.
Date of Loss: 01/15/2008
Claim Number: E2035747
Correspondence Reference: 2R4FSS24N

Claim Representative: PHUONG DANG
Office Phone Number: 88827406746367

Additional Information:
C&R READING ON 9-16-09 @ THE L/O OF DENNIS FUSI

To contact the Claims Handler toll free dial 714-740-6367.

Service From/To	Payment For	Paid Amount
09/16/09 - 09/16/09	Communications	$250.00

PAID

01 01 000343 2R4FSS24N1 CE1008P2 02 [ ] 000554

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

*** INVOICE ***

Date	NO#
08/30/10	31172

Claim # : 5639494011606
W.C.A.B.: LBO 0394518
ADJ # : ADJ4220496
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31083)
W.C. DEPARTMENT
ATTN: JEFF MERICK
P.O. BOX # 31083
TAMPA, FL 33631-3083

Case: vs ABM JANITORIAL SERVICES
Date Of Injury: 1/30/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/08	DEPO PREP	@ THE L/O OF STOCKWELL, HARRIS & WIDOM	156.50
08/06/08	PMT BY CHECK	DOS 7/16/08 # FE39546242	-156.50
08/08/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/05/08	PMT BY CHECK	DOS 8/8/08 # FE39644235	-250.00
04/13/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
05/04/10	PMT BY CHECK	DOS 4/13/10 # FE41578397	-156.50
07/13/10	WCAB LB	TRIAL- PATRICIA HAYES # 100761	156.50
08/24/10	PMT BY CHECK	DOS 7/13/10 # FE41938790	-156.50

BALANCE 0.00

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*C0FE41578397015530101100S040002913
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 05/04/10

CHECK NO. FE41578397

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00004 FE41578397
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
5639494011160

DOLLARS
$*********156.50

* NOT NEGOTIABLE *

FOR
04/13/10 THRU 04/13/10 31172

CLAIMANT

DATE OF EVENT
01/31/08

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

PAID

FOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-001965-01-01-00
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 08/24/10

CHECK NO. **FE41938790**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00024 FE41938790
JOYCE ALTMAN INTEPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID 5639494011160

DOLLARS $*********156.50

* NOT NEGOTIABLE *

FOR 07/13/10 THRU 07/13/10 31172

CLAIMANT

DATE OF EVENT 01/31/08

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

PAID

PDWLDMCD-001965-01-01-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
12/02/09	31192

Claim # : 80700165637
W.C.A.B.: LBO 0397309
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ELAT PASTRY, INC.
Date Of Injury: 6/20/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/22/08	EMG TESTING	BY DR SCHILLING: U/E*	150.00
07/14/08	INITIAL EXAM	DR PAYANDEH*	230.00
08/19/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
09/16/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
10/07/08	PMT BY CHECK	DOS 7/14/08 THRU 7/22/08 # 8070239237	-380.00
10/22/08	PMT BY CHECK	DOS 9/19/08 THRU 9/16/08 # 8070242936	-360.00
10/21/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
11/11/08	PMT BY CHECK	DOS 10/21/08 # 8070247469	-180.00
11/21/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
12/16/08	PMT BY CHECK	DOS 11/21/08 # 8070257407	-180.00
12/23/08	P AND S	DR PAYANDEH @ ADVANCED CARE*	230.00
02/18/09	PMT BY CHECK	DOS 12/23/08 # 200008620	-230.00
10/12/09	PR2/REEVAL	DR RAHMAN @ R&R ORTHO GROUP*	180.00
11/09/09	PR2/REEVAL	DR RAHMAN @ ADVANCED CARE*	180.00
11/30/09	PMT BY CHECK	DOS 10/12/09 THRU 11/9/09 # 200180275	-360.00

BALANCE 0.00

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

EMPLOYERS®

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

Check Number: 200180275
Check Date: 11/30/2009

Claim Number: 80700165637
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 11/20/2009
Service Period: 10/12/2009 through 11/09/2009
Invoice Number: 31192
Billed Amount: $360.00
Comments: MEDICAL INTERPRETING FEE FOR DR. RAHMAN

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

Check Total: **$360.00**

PAID

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

*** INVOICE ***

Date	NO#
10/13/09	31244

Claim # : 000714020732WC01
W.C.A.B.: N/A
ADJ # : ADJ6533256
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs READY PAC PRODUCE
Date Of Injury: 6/19/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/08	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
09/11/08	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
10/14/08	DEPO PREP	@ THE L/O OF MALMQUEST, FIELD & CAMASTRA	156.50
10/30/08	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
11/26/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
03/17/09	P AND S	DR RAHIMIAN @ AMERI CHIRO*	230.00
04/17/09	PMT BY CHECK	DOS 7/29/08 THRU 3/17/09 # 0070564070	-1226.50
09/01/09	DEPO PREP	@ L/O OF MALMQUIST, FIELDS & CAMASTRA (PART II)	156.50
10/09/09	PMT BY CHECK	DOS 9/1/09 # 0074104323	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

000714 PAGE 1 OF 1 004249

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

PAID

GALLAGHER BASSETT SERVICES
ZURICH AMERICAN INS.

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

CLAIM NO.: 000714 020732 WC 01 (16002)
CLAIMANT:
DESCRIPTION: INVOICE# 31244 DOS 9/01/09

DATES OF SERVICE: 01Sep2009 **THRU** 01Sep2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 19Jun08

NO.: 0074104323
VN: 0000490024
DATE: 09Oct09

AMOUNT: 156.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006349 007242 002 002

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

*** INVOICE ***

Date	NO#
08/13/10	31975

Claim # : 2080184288
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INSURANCE (SCHAUMBERG)
W.C. DEPARTMENT
ATTN: DEBRA RICHARDSON
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs LANE AIR MANUFACTURING
Date Of Injury: 3/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/08	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
10/14/08	INITIAL EXAM	W/ ACUPUNCTURIST STEVE HING @ WILLOW MED*	230.00
11/24/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/15/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/18/08	PMT BY CHECK	DOS 10/10/08 THRU 11/24/08 # 1231232151	-640.00
01/08/09	PMT BY CHECK	DOS 12/22/08 # 1231237268	-125.00
01/23/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
02/13/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
03/13/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
03/16/09	PMT BY CHECK	DOS 10/10/0 THRU 2/13/09 # 1231254565	-415.00
04/03/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
04/10/09	PMT BY CHECK	DOS 10/10/08 THRU 4/3/09 # 1231261675	-360.00
04/27/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
04/10/09	PMT BY CHECK	DOS 4/27/09 # 1231261675	-15.00
05/05/09	PMT BY CHECK	DOS 4/9/09 # 1231268137	-125.00
05/18/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/01/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/17/09	INITIAL EXAM	DR JARCHI @ WILLOW MED*	230.00
06/25/09	SURGERY	DR AFLATOON @ MONROVIA HOSP. (8HRS 15MINS)	618.75
07/08/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
08/03/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
08/24/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/21/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/14/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/06/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/02/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00

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

*** INVOICE ***

Date	NO#
08/13/10	31975

Claim # : 2080184288
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INSURANCE (SCHAUMBERG)
W.C. DEPARTMENT
ATTN: DEBRA RICHARDSON
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs LANE AIR MANUFACTURING
Date Of Injury: 3/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/09	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/25/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 500257	180.00
03/16/10	INITIAL EXAM	DR OBUKHOFF @ WILLOW MED* JOSE LUGO # 500049	230.00
03/01/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/24/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/28/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/26/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/28/10	PR2/REEVAL	DR DOMARACKI* VINCENT MEJIA # 500309	180.00
07/19/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
08/09/10	PMT BY CHECK	DOS 10/10/08 THRU 7/19/10 # 1100920228	-4178.75
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

American Zurich Ins. Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00960

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0184288 001 FB	WC 4280946	31975		03/24/08	07/30/10-07/30/10

Check Number	1100920228	**Date Issued**	08/09/10	**Amount**	$**4,178.75
Insured	LANE AIRE MANUFACTURING CORP				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Kumaradoss CG-Somasundara				
File Supervisor	Frank Bermudez	**Phone Number**	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	4,178.75		
TOTAL	**$4,178.75**		

PAID

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

*** INVOICE ***
Date NO#
05/24/10 32529

Claim # : 22009285
W.C.A.B.: N/A
ADJ # : ADJ6559159
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SAN FRSCO)
W.C. DEPARTMENT
ATTN: DANIELLE KEIFFER
P.O. BOX # 881716
SAN FRANCISCO, CA 94188-1716

Case: vs WESTERN MIXERS, INS.
Date Of Injury: 7/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/08	C&R READING	@ THE L/O OF DENNIS FUSI (CLIENT DIDN'T SIGN)	95.00
02/04/09	PMT BY CHECK	DOS 12/12/08 # 0075818	-95.00
05/20/09	WCAB LB	MSC	156.50
07/17/09	C&R READING	@ THE L/O OF DENNIS FUSI (DIDN'T SIGN)	95.00
07/13/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
09/14/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/01/09	PMT BY CHECK	DOS 12/12/08 THRU 9/14/09 # 0109831	-564.50
11/13/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
12/14/09	PMT BY CHECK	DOS 11/13/09 # 0119792	-250.00
04/28/10	WCAB LB	STATUS CONFERENCE (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/20/10	PMT BY CHECK	DOS 4/28/10 # 0141913	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 12/14/2009
Check Number : 0119792
Check Amount : $250.00

N39919

OZ 01
JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

rwq4a
00005

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22009285		07/24/2008	32529	Interpreter Fees -	12/12/2008	11/13/2009	$250.00

PAID

5-5
4014

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/20/2010
Check Number : 0141913
Check Amount : $313.00

5E0B1B

OZ 01
JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

4zo4a
00024

PAID

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22009285		07/24/2008	32529	Interpreter Fees -	04/28/2010	04/28/2010	$313.00

24-24
4014

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

*** INVOICE ***

Date	NO#
02/23/10	32533

Claim # : 7190208430
W.C.A.B.: N/A
ADJ # : ADJ6646586
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
RISK ENTERPRISE SVCS (BREA600)
W.C. DEPARTMENT
ATTN: DIANE VENDANGE
P.O. BOX # 600
BREA, CA 92822-0600

Case: vs RANDSTAD INHOUSE SERVICES
Date Of Injury: 10/31/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/08	INITIAL EXAM	DR PAYANDEH @ ADVANCED CARE*	230.00
12/17/08	EMG TESTING	BY DR SCHILLING: U/E*	150.00
12/31/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
01/16/09	INITIAL EXAM	DR PARVIN: PSYCH EVAL*	230.00
01/12/09	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (4H 15M)	318.75
01/28/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
02/25/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
03/25/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
04/22/09	DEPO PREP	@ THE L/O OF LANGTON & KAZER	156.50
06/03/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/07/09	PMT BY CHECK	DOS 6/3/09 # 84701098	-250.00
07/13/09	PMT BY CHECK	DOS 4/22/09 # 84706714	-156.50
08/12/09	PMT BY CHECK	DOS 12/3/08 THRU 1/28/09 # 84740678	-1288.75
08/12/09	P AND S	DR SCHILLING @ ADVANCED CARE*	230.00
09/20/09	PMT BY CHECK	DOS 12/3/08 THRU 8/12/09 # 84779571	-590.00
12/23/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
02/17/10	PMT BY CHECK	DOS 12/23/09 # 84910134	-250.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

RISK ENTERPRISE MANAGEMENT LIMITED
3230 East Imperial Highway
Suite 300
Brea, CA 92821-6751

Joyce Altman Interpreters, Inc 8
PO Box 4165 1329
Tustin CA 92781-4165

We are pleased to present you with this check. Should you have any questions concerning this check, Please contact:

Name	Dianne VendangeT	**elephone#**	714-579-2518
Check#	84910134	**Claim Number**	719-0208430-237
Check Date	02/17/2010	**Date of Loss**	10/31/2008
Check amount	$ 250.00	**Claimant**	
Invoice		**Client/Insured**	Randstad North America
Services/period	**From** 12/03/2008	**To**	12/23/2009
Payee	Joyce Altman Interpreters, Inc		
For	Invoice 32533		

PAID

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

*** INVOICE ***

Date	NO#
08/27/10	32538

Claim # : 0010012663TSIWD7
W.C.A.B.: N/A
ADJ # : ADJ1258234
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: ___ vs EASTSIDE HOLDINGS/LITTLE DOM'S
Date Of Injury: 7/23/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
01/05/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/23/09	PMT BY CHECK	DOS 12/4/08 # 101087	-156.50
04/02/09	PENALTIES	FOR DATE OF SERVICE 1/5/09	37.50
04/02/09	INTEREST	FOR DATE OF SERVICE 1/5/09	8.43
04/21/09	PMT BY CHECK	DOS 12/4/08 THRU 4/2/09 # 108470	-295.93
06/28/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/24/10	PMT BY CHECK	DOS 6/28/10 # 153372	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Eat Heavy Inc, Eat Heavy, LPP dba the 10
Claimant
LOPEZ, OSCAR
5442 VIRGINIA AVE
LOS ANGELES, CA 90029

Check No:	153372
Check Amt:	$250.00
Check Date:	08/24/2010
Claimant:	
Soc. Sec. No:	
Claim No:	001-0012663-TSIWD7
Date of Loss:	07/23/2008
Adjuster:	Clark, Scott
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	12/04/2008 To: 06/28/2010
Invoice No:	32538

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Eat Heavy Inc, Eat Heavy, LPP dba the 10
Claimant

Check No:	153372
Check Amt:	$250.00
Check Date:	08/24/2010
Claimant:	
Soc. Sec. No:	
Claim No:	001-0012663-TSIWD7
Date of Loss:	07/23/2008
Adjuster:	Clark, Scott
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	12/04/2008 To: 06/28/2010
Invoice No:	32538

Payable Comment

PAID

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

*** INVOICE ***

Date	NO#
09/18/09	32625

Claim # : 023208022411
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FOREVER 21
Date Of Injury: 7/31/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/08	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
02/11/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
02/17/09	INITIAL EXAM	DR COLLINS @ PAIN RELIEF CTR*	230.00
02/27/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
03/30/09	PMT BY CHECK	DOS 12/17/08 THRU 2/27/09 # 4925933	-820.00
05/05/09	INITIAL EXAM	DR DE LA LLANA @ PAIN RELIEF CTR*	230.00
05/20/09	PR2/REEVAL	DR MENDOZA @ PAIN RELIEF CTR*	180.00
05/26/09	PR2/REEVAL	DR COLLINS @ PAIN RELIEF CTR*	180.00
06/01/09	PMT BY CHECK	DOS 5/5/09 # 5073269	-230.00
06/10/09	PMT BY CHECK	DOS 5/5-5/20/09 # 5088865	-360.00
06/16/09	PR2/REEVAL	DR DE LA LLANA @ PAIN RELIEF CTR*	180.00
06/10/00	PMT BY CHECK	DOS 6/16/09 # 5088865	-120.00
07/29/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
07/13/09	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
08/20/09	PMT BY CHECK	DOS 12/17/08 THRU 7/29/09 # 5257225	-240.00
08/21/09	PMT BY CHECK	DOS 7/13/09 # 5260300	-230.00
08/20/09	NCV	DIAGNOSTIC STUDY INTERP: U/E @ PAIN RELIEF CTR*	125.00
08/20/09	EMG TESTING	BY DR HERIC: U/E @ PAIN RELIEF CTR*	125.00
09/17/09	PMT BY CHECK	DOS 8/20/09 # 5315288	-250.00

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

*** INVOICE ***

Date	NO#
09/18/09	32625

Claim # : 023208022411
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FOREVER 21
Date Of Injury: 7/31/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

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

32625

Payment Summary

Claim Ref #: 023208022411
Policy: 000071603793
Occurence: 000185
Date of Loss: 07/31/2008
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Forever 21,INC.

Page: 1 of 1
Check Number: 5315288
Print Date: 09/17/2009
Issue Date: 09/16/2009

DATE	CLAIMANT	DESCRIPTION	AMOUNT
08/20/2009-		Translator	125.00
08/20/2009-		Translator	125.00

PAID

CHECK TOTAL: 250.00

Comments: dos 08/20/09 oa

Claim Representative: MARYBETH STUTZEL

Phone: (213)612-5418

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

*** INVOICE ***

Date	NO#
11/16/09	32753

Claim # : CA319759
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
XCHANGING INS. (OREGON-69129)
W.C. DEPARTMENT
ATTN: VALERIE
P.O. BOX # 69129
PORTLAND, OR 92739

Case: [redacted] vs SPIN SHADES CO.
Date Of Injury: 4/14/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/08	INITIAL EXAM	DR SOTELO @ PAIN RELIEF CTR*	230.00
12/18/08	INITIAL EXAM	DR MISSIRIAN @ PAIN RELIEF CTR*	230.00
01/22/09	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (3 HRS)	345.00
01/30/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
03/17/09	PMT BY CHECK	DOS 12/17/08 THRU 1/30/09 # 2394118	-985.00
08/26/09	P AND S	DR TERRENCE: PSYCH EVAL (3.5 HRS)	402.50
11/11/09	PMT BY CHECK	DOS 1/30/09 THRU 8/26/09 # 2469476	-402.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

WARNING: THIS ACCOUNT IS PROTECTED AGAINST FRAUD

634
630

322840

LUMBERMEN'S UNDERWRITING ALLIANCE

BOCA RATON FLORIDA 33431

2469476

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
06/01/07	58438-0022	277039	WC-CA-322840	NOVEMBER 11, 2009

FROM 08/26/09 TO 08/26/09

INSURED TRI-STATE STAFFING, INC.

CLAIMANT

PAYEE TAX ID 330956713

NATURE OF PAYMENT CTRL# 4060-H-8666059-0
INV# 32753

PAY FOUR HUNDRED TWO AND 50/100 DOLLARS

TO THE ORDER OF

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

BANK OF AMERICA, N.A.

ENDORSEMENT REQUIRED

*********402. 50

VOID IF NOT CASHED WITHIN 6 MONTHS

Christine E. Lynn

AUTHORIZED SIGNATURE

PAID

COUNTERSIGNATURE MAY BE REQUIRED

G70

2469476

⑈002469476⑈ ⑆063000047⑆ 00360118738⑈

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

*** INVOICE ***

Date	NO#
09/09/09	32759

Claim # : YLR26315
W.C.A.B.: MON 0353302
ADJ # : ADJ100421
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LA HABRA)
W.C. DEPARTMENT
ATTN: DARRELL FERGUSON
P.O. BOX 7007
LA HABRA, CA 90632

Case: vs GLENDRIDGE CENTER
Date Of Injury: 5/12/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/31/08	WCAB LB	MSC	156.50
01/19/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
02/19/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/10/09	WCAB LB	MSC	156.50
08/04/09	WCAB LB	TRIAL	156.50
09/01/09	PMT BY CHECK	DOS 12/31/08 THRU 8/4/09 # 101310804 3	-876.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
800-259-7407

SRS
SPECIALTY RISK SERVICES

000711
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00712 *400012 1013108043

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
32759 / 08-16-07	46HMC TQ0145 YLRC 26315	RESCARE INC	$876.00
Nature of Payment: Other Medical		Service Dates 12-31-2008 08-04-2009	$876.00
Claim Handler: Davinder Sufi 800-259-7407 NO California SRS Claim Office P.O. BOX 515016 Sacramento, CA 95851-5016		Additional Comments: Invoice#: 32759	

PAID

Issue Date	09-01-2009	Check Number	101310804/3	Total Amount of Check	$876.00

Please keep the above information for your records.

083543447

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
04/05/10	32828

Claim # : 9529635000317
W.C.A.B.: LBO 0367766
ADJ # : ADJ3635471
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31083)
W.C. DEPARTMENT
ATTN: PAGE STEEDES
P.O. BOX # 31083
TAMPA, FL 33631-3083

Case: vs ALBERT'S ORGANICS INC.
Date Of Injury: 1/27/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/09	WCAB LB	MSC	156.50
03/13/09	PMT BY CHECK	DOS 1/13/09 # FE40250162	-156.50
08/17/09	WCAB LB	MSC	156.50
10/02/09	PMT BY CHECK	DOS 8/17/09 # FE40890333	-156.50
03/02/10	WCAB LB	MSC *(FULL DAY)* JOYCE ALTMAN #300624	313.00
04/01/10	PMT BY CHECK	DOS 3/2/10 # FE41475131	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

ESIS, INC.
PO BOX 31082
TAMPA FL 33631-3082

DATE 04/01/10

CHECK NO. FE41475131

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 01025 FE41475131
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN CA 92781-4165

FILE ID
9529635000317

DOLLARS
$*********313.00

* NOT NEGOTIABLE *

FOR
03/02/10 THRU 03/02/10 32828

CLAIMANT

DATE OF EVENT
01/27/05

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

PAID

BOA108 (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
02/04/10	32919

Claim # : 22011075
W.C.A.B.: N/A
ADJ # : ADJ6669020
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SD85479)
W.C. DEPARTMENT
ATTN: GABRIEL OCHOA
P.O. BOX 85479
SAN DIEGO, CA 92186

Case: vs MEDI-PEDIC BEDDING CO.
Date Of Injury: 1/29/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/09	INITIAL EXAM	DR ZARGARAFF @ AMERI CHIRO*	230.00
04/21/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
05/28/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/10/09	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
07/08/09	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
11/24/09	PENALTIES	FOR DATE OF SERVICE 01/14/09	34.50
11/24/09	INTEREST	FOR DATE OF SERVICE 01/14/09	24.20
11/24/09	PENALTIES	FOR DATE OF SERVICE 04/21/09	23.48
11/24/09	INTEREST	FOR DATE OF SERVICE 04/21/09	11.69
11/24/09	PENALTIES	FOR DATE OF SERVICE 05/28/09	37.50
11/24/09	INTEREST	FOR DATE OF SERVICE 05/28/09	15.75
11/25/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/10/09	PR2/REEVAL	DR RAHIMIAN* CLARA BONILLA # 500320	180.00
02/01/10	PMT BY CHECK	DOS 1/14/09 THRU 12/10/09 # 126353	-1573.62

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Oak River Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 126353

DATE
02/01/2010

California Workers' Compensation Payment

**********1,573.62

Pay One Thousand Five Hundred Seventy Three Dollars And 62/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE
RUB AREA TO VERIFY

VOID VOID

⑈0126353⑈ ⑆121000248⑆ 4121400683⑈

Payee: JOYCE ALTMAN INTERPRETERS

Check Number: 126353

IRS/SSN: XX-XXX713

Check Date: 02/01/2010

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
22011075		12/03/2008	Interpreter Fees - Medical	01/14/2009	12/10/2009		32919	1,573.62

PAID

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

*** INVOICE ***

Date	NO#
07/27/10	32951

Claim # : 710-451635
W.C.A.B.: N/A
ADJ # : ADJ4399329
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: PERLA SANCHEZ
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs PREFERRED PERSONNEL
Date Of Injury: 5/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/09	WCAB LB	STATUS CONFERENCE	156.50
03/27/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
04/10/09	PMT BY CHECK	DOS 1/21/09 THRU 3/27/09 # 31281059	-406.50
03/10/10	WCAB LB	MSC	156.50
06/29/10	PENALTIES	FOR DATE OF SERVICE 03/10/10	23.48
06/29/10	INTEREST	FOR DATE OF SERVICE 03/10/10	6.46
07/24/10	PMT BY CHECK	DOS 3/10/10 THRU 6/29/10 # 14355049	-186.44

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101435504900414646

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

32951

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 14355049
RFP No.: 00414646
07/24/2010

Insured: CORPORATE PERSONNEL NETWORK, I
Claimant:
Producer:
031010-031010

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001242445	00451635	01	05/08/2007	MED	C	$186.44

PAID

Use file # 710-00451635 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
03/29/10	33154

Claim # : BBSA-13838R
W.C.A.B.:
ADJ # : ADJ6676776
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SO. CA. RISK MGMT (RIVERSIDE)
W.C. DEPARTMENT
ATTN: DENISE PEREZ
P.O. BOX # 59914
RIVERSIDE, CA 92517

Case: vs THE 99 CENT ONLY STORE
Date Of Injury: 8/26/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
03/27/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/24/09	WCAB LB	MSC	156.50
07/02/09	DEPO PREP	@ THE L/O OF GLEN SILVERII & ASSOC.	156.50
08/07/09	EPIDURAL	DR MILLER @ MONROVIA HOSPITAL (4 HRS 40 MINS)	356.25
07/23/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/10/09	DEPO PREP	@ THE L/O OF GLENN SILVERII	156.50
10/12/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/05/10	PR2/REEVAL	DR OBUKHOFF* ELIZABETH VARGA # 500106	180.00
03/23/10	PMT BY CHECK	DOS 2/11/09 THRU 1/5/10 # 0000022612	-1915.75

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

DATE	CHECK AMT	CHECK NO.
03/23/2010	1,915.75	0000022612

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

SCMS UNIT	PAGE
528 Sedgwick Claims Management Services	001

*003027 0000022612 00001 OF 00001 OPM 100322 1425

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

Claimant Name	Loss Date	Claim Number	SSN
	08/26/2008	BBSA13838R	

Amt Paid: 1915.75
Amt Billed: 1915.75
Dates: 02/11/2009 - 01/05/2010

Description: Miscellaneous Medical
Invoice: 33154
Comment:
ICN: BBSA13838R

PAID

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

E1991 FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
03/31/10	33271

Claim # : 91X003353
W.C.A.B.:
ADJ # : ADJ6467448
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ARGONAUT INSURANCE (TX-153229)
W.C. DEPARTMENT
ATTN: SANDRA HITHFILL
P.O. BOX # 153229
IRVING, TX 75015

Case: vs CR & R INC.
Date Of Injury: 12/3/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
04/28/09	PMT BY CHECK	DOS 2/24/09 # 7488574	-250.00
04/23/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
05/12/09	PMT BY CHECK	DOS 4/23/09 # 7489471	-250.00
02/25/10	WCAB LB	EXP. HEARING (FULL DAY)*	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/29/10	PMT BY CHECK	DOS 2/25/10 # 7414627	-313.00

BALANCE 0.00

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ARGO GROUP US

Get there together

Argonaut Claims Services
10101 Reunion Place, Suite 500
San Antonio, Texas 78216

CHECK NO: **7414627**

JPMorgan Chase Bank, N.A.
Dallas, TX

707875217

32-61
1110

CLAIM #: 91-003353 CLAIMANT NAME:
INSURED: CR & R INCORPORATED
PERIOD COVERED: 02/25/2010-02/25/2010 ISSUED BY: EXG CLM ROLE: JJJ
FOR: INTERPRETING SERVICES

03/29/2010
VOID AFTER 180 DAYS

PAY: *Three Hundred Thirteen and 00/100 Dollars* **********

TO: JOYCE ALTMAN INTERPRETERS, INC.

P.O. BOX 4165

TUSTIN, CA 92781 4165

WORKERS COMPENSATION

AMOUNT $******313.00

AUTHORIZED REPRESENTATIVE

TWO SIGNATURES REQUIRED IF OVER $5,000

⑈0074146278⑈ ⑆111000614⑆ 707875217⑈

DETACH BEFORE CASHING CHECK - (RETAIN STUB FOR YOUR RECORDS)

BANK	CO	M/L	POLICY NUMBER	CLAIM NUMBER	T/P	LOSS DATE	PERIOD COVERED	ISSUE DATE	CHECK NUMBER
2021	2	4	91-705-112345	91-003353	2	12/03/2007	02/25/2010-02/25/2010	03/29/2010	7414627

CLAIMANT	INSURED	AMOUNT
	CR & R INCORPORATED	313.00

PAID TO	INVOICE #	TAX ID	ISS. BY	CLM ROLE
JOYCE ALTMAN INTERPRETERS, INC.	33271	330956713	EXG	JJJ

FOR
INTERPRETING SERVICES

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

PAID

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

*** INVOICE ***

Date	NO#
03/26/10	33466

Claim # : 909-484
W.C.A.B.:
ADJ # : ADJ6632220
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (ONTARIO-SHELBY)
W.C. DEPARTMENT
ATTN: SHIRELY MANALONG
3350 SHELBY ST #300
ONTARIO, CA 91764-5578

Case: vs RPM PROPERTY SERVICES, INC.
Date Of Injury: 7/22/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/09	DEPO PREP	@ THE L/O OF TOBIN & LUCKS	156.50
05/19/09	PMT BY CHECK	DOS 3/18/09 # 1001366513	-156.50
05/07/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/10/09	PMT BY CHECK	DOS 5/7/09 # 10014445003	-250.00
12/14/09	DEPO PREP	@ THE L/O OF TOBIN & LUCKS	156.50
01/18/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/28/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/22/10	PMT BY CHECK	DOS 12/14/09 THRU 1/28/10 # 1001824624	-563.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GAB ROBINS NORTH AMERICA, INC.
3350 SHELBY STREET SUITE 300
ONTARIO CA 91764

PHONE: (909)980-0498
FAX: (909)980-0458

0001400 01 MB **AUTO H4 1 6053 92781 C02

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

DATE: 03/22/10

REQUISITION NO. 418290

VENDOR JOYCE ALTMAN INTERPRETERS, INC. FEDERAL ID 33-0956713

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN:
OCCURRENCE DATE 07/22/08
SERVICE FROM: 12/14/09
THRU: 01/28/10
EMPLOYER: RPM PROPERTY SERVICES, INC.

ACCOUNT:
GAB FILE NO.: 4873243260

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
12/14/09	33466	02	563.00	.00	.00	563.00	

PAID

CHECK NO. 1001824624 NET CHECK TOTAL 563.00

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

*** INVOICE ***

Date	NO#
09/07/10	33481

Claim # : 1976344
W.C.A.B.:
ADJ # : ADJ6879799
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MATRIX INS (ROCKLIN 779005)
W.C. DEPARTMENT
ATTN: MELINDA PITMAN
P.O. BOX 779005
ROCKLIN, CA 95677

Case: vs SUPERIOR WAREHOUSE
Date Of Injury: 8/29/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
04/20/09	PMT BY CHECK	DOS 3/19/09 # 0000014251	-156.50
04/21/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/25/09	PMT BY CHECK	DOS 4/21/09 # 0001019408	-250.00
02/02/10	WCAB LB	EXP. HEARING - CARMEN GUZMAN # 100585	156.50
06/24/10	PENALTIES	FOR DATE OF SERVICE 02/02/10	23.48
06/24/10	INTEREST	FOR DATE OF SERVICE 02/02/10	7.99
06/24/10	PMT BY CHECK	DOS 2/2/10 # 0000017621	-156.50
06/30/10	DEPO PREP	@ THE L/O OF GRIFFIN & GRIFFIN	156.50
/ /	INTERPRETER:	PATRICIA LYMAN # 100694	0.00
07/26/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
09/01/10	PMT BY CHECK	DOS 6/30/10 THRU 7/26/10 # 0000017952	-437.97

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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P9741028001

Matrix Absence Management, Inc.
P.O. Box 779005
Rocklin, CA 95765

201009021601

Electronic Service Requested

MIXED AADC 926
5341 0.3820 MB 0.379

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

180

1 OF 1

ENV 5341

Claim: 1976344 / Accident date: 08/29/2008.
Insured: Superior Super Warehouse, Policy: DCP000130-00.

The payment is for Language Interpreter - paid under Medical from 06/24/2010 to 07/26/2010.
Check: 0000017952, issued: 09/01/2010, for $437.97 Invoice: 33481

To the Order of: Joyce Altman Interpreters
: PO Box 4165
: Tustin, CA 92781

Please contact Diane Marshall, telephone: (916) 773-5737 Ext: 206 in Matrix \ Rocklin, CA
Rocklin CA, email: DIANE.MARSHALL@MATRIXCOS.COM, if you have questions regarding this payment.

PAID

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

*** INVOICE ***

Date	NO#
09/22/09	33516

Claim # : 345C608716-9
W.C.A.B.:
ADJ # : ADJ6784788
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31051)
W.C. DEPARTMENT
ATTN: EVA MARTINEZ
P.O. BOX # 31051
TAMPA, FL 33631-3051

Case: vs SELECT STAFFING
Date Of Injury: 2/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
04/03/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
04/27/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
05/22/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/15/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/10/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/30/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
08/14/09	DEPO PREP	@ THE L/O OF SAMUELSON & GONZALEZ	156.50
08/17/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/16/09	PMT BY CHECK	DOS 3/25/09 THRU 8/17/09 # DA61361632	-1646.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

*B0DA61361632035540101090916000639 2
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 09/16/09

CHECK NO. DA61361632

STATEMENT

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

5900A11DA 00 01329 DA61361632
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6087169

DOLLARS
$*******1,646.50

* NOT NEGOTIABLE *

FOR
03/25/09 THRU 08/17/09 33516

CLAIMANT

DATE OF EVENT
02/27/09

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

PAID

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
04/21/10	33549

Claim # : 18345
W.C.A.B.:
ADJ # : ADJ6637564
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SPORTS WORLD INC.
Date Of Injury: 12/18/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
04/17/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/13/09	PMT BY CHECK	DOS 3/25/09 # 5000273938	-156.50
05/20/09	DEPO PREP	@ THE L/O OF PETERSON & COLANTONI (PART II)	156.50
05/29/09	PMT BY CHECK	DOS 4/17/09 # 5000275212	-250.00
06/05/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/24/09	PMT BY CHECK	DOS 5/20/09 # 5000277197	-156.50
07/21/09	PMT BY CHECK	DOS 6/5/09 # 5000279359	-250.00
03/25/10	WCAB LB	MSC-PATIRICIA HAYES # 100761	156.50
04/14/10	PMT BY CHECK	DOS 3/25/10 # 5000299197	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Preferred Employers
INSURANCE COMPANY

April 14,2010
5000299197

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

Re: (SPORTS WORLD INC.) D.O.I. 12/18/2006
Claim Number: 18345

From	To	Amount	Invoice Number	Payment Type
03/25/10	03/25/10	156.50	33549	INTERPRETER FEES - LEGAL

Check Amount: $156.50

PAID

If you have any questions, please call (888) 472-9001

P. O. BOX 85838, SAN DIEGO, CA 92186-5838

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

*** INVOICE ***

Date	NO#
11/09/09	33788

Claim # : YLR38637C
W.C.A.B.:
ADJ # : ADJ6654274
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LA HABRA)
W.C. DEPARTMENT
ATTN: ROBIN FELIX
P.O. BOX 7007
LA HABRA, CA 90632

Case: vs STAFFCHEX
Date Of Injury: 12/16/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/09	DEPO PREP	@ THE L/O OF GRANCELL @ LIEBOVITZ	156.50
05/20/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/09/09	WCAB LB	STATUS CONFERENCE	156.50
09/14/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
11/03/09	PMT BY CHECK	DOS 4/21/09 THRU 9/14/09 # 10141114 5	-813.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
888-650-5523

SRS
SPECIALTY RISK SERVICES

001004
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01005

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*200012 101411145

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
33788 12-16-08	72HMC TQ1344 YLRC 38637	STAFFCHEX INC	$813.00
Nature of Payment: Miscellaneous Legal Expenses		Service Dates 04-21-2009 09-14-2009	$813.00
Claim Handler: Michael Henry 888-650-5523 NO California SRS Claim Office P.O. Box 8116 Pleasanton, CA 94588-8702		Additional Comments: PAID	

Issue Date	11-03-2009	Check Number	1014111145	Total Amount of Check	$813.00

Please keep the above information for your records.

084601357

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
12/15/09	33807

Claim # : 08215635
W.C.A.B.:
ADJ # : ADJ6560561
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (L.A.)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 512028
LOS ANGELES, CA 90051-2028

Case: vs LOS ALAMITOS RACE COURSE
Date Of Injury: 5/10/08

DOS	SERVICE	DESCRIPTION	AMOUNT
4/15/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
6/10/09	PMT BY CHECK	DOS 4/15/09 # 305927	-156.50
9/28/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
1/04/09	PMT BY CHECK	DOS 9/28/09 # 307415	-156.50
1/19/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
2/29/09	PMT BY CHECK	DOS 11/19/09 # 307937	-250.00

BALANCE 0.00

NDICATES BILLED AT A MINIMUM OF 2 HOURS
E: Please remit total payments within 45 days of invoice date to avoid an essed Penalty of 15% and Interest of either 10% or 7% per annum, depending treatment or med/legal. Reference rules and regulations section 9795.4 and or Code Sections 4603.2, 4622 and 5811. If any payment remitted is not eived in full and paid within 45 days, Joyce Altman Interpreters, Inc., nds medical reports and documentation pursuant to Title 8 Rules and ulations 10608 (a), Names and Certifications of all interpreters utilized by endant in this matter for Legal and Medical services and any benefit touts, depo transcripts and documentary evidence. MPN notices.

Client: Los Alamitos Race Course

Payee: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Check Number: 307937
Check Date: 12/29/2009
Check Amount: $250.00

Claim Number: 08215635
Claimant/Employee:
From - To: 11/19/2009 - 11/19/2009
For: Direct Pay
Backstretch

Amount: $250.00
Incident Date: 03/02/2008
Payment Type: LEGAL INTERPRETER
Invoice No: 33807
Invoice Date:

PAID

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

*** INVOICE ***

Date	NO#
08/21/09	33897

Claim # : 624-108-0305295L
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
PEGASUS INSURANCE (MODESTO)
W.C. DEPARTMENT
ATTN: PATRICIA AINLAY
P.O. BOX # 5038
MODESTO, CA 95352

Case: vs STAFF CHEX INC.
Date Of Injury: 2/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/09	INITIAL EXAM	DR SOTELO @ PAIN RELIEF CTR*	230.00
06/02/09	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
07/19/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/10/09	PMT BY CHECK	DOS 4/14/09 THRU 6/2/09 # 393771	-386.50
08/18/09	PMT BY CHECK	DOS 7/19/09 # 395069	-250.00

BALANCE 0.00

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Non-Neg

Care West Insurance Company
P O Box 2710
Rocklin CA 95677

PAYEE...: Joyce Altman Interpreters Inc
P.O. BOX 4165
TUSTIN, CA 92781-4165

TAX ID#.: XXXXX6713
EMPLOYER: 993 STAFFCHEX, INC.
CLAIM #.: 777-624-108-0305295 CLAIMANT:
D/A.....: 2/04/09 Examiner : PA1 Patricia Ainlay

CHECK#.....: 395069
CHECK AMOUNT..: 250.00
CHECK DATE....: 8/18/09

PMT VAL 1.....: E1 COPY SERVICES, CSR
RESERVE.....: EX EXPENSE
PAYMENT PERIOD: 7/19/09 - 7/19/09 WEEKS/DAYS: 0 / 0

REMARKS

33897

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

*** INVOICE ***

Date	NO#
09/22/09	33898

Claim # : 494C0999702
W.C.A.B.:
ADJ # : ADJ6845758
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31051)
W.C. DEPARTMENT
ATTN: EVA MARTINEZ
P.O. BOX # 31051
TAMPA, FL 33631-3051

Case: vs SELECT STAFFING/WINDSOR FOODS
Date Of Injury: 12/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/09	INITIAL EXAM	DR SANDERS @ PAIN RELIEF CTR*	230.00
08/05/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
08/14/09	DEPO PREP	@ THE L/O OF SAMUELSON & GONZALEZ	156.50
08/28/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
09/18/09	PMT BY CHECK	DOS 4/13/09 THRU 8/28/09 # DA61378417	-786.50

BALANCE 0.00

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ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 09/18/09

CHECK NO. DA61378417

33898

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

STATEMENT

5900A11DA 00 00840 DA61378417
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

FILE ID
494C0999702

DOLLARS
$*********786.50

*** NOT NEGOTIABLE ***

FOR
04/13/09 THRU 08/28/09 ADJ 6845758

CLAIMANT

DATE OF EVENT
12/01/08

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

PAID

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
11/02/09	33976

Claim # : 22007569
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : , , -
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SAN FRSCO)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 881716
SAN FRANCISCO, CA 94188-1716

Case: vs ABC SENIOR CARE
Date Of Injury: 4/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/09	INITIAL EXAM	DR SAMIMI @ WILLOW MED*	230.00
06/25/09	SURGERY	DR AFLATOON @ NOMROVIA HOSP. (8HRS 15 MINS)	618.75
10/13/09	PENALTIES	FOR DATE OF SERVICE 4/16/09	34.50
10/13/09	INTEREST	FOR DATE OF SERVICE 4/16/09	14.49
10/26/09	PMT BY CHECK	DOS 4/16/09 THRU 10/13/09 # 0113228	-897.74

BALANCE 0.00

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Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 10/26/2009
Check Number : 0113228
Check Amount : $897.74

FUR81R

oz 01
JOYCE ALTMAN INTERPRETERS
P.O.BOX 4165
TUSTIN, CA 92781

o514a
00007

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22007569		04/18/2008	33976	Interpreter Fees -	04/16/2009	06/25/2009	$897.74

PAID

7-7

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

*** INVOICE ***

Date	NO#
10/06/09	33985

Claim # : 002163001949WC01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SEALY MATTRESS CO.
Date Of Injury: 4/9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/09	EMG TESTING	BY DR SCHILLING: L/E @ ADVANCED CARE*	150.00
05/19/09	EMG TESTING	BY DR SCHILLING: U/E @ ADVANCED CARE*	150.00
05/26/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
06/26/09	PMT BY CHECK	DOS 5/12/09 THRU 5/26/09 # 0072023145	-480.00
06/29/09	PR2/REEVAL	DR SCHILLING @ ADVANCED CARE*	180.00
07/10/09	PMT BY CHECK	DOS 6/29/09 # 0072282969	-180.00
07/30/09	PR2/REEVAL	DR NARIO @ ADVANCED CARE*	180.00
08/20/09	PMT BY CHECK	DOS 7/30/09 # 0073105418	-180.00
09/14/09	INITIAL EXAM	DR RAHMAN @ ADVANCED CARE (3 HRS 5 MINS)	345.00
10/02/09	PMT BY CHECK	DOS 5/12/09 THRU 9/14/09 # 0073964993	-345.00

BALANCE 0.00

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P.O. BOX 2290
GOLD RIVER CA 95741-2290

002163 PAGE 1 OF 1 008219

MDG2009 00006201 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR SEALY CORPORATION

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 002163 001949 WC 01 (10334)
CLAIMANT:
DESCRIPTION: INV# 33985; DOS 9/14/09

DATES OF SERVICE: 14Sep2009 **THRU** 14Sep2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 19Feb09

NO.: 0073964993
VN: 0000053771
DATE: 02Oct09
AMOUNT: 345.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006201 006980 001 001

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

*** INVOICE ***

Date	NO#
04/05/10	34033

Claim # : 200474776
W.C.A.B.:
ADJ # : ADJ6671358
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FRANK GATES/AVIZENT (ANAHEIM)
W.C. DEPARTMENT
ATTN: LINDA LUNA
2400 E. Katella Ave., Ste 650
ANAHEIM, CA 92806

Case: vs STOCKMAR INDUSTRIAL, INC.
Date Of Injury: 11/15/04

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/09	WCAB LB	MSC	156.50
05/19/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/19/09	PMT BY CHECK	DOS 5/14/09 THRU 5/19/09 # 052558	-313.00
10/22/09	+DEPO PREP	@ L/O OF DENNIS FUSI VOL II	156.50
11/24/09	PMT BY CHECK	DOS 10/22/09 # 053197	-156.50
03/04/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/30/10	PMT BY CHECK	DOS 3/4/10 # 053574	-156.50

BALANCE 0.00

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Date of Issue: 3/30/2010

Explanation of Benefits

Check No: 053574

10058859391

Employer	
Client: 28823	Cal Southampton
Employer: 7243000019	Stockmar International Inc
Location: 1	
Claim Office: CA/Anaheim	
Adjuster: LLUNA	
Jur. State: CA	

Claim #: 20040010074776
Injury Date: 11/15/2004
SSN:

Payee Tax ID:330956713		Payment Type
Joyce Altman Interpreting PO Box 4165 Tustin, CA 92781-4165		Deposition Costs
	Pay Rate: $0.00	34633
	DOS From:5/14/2009 To: 3/4/2010	

INDEMNITY PAYMENT

From Date	To Date	Adjustment Description	Paid to	Amount
			Gross Amount	$156.50
			Net Check:	$156.50

PAID

THIS CHECK IS VOID WITHOUT A TEAL BACKGROUND WITH AN ARTIFICIAL FINGERPRINT SEAL ON THE REVERSE AND DISAPPEARS WHEN HELD AT AN ANGLE

FRANK GATES SERVICE COMPANY PAYING CLAIMS ON
Behalf of Discover-Re / Cal-Elite RAC Program

Bank 1 One
JP Morgan Chase Bank, N.A.
Columbus, Ohio 43271
25-3
440

053574
DATE OF ISSUE
03/30/10

One Hundred Fifty Six and 50 / 100 Dollars

****$156.50****
Void if not cashed within 180 days

Pay to the order of

Joyce Altman Interpreting
PO Box 4165
Tustin, CA 92781-4165

Authorized Signature

⑈053574⑈ ⑆044000037⑆ 637243098⑈

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

*** INVOICE ***

Date	NO#
08/02/10	34034

Claim # : 608611212
W.C.A.B.:
ADJ # : ADJ6561702
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (WEST SACRAM)
W.C. DEPARTMENT
ATTN: NANCY VANG
PO BOX 989000
WEST SACRAMENTO, CA 95798-9000

Case: vs OLIVE GARDEN (IRVINE)
Date Of Injury: 7/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/04/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/25/09	PENALTIES	FOR DATE OF SERVICE 5/12/09	23.48
09/25/09	INTEREST	FOR DATE OF SERVICE 5/12/09	7.69
09/25/09	PENALTIES	FOR DATE OF SERVICE 6/4/09	37.50
09/25/09	INTEREST	FOR DATE OF SERVICE 6/4/09	10.48
06/09/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/30/10	PMT BY CHECK	DOS 5/12/09 THRU 6/9/10 # 93582101	-735.65

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

BRANCH OFFICE ADDRESS:
PO BOX 989000
W SACRAMENTO, CA 95798
916-564-1792

Liberty Mutual

B. CODE	CHECK NUMBER	CHECK DATE
189	93582101	07/30/10
	CHECK AMOUNT ****$735.65	BLOCK NUMBER 006983

CLAIM #: WC 608-611212
CONTRACT #: WA7-C4D-004161-108-34

OSN: EE2801073003-004116
CONTROL #: 000013246 ID: C608C91

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 07/21/08
EMPLOYEE:

EMPLOYER: THE OLIVE GARDEN USA
DATES OF SERVICE 05/12/09-06/09/10
LOCATION CODE: 251267

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
05/12/09	06/09/10	EXPENSE		.00	735.65	735.65	

NOTE: PAYS INV# 34034 06/23/10 KB

TOTAL CHARGES	735.65
TOTAL PAYABLE:	735.65
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	735.65

PAID

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***

Date	NO#
06/14/10	34055

Claim # : A5T1271
W.C.A.B.:
ADJ # : ADJ6662314
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MCAIN FOODS, USA
Date Of Injury: 7/3/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/09	DEPO PREP	@ THE L/O OF BARNARD & ASSOC.	156.50
05/26/09	WCAB LB	MSC	156.50
06/03/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/14/09	WCAB LB	MSC	156.50
08/07/09	PMT BY CHECK	DOS 5/7/09 THRU 6/3/09 # 896D 74761677	-563.00
09/02/09	WCAB LB	TRIAL	156.50
09/23/09	PMT BY CHECK	DOS 7/14/09 # 896D 75017007	-156.50
10/07/09	PMT BY CHECK	DOS 9/2/09 # 896D 75095365	-156.50
11/18/09	WCAB LB	TRIAL	156.50
01/04/10	PMT BY CHECK	DOS 11/18/09 # 896D 75575022	-156.50
01/05/10	WCAB LB	TRIAL -PATRICIA HAYES #100761	156.50
02/01/10	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
03/03/10	PMT BY CHECK	DOS 1/5/10 THRU 2/1/10 # 896D 75891242	-469.50
04/21/10	WCAB LB	TRIAL FULL DAY	313.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
06/08/10	PMT BY CHECK	DOS 2/1/10 THRU 4/21/10 # 896D 76420873	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

002666

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

UC02666

896D 76420873

TRAVELERS

DATE: 06/08/10
LOSS DATE: 07/03/08
FILE NUMBER: 152 CB A5T1271 T

EMPLOYEE

ACCOUNT NAME:
MCCAIN FOODS USA INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 05/07/2009 TO: 04/21/2010

TOTAL PAID: $313.00
TAX INFO: 3309567133317481Y
PAY MISC: 34055
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: GWYNNETH BAKER AT (909)612-3790

59008235
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/28/09	34328

Claim # : 33002265
W.C.A.B.: LBO 0395796
ADJ # : ADJ4008702
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (PASADENA)
W.C. DEPARTMENT
ATTN: DAVID HARLOW
P O BOX # 7008
PASADENA, CA 91109

Case: vs M & M DISTRIBUTORS
Date Of Injury: 12/18/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/09	WCAB LB	MSC	156.50
07/21/09	WCAB LB	TRIAL	156.50
07/24/09	PMT BY CHECK	DOS 6/15/09 THRU 7/21/09 # 0104652	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/24/2009
Check Number : 0104652
Check Amount : $313.00

HYG71B

OZ 01
JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

gsf4a
00018

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33002265		12/18/2007		Lien Payment - Medi	07/21/2009	07/21/2009	$313.00

35/385

18-18

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

*** INVOICE ***

Date	NO#
04/05/10	34330

Claim # : 710605804
W.C.A.B.:
ADJ # : ADJ6740790
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: RACHEL LUCAS
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs DAMERON ALLOY FOUNDERIES
Date Of Injury: 4/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/01/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/15/09	PMT BY CHECK	DOS 7/1/09 # 32089833	-250.00
08/15/09	PMT BY CHECK	DOS 6/15/09 # 32089832	-156.50
11/09/09	WCAB LB	CONFERNECE	156.50
12/15/09	PMT BY CHECK	DOS 11/9/09 # 11919020	-156.50
03/02/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/01/10	PMT BY CHECK	DOS 3/2/10 # 13107471	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 9 7101310747100667722

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

No.: 13107471
RFP No.: 00667722
04/01/2010

Insured: DAMERON ALLOY FOUNDRIES (A COR
Claimant:
Producer:
ACT: 34330 030210-030210

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003427663	00605804	01	04/09/2009	MED	O	$156.50

PAID

Use file # 710-00605804 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
07/30/09	34402

Claim # : GWAL-002757
W.C.A.B.:
ADJ # : ADJ6824087
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DRINKWARD CONSTRUCTION, INC.
Date Of Injury: 4/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/06/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/28/09	PMT BY CHECK	DOS 6/22/09 THRU 7/6/09 # 54700	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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California Contractors Network, Inc. Self-Insured Group
c/o SCRMA, Inc. 313 E. Foothill Blvd. Upland, CA 91786-3952

Mailing Information:

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

Claim Number: GWAL-002757
Claimant:
Date of Loss: 04/04/2008

Check Number: 54700
Check Date: 07/28/2009
Check Amount: $406.50
Type of Payment: WC Medical
176 INTERPRETER MED

Location: 42437 Elliott Drinkward Contruction, 2535 W. 237th Street, Unit 101

For Period: 06/22/2009 to 07/06/2009
InvoiceNo: 34402
IRS #: 33-0956713

PLEASE DETACH BEFORE DEPOSITING

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

*** INVOICE ***

Date	NO#
10/19/09	34417

Claim # : 9383133
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MICHAEL NICHOLAS DESIGN
Date Of Injury: 1/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/09	INITIAL EXAM	DR SCHILLING @ ADVANCED CARE*	230.00
07/29/09	PMT BY CHECK	DOS 7/1/09 # 3000003162	-230.00
07/29/09	PR2/REEVAL	DR RAMESHNI @ ADVANCED CARE*	180.00
08/17/09	PMT BY CHECK	DOS 7/29/09 # 3000006454	-180.00
08/26/09	PR2/REEVAL	DR RAMESHNI @ ADVANCED CARE*	180.00
09/10/09	PMT BY CHECK	DOS 8/269/09 # 3000010884	-180.00
09/09/09	PR2/REEVAL	DR RAMESHNI @ ADVANCED CARE*	180.00
09/21/09	INITIAL EXAM	DR RAHMAN @ R&R ORTHO GROUP*	230.00
09/30/09	PR2/REEVAL	DR RAMESHNI @ ADVANCED CARE*	180.00
09/29/09	PMT BY CHECK	DOS 9/9/09 # 3000013953	-180.00
10/07/09	PMT BY CHECK	DOS 9/30/09 # 3000015154	-230.00
10/13/09	PMT BY CHECK	DOS 9/30/09 # 3000015983	-180.00

BALANCE 0.00

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

Date: 10/13/2009
Check #: 3000015983
Payment Amount: 180.00

0089-0001-000089 0001

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

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
009383133		34417	10/05/2009	09/30/09	09/30/09		180.00	
	Interpreter For Medical/WCAB							
						Total	180.00	

PAID

Please detach before depositing check

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

*** INVOICE ***

Date	NO#
09/22/09	34452

Claim # : 6241080305964
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CARE WEST CLAIMS MGMT. (MODES)
W.C. DEPARTMENT
ATTN: PATRICIA AINLAY
P.O. BOX # 5038
MODESTO, CA 95352

Case: vs STAFFCHEX
Date Of Injury: 4/25/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/29/09	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
08/05/09	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
08/10/09	NCV	DIAGNOSTIC STUDY INTERP: U/E @ PAIN RELIEF CTR*	125.00
08/10/09	EMG TESTING	BY DR HERIC: U/E @ PAIN RELIEF CTR*	125.00
08/14/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
09/17/09	PMT BY CHECK	DOS 6/29/09 THRU 8/14/09 # 399113	-793.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Non-Neg

Care West Insurance Company

P O Box 2710

Rocklin CA 95677

PAYEE...: Joyce Altman Interpreters Inc
P.O. BOX 4165
TUSTIN, CA 92781-4165

34452

TAX ID#.: XXXXX6713

EMPLOYER: 993 STAFFCHEX, INC.

CLAIM #.: 777-624-108-0305964 CLAIMANT:

D/A.....: 4/25/09 Examiner : PA1 Patricia Ainlay

CHECK#.....: 399113 PMT VAL 1.....: E5 INTERPRETER FEES

CHECK AMOUNT..: 793.00 RESERVE.....: EX EXPENSE

CHECK DATE....: 9/17/09 PAYMENT PERIOD: 6/29/09 - 8/14/09 WEEKS/DAYS: 0 / 0

REMARKS

34452

PAID

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

*** INVOICE ***

Date	NO#
02/22/10	34482

Claim # : 2009085472
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GREGORY & BRAGG (ROSEV.619058)
W.C. DEPARTMENT
ATTN: MARIDEE TURCOTTE
P.O. BOX 619058
ROSEVILLE, CA 95661

Case: vs STEEL WORKS OLDTIMERS
Date Of Injury: 1/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/17/09	INITIAL EXAM	DR MENDOZA @ PAIN RELIEF CTR*	230.00
07/16/09	NCV	DIAGNOSTIC STUDY INTERP: U/E & L/E @ PAIN RELIEF*	125.00
07/16/09	EMG TESTING	BY DR HERRIC: U/E & L/E @ PAIN RELIEF CTR*	125.00
07/27/09	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
07/28/09	SHOCK WAVE	THERAPY W/ TECH LOPEZ @ PAIN RELIEF CTR*	150.00
08/13/09	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (3.5 HRS)	402.50
10/06/09	PMT BY CHECK	DOS 6/17/09 THRU 8/13/09 # 26072	-1262.50
11/06/09	P AND S	DR BOYER @ PAIN RELIEF CTR*	230.00
01/07/10	PMT BY CHECK	DOS 11/6/09 # 27544	-230.00
01/14/10	INITIAL EXAM	DR KAHN* AUGUSTO SALAZAR # 500286	230.00
01/13/10	PR2/REEVAL	DR BOYER* ANGELA THIELEN # 500092	180.00
02/19/10	PMT BY CHECK	DOS 1/14/10 THRU 1/13/10 # 28124	-410.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

NonProfits United
Workers' Comp Group
P.O. Box 619058
Roseville, CA 95661-9058

Payee: JAI INC.
IRS/SSN: 330956713
Check Number: 26072
Claim Number: 2009085472
Incident Date: 01/14/2009
Invoice: 34482
For:

Examiner: mturcotte
ORG1: Steelworkers Oldtimers Foui
Claimant Name:
From: 06/17/2009
Account #:

Check Date: 10/06/2009
Check Total: $1,262.50

Through: 08/13/2009 **Delivery:**
Description: Translation Services

PAID

NonProfits United
Workers' Comp Group
P.O. Box 619058
Roseville, CA 95661-9058

Payee: JAI INC.
IRS/SSN: 330956713
Check Number: 27544
Claim Number: 2009085472
Incident Date: 01/14/2009
Invoice: 34482
For:

Examiner: mturcotte
ORG1: Steelworkers Oldtimers Foui
Claimant Name:
From: 06/17/2009
Account #:

Check Date: 01/07/2010
Check Total: $230.00

Through: 11/06/2009 **Delivery:** 1
Description: Court Reporting

PAID

Workers' Comp Group
P.O. Box 619058
Roseville, CA 95661-9058

Payee: JAI INC.
IRS/SSN: 330956713
Check Number: 28124
Claim Number: 2009085472
Incident Date: 01/14/2009
Invoice: 34482
For:

Examiner: mturcotte
ORG1: Steelworkers Oldtimers Foui
Claimant Name:
From: 06/17/2009
Account #:

Check Date: 02/19/2010
Check Total: $410.00

Through: 01/13/2010 **Delivery:**
Description: Translation Services

PAID

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

*** INVOICE ***

Date	NO#
08/21/09	34507

Claim # : 05303776
W.C.A.B.:
ADJ # : ADJ4291721
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SAN FRSCO)
W.C. DEPARTMENT
ATTN: DAVID HARLOW
P.O. BOX # 881716
SAN FRANCISCO, CA 94188-1716

Case: vs CUSTOM ALLIANCE INC.
Date Of Injury: 4/1/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/09	WCAB LB	MSC	156.50
08/19/09	PMT BY CHECK	DOS 7/6/09 # 1969325	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 08/19/2009
Check Number : 1969325
Check Amount : $222.10

PBW71B

oz 01
JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

irf4a
00047

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
05305365		12/17/2004		Interpreter Fees -	04/09/2007	04/09/2007	
05303776		04/01/2005	34507	Interpreter Fees -	07/06/2009	07/06/2009	$156.50

PAID

47-47

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

*** INVOICE ***

Date	NO#
06/16/10	34528

Claim # : YLR42881
W.C.A.B.:
ADJ # : ADJ6947964
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LA HABRA)
W.C. DEPARTMENT
ATTN: JEFF WILLIAMS
P.O. BOX 7007
LA HABRA, CA 90632

Case: DIAZ vs AMERICAN APPAREL, INC.
Date Of Injury: 10/30/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/02/09	INITIAL EXAM	DR SAMAAN @ GARFIELD HEALTH*	230.00
09/18/09	PR2/REEVAL	DR SAMAAN @ GARFIELD HEALTH*	180.00
10/16/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
11/16/09	DEPO PREP	@ THE L/O OF FLOYD, SKEREN & KELLY	156.50
11/13/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
12/11/09	PR2/REEVAL	DR HOSSAIN* TITO SILVA 500272	180.00
12/21/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
01/13/10	PR2/REEVAL	DR SAMAAN* AUGUSTO SALAZAR # 500286	180.00
02/24/10	PR2/REEVAL	DR HOSSAIN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/24/10	PR2/REEVAL	DR HOSSAIN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/22/10	P AND S	DR KATTAR* JASON RAMIREZ # 500371	230.00
06/10/10	PMT BY CHECK	DOS 7/2/09 THRU 4/22/10 # 106629139 0	-2126.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
800/221-5473

SRS
SPECIALTY RISK SERVICES

002057
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

02058

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
34528 10-30-08	10HMC TQ1291 YLRC 42881	AMERICAN APPAREL INC	$2,126.50

Nature of Payment:	Service Dates	
Miscellaneous Legal Expenses	07-02-2009 04-22-2010	$2,126.50

Claim Handler: Jonathan Lindsey 800/221-5473 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007	Additional Comments: PAID

Issue Date	06-10-2010	Check Number	106029139 0	Total Amount of Check	$2,126.50

Please keep the above information for your records.

088247181

*200012 1066291390

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

*** INVOICE ***

Date	NO#
08/17/09	34534

Claim # : 710366046
W.C.A.B.:
ADJ # : ADJ6552991
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: MARYLIN FOLOSO
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs J.C. KENNEY
Date Of Injury: 3/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/09	WCAB LB	MSC	156.50
08/14/09	PMT BY CHECK	DOS 7/1/09 # 32084865	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7103208486500850090

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

Remittance –
AMERICAN HOME ASSURANCE COMPANY

No.: 32084865
RFP No.: 00850090
08/14/2009

Insured: J C PENNEY CORPORATION INC
Claimant:
Producer:
ACT: 34534 070109-070109

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000002920768	00366046	01	03/21/2007	MED	O	$156.50

PAID

Use file # 710-00366046 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

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

*** INVOICE ***

Date	NO#
11/24/09	34546

Claim # : 000420-058945-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DENNY'S
Date Of Injury: 9/23/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/09	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
08/13/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
09/14/09	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
09/18/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
10/06/09	PMT BY CHECK	DOS 7/15/09 THRU 9/18/09 # 007402229	-610.00
10/21/09	PMT BY CHECK	DOS 9/18/09 # 0074329245	-180.00
10/29/09	EMG TESTING	BY DR GROSS: L/E @ PAIN RELIEF CTR*	125.00
10/29/09	NCV	DIAGNOSTIC STUDY INTERP: L/E @ PAIN RELIEF CTR*	125.00
10/02/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
11/17/09	PMT BY CHECK	DOS 10/29/09 THRU 10/2/09 # 0074893853	-430.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

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

GALLAGHER BASSETT SERVICES INC
FOR DENNY'S CORPORATION

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

CLAIM NO.: 000842 058945 WC 01 (31001737)
CLAIMANT: A C
DESCRIPTION: INVOICE 34546

DATES OF SERVICE: 15Jul2009 **THRU** 29Oct2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 180
ACC DATE: 23Sep08

NO.: 0074893853
VN: 0000372955
DATE: 17Nov09
AMOUNT: 430.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004503 005222 002 003

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

*** INVOICE ***

Date	NO#
10/05/09	34556

Claim # : 02356128
W.C.A.B.:
ADJ # : ADJ375772
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: EMILE YOUNG
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs ROBINSON ROOFING - CONSULTING
Date Of Injury: 11/30/04

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/09	WCAB LB	MSC	156.50
09/21/09	WCAB LB	MSC (FULL DAY)	313.00
10/01/09	PMT BY CHECK	DOS 7/13/09 THRU 9/21/09 # CU-514694	-469.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(818)291-7000

Provider Number: 330956713

Check #: **CU-514694**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/01/09
Doc #: 018998379

Medical

34556

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 02356128		
1	WCAB/STIP	09/21/09	09/21/09	Interpreter fees	1		469.50
					Total Allowances:		**$469.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
02356128	469.50	.00	469.50

The preceding invoice totals reflect the amount of reviewed and approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

Notations:

02356128 WCAB/STIP FULL & FINAL;

PAID

0122200018998379012

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

*** INVOICE ***

Date	NO#
08/24/09	34569

Claim # : 011924-098049-WC-01
W.C.A.B.:
ADJ # : ADJ3731997
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SYSCO NEWPORT MEAT CO.
Date Of Injury: 4/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/09	C&R READING	@ THE L/O OF JON WOODS	250.00
08/19/09	PMT BY CHECK	DOS 7/10/09 # 0073100191	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

0104684 01 RE **AUTO T3 0 5861 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-866-841-0167
GALLAGHER BASSETT-GOLD RI
P.O. BOX 2290
GOLD RIVER CA 95741-2290

SYSCO CORPORATION

CLAIM NO. 011924 098049 WC 01

CLAIMANT:

DESCRIPTION: INV # 34569; DOS 7/10/09 (C&R READING)

DATE OF SERVICE: 10-Jul-2009 TO 10-Jul-2009

BRANCH NO. 094

ACC. DATE 09-Apr-2008

CHECK NO. 0073100191

VN. 0001173212

DATE: 19-Aug-2009

PAYMENT AMOUNT: $250.00

PAID

RED104684-0001_of_0001 5861-0006005 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0073100191 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
08/17/09	34600

Claim # : 22002843
W.C.A.B.: LBO 0389757
ADJ # : ADJ3023740
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (PASADENA)
W.C. DEPARTMENT
ATTN: GLORIA VALENRIA
P O BOX # 7008
PASADENA, CA 91109

Case: vs SUPERKING MARKET #2
Date Of Injury: 7/11/07

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
08/13/09	PMT BY CHECK	DOS 7/16/09 # 0102897	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 08/13/2009
Check Number : 0102897
Check Amount : $400.00

UMU71U

OZ 01
JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

ibo4a
00040

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22011871		04/30/2009	34599	Interpreter Fees -	07/18/2009	07/18/2009	
22002843		07/12/2007	34600	Interpreter Fees -	07/16/2009	07/16/2009	$250.00

PAID

40-40

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

*** INVOICE ***

Date	NO#
08/31/09	34633

Claim # : 003000-180313-WC-01
W.C.A.B.: LBO 0389441
ADJ # : ADJ1966786
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs WASTE MANAGEMENT, INC.
Date Of Injury: 8/31/06

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
08/26/09	PMT BY CHECK	DOS 7/10/09 # 0073242506	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

0105019 01 RE **AUTO T5 0 5866 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-866-841-0167
GALLAGHER BASSETT-GOLD RI
P.O. BOX 2290
GOLD RIVER CA 95741-2290

WASTE MANAGEMENT

CLAIM NO. 003000 180313 WC 01

CLAIMANT:

DESCRIPTION: INV# 34633 08/21/09 DOS 07/10/09

DATE OF SERVICE: 10-Jul-2009 TO 10-Jul-2009

BRANCH NO. 094

ACC. DATE 31-Aug-2006

CHECK NO. 0073242506

VN. 0002289298

DATE: 26-Aug-2009

PAYMENT AMOUNT: $156.50

PAID

RE0105019-0001_of_0001 5866-0006544 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0073242506 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
09/11/09	34634

Claim # : 494C0778591
W.C.A.B.:
ADJ # : ADJ6693415
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31051)
W.C. DEPARTMENT
ATTN: EVA MARTINEZ
P.O. BOX # 31051
TAMPA, FL 33631-3051

Case: vs SELECT STAFFING
Date Of Injury: 2/9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/28/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/08/09	PMT BY CHECK	DOS 7/10/09 THRU 7/28/09 # DA61307401	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 09/08/09

CHECK NO. DA61307401

STATEMENT

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

5900A11DA 00 01190 DA61307401
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C0778591

DOLLARS
$*********406.50

* NOT NEGOTIABLE *

FOR
07/10/09 THRU 07/28/09 34634

CLAIMANT

DATE OF EVENT
02/09/09

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

PAID

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
11/24/09	34645

Claim # : 002086-006489-WC-01
W.C.A.B.:
ADJ # : ADJ2109835; 1842725
S.S.N. :
D.O.B.
Terms : 45 days

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

Case: vs VOLT MANAGEMENT CORP.
Date Of Injury: 8/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/09	WCAB LB	MSC	156.50
08/25/09	PMT BY CHECK	DOS 7/30/09 # 0073198416	-156.50
11/04/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
11/19/09	PMT BY CHECK	DOS 11/4/09 # 0074957100	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

002086 PAGE 1 OF 1 002500

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

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

34645

CLAIM NO.: 002086 006489 WC 01 (41118)
CLAIMANT:
DESCRIPTION: 7/30/09-7/30/09

DATES OF SERVICE: 30Jul2009 **THRU** 30Jul2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 08Aug07

NO.: 0073198416
VN: 0000227085
DATE: 25Aug09
AMOUNT: 156.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004458 005139 003 006

P.O BOX 6900
CORONA CA 92878-6900

002086 PAGE 1 OF 1 002959

MDG2009 00004636 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

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

CLAIM NO.: 002086 006489 WC 01 (41118)
CLAIMANT:
DESCRIPTION: INV#34645 INVDAT11/17/09 DOS11/06/09

DATES OF SERVICE: 06Nov2009 **THRU** 06Nov2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 08Aug07

NO.: 0074957100
VN: 0000234875
DATE: 19Nov09
AMOUNT: 250.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004636 005337 001 002

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

*** INVOICE ***

Date	NO#
06/01/10	34687

Claim # : 2080201073
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MARRIOTT HOTELS & RESORTS
Date Of Injury: 11/23/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/23/09	INITIAL EXAM	DR SAMIMI @ WILLOW MED*	230.00
09/24/09	PR2/REEVAL	DR SAMIMI @ WILLOW MED*	180.00
10/23/09	PMT BY CHECK	DOS 7/23/09 THRU 9/24/09 # 1620322987	-410.00
11/12/09	PR2/REEVAL	DR SAMIMI @ WILLOW MED*	180.00
12/18/09	PMT BY CHECK	DOS 7/23-11/12/09 # 1100653347	-180.00
01/20/10	PRE-OP	DR JARCHI* ELIZABETH HERRERA # 301231	150.00
03/11/10	PR2/REEVAL	DR SAMIMI* ELIZABETH HERRERA # 301231	180.00
04/22/10	PR2/REEVAL	DR SAMIMI* ELIZABETH HERRERA # 301231	180.00
05/25/10	PMT BY CHECK	DOS 7/23/09 THRU 4/22/10 # 1100832074	-510.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

03132

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0201073 C01 IV	WC 5964218	34687		11/23/08	07/23/09-09/24/09

Check Number	1620322987	**Date Issued**	10/23/09	**Amount**	$****410.00
Insured	Marriott Anaheim Suites				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Roxanne Ervin				
File Supervisor	Rose Esclamado	**Phone Number**	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	410.00		

PAID

TOTAL	$410.00

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

01194

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

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0201073 001 IV	WC 5964218	34687		11/23/08	07/23/09-04/22/10

Check Number	1100832074	Date Issued	05/25/10	Amount	$****510.00
Insured	Marriott Anaheim Suites				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Manoj Kumar CG-Malik				
File Supervisor	Rose Esclamado	Phone Number	415 538-7100		

PAID

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	510.00		
TOTAL	$510.00		

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

*** INVOICE ***

Date	NO#
10/13/09	34745

Claim # : 002979-008562-WC-01
W.C.A.B.:
ADJ # : ADJ6656046
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CHAMP STEEL, INC.
Date Of Injury: 10/28/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/09	INITIAL EXAM	DR SAMIMI @ WILLOW MED*	230.00
10/08/09	PMT BY CHECK	DOS 7/17/09 # 0074077982	-230.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

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

002979 PAGE 1 OF 1 002980

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

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

CLAIM NO.: 002979 008562 WC 01 (1W9332001)
CLAIMANT:
DESCRIPTION: INV# 34745 DOS - 07/17/09

DATES OF SERVICE: 17Jul2009 **THRU** 17Jul2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 28Oct08

NO.: 0074077982
VN: 0000256864
DATE: 08Oct09

AMOUNT: 230.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004087 004676 002 004

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

*** INVOICE ***

Date	NO#
09/14/09	34764

Claim # : 56394940255827
W.C.A.B.:
ADJ # : ADJ6696608
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31051)
W.C. DEPARTMENT
ATTN: MARIA ZOUAIN
P.O. BOX # 31051
TAMPA, FL 33631-3051

Case: vs ONE SOURCE
Date Of Injury: 6/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/09	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
08/21/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/09/09	PMT BY CHECK	DOS 8/3/09 THRU 8//21/09 # FE40816823	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

*C0FE40816823009360101090909000160 1
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 09/09/09

CHECK NO. FE40816823

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00366 FE40816823
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
5639494025582

DOLLARS
$*********406.50

* NOT NEGOTIABLE *

FOR
08/03/09 THRU 08/21/09 34764

CLAIMANT

DATE OF EVENT
06/11/08

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

PAID

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
08/21/09	34806

Claim # : 80700157330
W.C.A.B.:
ADJ # : ADJ3224168
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs JAM DESIGN IN
Date Of Injury: 4/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/09	WCAB LB	STATUS CONFERNCE	156.50
08/19/09	PMT BY CHECK	DOS 8/5/09 # 200109612	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

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.

34804

EMPLOYERS®

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

Check Number: 200109612
Check Date: 08/19/2009

Claim Number: 80700157330
Injured Employee:

Payment Description:
Billed Date: 08/06/2009
Service Period: 08/06/2009 through 08/06/2009
Invoice Number: n/a
Billed Amount: $156.50
Comments:

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

Check Total: **$156.50**

F F
LB Board
OK

PAID

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

*** INVOICE ***

Date	NO#
03/29/10	34829

Claim # : 33008087
W.C.A.B.:
ADJ # : ADJ6641587
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SD85479)
W.C. DEPARTMENT
ATTN: JENNIFER QUILLEN
P.O. BOX 85479
SAN DIEGO, CA 92186

Case: vs WARE STAFF, LLC
Date Of Injury: 10/27/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
09/03/09	PMT BY CHECK	DOS 8/6/09 # 0111773	-156.50
08/27/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/19/10	PENALTIES	FOR DATE OF SERVICE 8/27/09	37.50
01/19/10	INTEREST	FOR DATE OF SERVICE 8/27/09	13.00
01/21/10	PMT BY CHECK	DOS 8/6/09 THRU 1/19/10 # 0135848	-300.50
03/23/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/25/10	PMT BY CHECK	DOS 3/23/10 # 0148383	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 03/25/2010
Check Number : 0148383
Check Amount : $156.50

NMDA17

34829

oz 01
JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

0f44a
00088

PAID

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33008087		10/27/2008		Interpreter Fees -	03/23/2010	03/23/2010	$156.50

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

*** INVOICE ***

Date	NO#
09/24/09	34831

Claim # : 09000001272
W.C.A.B.:
ADJ # : ADJ6762695
S.S.N. : [redacted]
D.O.B. :
Terms : 45 days

BILL TO:
BLUE LAKE INS (FOLSOM CA 1910)
W.C. DEPARTMENT
ATTN: CHRISTINA VITALE
P.O. BOX 1910
FOLSOM, CA 95763

Case: vs MAINSTAY BUSINESS SOLUTIONS
Date Of Injury: 3/17/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
08/17/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
09/18/09	PMT BY CHECK	DOS 8/4/09 # 81472	-156.50
09/21/09	PMT BY CHECK	DOS 8/17/09 # 81607	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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System Generated

Payee: Joyce Altman Interpeters DBA:

Check Number: 81607 Check Date: 09/21/2009 Check Amount: $250.00

Claim # / Category	SSN / Explanation	Case Name	ITN	Amount	Dates Of Service
09000001272	XXXXX5790			$250.00	08/17/2009 - 08/17/2009
Medical	Invoice# 34831				

Blue Lake Ins.

PAID

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

*** INVOICE ***

Date	NO#
09/22/09	34856

Claim # :
W.C.A.B.: N/A
ADJ # : ADJ6769493
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: CARRIE STERN
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs SWISSPORT CORP.
Date Of Injury: 12/19/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/09	DEPO PREP	@ THE L/O OF LAUGHLIN & FALBO & LEVY	156.50
08/21/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/17/09	PMT BY CHECK	DOS 8/11/09 THRU 8/21/09 # 32157987	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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AIG004

AIU HOLDINGS INC
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 002 9 7103215798700151859

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

Remittance -
NEW HAMPSHIRE INSURANCE COMPANY

No.: 32157987
RFP No.: 00151859
09/17/2009

Insured: SWISSPORT CORPORATION
Claimant:

Claim Office: 710

Producer:
ACT: 34856

081109-082109

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001579752	00575601	01	12/19/2008	MED	O	$406.50

PAID

Use file # 710-00575601 **on all correspondence, for prompt processing.**
For check information call: 973-402-3312

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

*** INVOICE ***

Date	NO#
10/15/09	34872

Claim # : 05318696
W.C.A.B.: LBO0397181
ADJ # : ADJ1345530
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE - 65005)
W.C. DEPARTMENT
ATTN: GREG BUTLER
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs CHOICE FOODS
Date Of Injury: 7/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/09	WCAB LB	PRIORITY CONFERENCE	156.50
09/22/09	WCAB LB	TRIAL	156.50
10/13/09	PMT BY CHECK	DOS 8/17/09 THRU 9/22/09 # CP-420235	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(714)565-5000

Provider Number: 330956713

Check #: **CP-420235**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/13/09
Doc #: 019071637

34872

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05318696			
1	34872	08/17/09	09/22/09	Interpreter fees	1		313.00
					Total Allowances:		**$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05318696	313.00	.00	313.00

The preceding invoice totals reflect the amount of reviewed and approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

Notations:

05318696 WCAB LB CONF 8/17/09,; WCAB LB TRIAL 9/22/09;

PAID

0122798201907163701 2

[illegible] TRANK YOU

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

*** INVOICE ***

Date	NO#
10/12/09	34879

Claim # : U7T3402
W.C.A.B.:
ADJ # : ADJ6667032
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs REAL ESTATE IMAGE, INC.
Date Of Injury: 7/16/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
10/06/09	PMT BY CHECK	DOS 8/18/09 # 891A 79320970	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

0

891A 79320970

TRAVELERS

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

DATE: 10/06/09
LOSS DATE: 07/16/08
FILE NUMBER: 480 CB A7T3402 M

EMPLOYEE

ACCOUNT NAME:
REAL ESTATE IMAGE, INC

TRAVELERS CASUALTY AND SURETY COMPANY

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 08/18/2009 TO: 08/19/2009

TOTAL PAID: $250.00
TAX INFO: 330956713331748 1Y
PAY MISC: INV. NUMBER 34879
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: SHAWNA MEEZAN AT (916)638-6538

279010188
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
04/05/10	34903

Claim # : 07P00347
W.C.A.B.: N/A
ADJ # : ADJ6757665
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SOUTHERN CALIFORNIA GAS CO.
W.C. DEPARTMENT
ATTN: ELAINE HILL
P.O. BOX # 30937 ML 16C0
LOS ANGELES, CA 90030-0937

Case: vs GAS COMPANY
Date Of Injury: 3/19/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/09	WCAB AHM	STATUS CONFERENCE	156.50
10/05/09	PMT BY CHECK	DOS 8/18/09 # 275252	-156.50
03/02/10	WCAB AHM	SATUS CONFERENCE LAURA SALAS # 100471	156.50
03/31/10	PMT BY CHECK	DOS 3/2/10 # 290188	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

The Gas Company

PLEASE RETAIN THIS STATEMENT FOR YOUR RECORDS

ACCOUNTS PAYABLE

A Sempra Energy utility™ P.O. Box 30937, Los Angeles, CA 90030-0937

NAME	Vendor No	Check No	Date	Amount
Joyce Altman Interpreters, Inc	O2200WCMP	275252	10/05/09	******$156.50

YOUR REFERENCE	DATE	PO	ITEM	VOUCHER	GROSS	DISCOUNT	AMOUNT PAID
1197139	10/02/09			1500765381	156.50	0.00	156.50

Claim Number: 09N04948 Payment Number: 1197139

.

Coverage from 08/18/2009 through 08/18/2009 Interpreter Fee

. Invoice Number: 34903

Note:

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Claimant:

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Inquiries: Call (213)244-3145 Monday through Friday 8:00 AM - 4:30 PM

PAID

The Gas Company

A Sempra Energy utility™ P.O. Box 30937, Los Angeles, CA 90030-0937

PLEASE RETAIN THIS STATEMENT FOR YOUR RECORDS

ACCOUNTS PAYABLE

NAME	Vendor No	Check No	Date	Amount
Joyce Altman Interpreters, Inc	O2200WCMP	290188	03/31/10	******$156.50

YOUR REFERENCE	DATE	PO	ITEM	VOUCHER	GROSS	DISCOUNT	AMOUNT PAID
1241841	03/30/10			1500820272	156.50	0.00	156.50

Claim Number: 09N04948 Payment Number: 1241841

Coverage from 03/02/2010 through 03/02/2010 Interpreter Fee

Invoice Number: 34903

34903

Note:

Claimant:

PAID

Inquiries: Call: 2132443145 Monday through Friday 8:00 AM - 4:30 PM

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

*** INVOICE ***

Date	NO#
09/29/09	34907

Claim # : 002601-001155-WC-01
W.C.A.B.: N/A
ADJ # : N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SCOTTSDALE)
W.C. DEPARTMENT
ATTN: JESSICA PROSERPI
4110 N. SCOTTSDALE RD.,STE 240
SCOTTSDALE, AZ 85251

Case: vs NFI INDUSTRIES
Date Of Injury: 11/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/09	INITIAL EXAM	DR VAZQUEZ @ RIVERSIDE WORK COND (3 HRS)	345.00
09/25/09	PMT BY CHECK	DOS 8/19/09 # 0073829921	-345.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

002601 PAGE 1 OF 1 003794

MDG2009 00006331 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR NFI INDUSTRIES

DIRECT CHECK INQUIRIES TO:
PHONE: 800-231-3759
GALLAGHER BASSETT - PHOENIX
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

CLAIM NO.: 002601 001155 WC 01 (NDW746)
CLAIMANT:
DESCRIPTION: 34907

DATES OF SERVICE: 19Aug2009 **THRU** 19Aug2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 007
ACC DATE: 01Nov07

NO.: 0073829921
VN: 0000057729
DATE: 25Sep09

AMOUNT: 345.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006331 007178 001 002

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

*** INVOICE ***

Date	NO#
09/24/09	34916

Claim # : 2193-73841
W.C.A.B.: N/A
ADJ # : N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (FRESNO)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 24016
FRESNO, CA 93779

Case: vs MV TRANSPORTATION
Date Of Injury: 3/12/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
09/17/09	PMT BY CHECK	DOS 8/11/09 # 0411095646	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

CRAWFORD & COMPANY 2193-73841-001
P O BOX 24016
FRESNO CA 93779-4016

BRANCH/FILE# 2193-73841-001
INVOICE NO 34916
CLAIMANT
CLAIMANT SSN
DATE OF LOSS 08/11/2009

34916

PG 1 OF 1

0003066 01 MB **AUTO T9 0 9184 92781

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTINY CA 92781-4165

PAYEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: INSURED: MV TRANSPORTATION, INC. (INSUR
DISABILITY FROM / TO: 08/11/2009 08/11/2009 PAYMENT AMT / DATE: $156.50 09/17/2009

FAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0411095646 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
09/22/09	34983

Claim # : 010708-023325-WC-01
W.C.A.B.: LBO0397371
ADJ # : ADJ1998789
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs LASCO BATHWARE
Date Of Injury: 8/28/03

DOS	SERVICE	DESCRIPTION	AMOUNT
08/27/09	WCAB AHM	MSC	156.50
09/17/09	PMT BY CHECK	DOS 8/27/09 # 0073656899	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

P.O BOX 6900
CORONA CA 92878-6900

010708 PAGE 1 OF 1 002839

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

GALLAGHER BASSETT SERVICES INC
FOR NATIONAL UNION FIRE INS

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

CLAIM NO.: 010708 023325 WC 01 (54242)
CLAIMANT:
DESCRIPTION: 34983

DATES OF SERVICE: 09Sep2009 **THRU** 09Sep2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 28Aug03

NO.: 0073656899
VN: 0000439345
DATE: 17Sep09
AMOUNT: 156.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004262 004908 002 002

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

*** INVOICE ***

Date	NO#
10/30/09	35037

Claim # : 494C0660946
W.C.A.B.:
ADJ # : ADJ6690598
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31083)
W.C. DEPARTMENT
ATTN: ZACK QUELLER
P.O. BOX # 31083
TAMPA, FL 33631-3083

Case: vs TIO SANTHON
Date Of Injury: 11/12/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/28/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
10/21/09	PMT BY CHECK	DOS 8/28/09 # DA61595417	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

*B0DA61595417031630101091021000 5812
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31083
TAMPA FL 33631-3083

DATE 10/21/09

CHECK NO. DA61595417

STATEMENT

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

5900A11DA 00 01112 DA61595417
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
494C0660946

DOLLARS
$*********250.00

* NOT NEGOTIABLE *

FOR
08/28/09 THRU 08/28/09 35037

CLAIMANT

DATE OF EVENT
11/12/08

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

PAID

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
10/19/09	35048

Claim # : 01088-019988-WC-01
W.C.A.B.: SDO0300537
ADJ # : ADJ3819146
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SCOTTSDALE)
W.C. DEPARTMENT
ATTN: VICKI DOMINGO
4110 N. SCOTTSDALE RD.,STE 240
SCOTTSDALE, AZ 85251

Case: vs. ACUSHNET CO.
Date Of Injury: 7/2/01

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
10/14/09	PMT BY CHECK	DOS 8/19/09 # 0074203070	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

GALLAGHER BASSETT - PHOENIX
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

010888 PAGE 1 OF 1 002546

MDG2009 00004014 1 MB 0382 1

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

PAID

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 800-231-3759
GALLAGHER BASSETT - PHOENIX
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

CLAIM NO.: 010888 019988 WC 01 (GOLFCLUBOP)
CLAIMANT:
DESCRIPTION: 35048

DATES OF SERVICE: 19Aug2009 **THRU** 19Aug2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 007
ACC DATE: 02Jul01

NO.: 0074203070
VN: 0000392149
DATE: 14Oct09

AMOUNT: 150.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004014 004618 001 002

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

*** INVOICE ***

Date	NO#
11/03/09	35083

Claim # : 710597700
W.C.A.B.:
ADJ # : ADJ6610528;661073*
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: WILLIAM JACOBSON
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs J. SABAG ELECTRIC SERVICES
Date Of Injury: 4/10/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/01/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/28/09	PMT BY CHECK	DOS 9/3/09 THRU 10/1/09 # 32242474	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

AIG004

AIU HOLDINGS INC
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7103224247400490365

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

35083

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 32242474
RFP No.: 00490365
10/28/2009

Insured: J SABAG ELECTRICAL SERVICES
Claimant:
Producer:
090309-100109

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000000828350	00597700	01	04/07/2008	EXP	O	$406.50

PAID

Use file # 710-00597700 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
11/02/09	35103

Claim # : CLS4048
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs YONEKYN USA, INC.
Date Of Injury: 5/18/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/09	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
08/20/09	NCV	DIAGNOSTIC STUDY INTERP: U/E @ PAIN RELIEF CTR*	125.00
08/20/09	EMG TESTING	BY DR HERIC: U/E @ PAIN RELIEF CTR*	125.00
09/10/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
09/30/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
10/26/09	PMT BY CHECK	DOS 8/14/09 THRU 9/30/09 # 896E 00349123	-810.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

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

UD00998

896E 00349123

NIPPONKOA INSURANCE CO.,LTD.
U.S.BRANCH

DATE: 10/26/09
LOSS DATE: 05/18/05
FILE NUMBER: 152 CB CLS4048 P

EMPLOYEE

ACCOUNT NAME:
YONEKYU USA, INC.

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

NIPPONKOA INSURANCE COMPANY, LIMITED

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 08/14/2009 TO: 09/30/2009

TOTAL PAID: $810.00
TAX INFO: 330956713372l476Y
PAY MISC: 35103
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: ANTHONY EILKEN AT (909)612-3322

299009768
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
05/25/10	35148

Claim # : 010641-023453-WC-01
W.C.A.B.:
ADJ # : ADJ7009880
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DOW JONES
Date Of Injury: 3/6/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (2.5 HRS)	287.50
10/20/09	PMT BY CHECK	DOS 9/8/09 # 0074318752	-287.50
02/01/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
03/02/10	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
04/13/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/21/10	PMT BY CHECK	DOS 9/8/09 THRU 4/13/10 # 0078625659	-563.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

010641 PAGE 1 OF 1 002794

MDG2009 00003674 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES, INC
FOR FIDELITY & GUARANTY INS CO

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

CLAIM NO.: 010641 023453 WC 01 (WSJ1480A)
CLAIMANT:
DESCRIPTION: INVOICE# 35148

DATES OF SERVICE: 08Sep2009 **THRU** 08Sep2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 06Mar09

NO.: 0074318752
VN: 0000423122
DATE: 20Oct09
AMOUNT: 287.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003674 004311 001 002

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

010641 PAGE 1 OF 1 003995

MDG2009 00006351 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES, INC
FOR FIDELITY & GUARANTY INS CO

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

CLAIM NO.: 010641 023453 WC 01 (WSJ1480A)
CLAIMANT:
DESCRIPTION: INVOICE # 35148

BRANCH NO.: 165
ACC DATE: 06Mar09

NO.: 0078625659
VN: 0000440223
DATE: 21May10
AMOUNT: 563.00

DATES OF SERVICE: 08Sep2009 **THRU** 13Apr2010
BENEFIT PERIOD: **THRU**

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006351 003128 001 003

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

*** INVOICE ***

Date	NO#
12/07/09	35152

Claim # : R400000711
W.C.A.B.:
ADJ # : ADJ6904127
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
REPUBLIC INDEMNITY (S DIEGO)
W.C. DEPARTMENT
ATTN: KIMBERLY AMOS
P.O. BOX # 85590
SAN DIEGO, CA 92186-5590

Case: vs SAINT TROPEZ
Date Of Injury: 5/30/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
10/15/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/01/09	PMT BY CHECK	DOS 9/9/09 THRU 10/15/09 # 1000022618	-450.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

Date: 12/01/2009
Check #: 1000022618
Payment Amount: 450.00

0094-0001-000147 0001

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

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00000711		35152	11/20/2009	09/09/09	10/15/09		450.00	
	Interpreter For Medical/WCAB							
						Total	450.00	

PAID

Please detach before depositing check

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

*** INVOICE ***

Date	NO#
11/04/09	35154

Claim # : A5T6740
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs JOYA FOOD ENT dba VALLARTA MKT
Date Of Injury: 11/20/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
10/10/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/28/09	PMT BY CHECK	DOS 9/3/09 THRU 10/10/09 # 896D 75214410	-450.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

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

UC01775

896D 75214410

TRAVELERS

DATE: 10/28/09
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB A5T6740M	09/03/09 - 10/10/09	$ 450.00		35154
	152 CB CBC6043A	06/15/09 - 10/12/09	$		34344
	152 CB CLS7586R	05/20/09 - 10/02/09	$		34113
					PAID
		Total Amount Paid	$******960.00		

301007397
DETACH CHECK

SUMM -021509
OVRPSUM2-021509
DETACH CHECK

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

*** INVOICE ***

Date	NO#
11/09/09	35156

Claim # : 002678-003373-WC-01
W.C.A.B.:
ADJ # : ADJ4196730
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: JENNIFER McLAUGHLIN
P.O. BOX # 70003
ANAHEIM, CA 92825

Case: vs PERSONNEL PLUS
Date Of Injury: 11/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
09/28/09	WCAB LB	MSC	156.50
09/29/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/04/09	PMT BY CHECK	DOS 8/25/09 THRU 9/29/09 # 0074636686	-563.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence.

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

0104056 01 RE **AUTO T1 0 5914 92781

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

DIRECT INQUIRIES TO:

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

PREMIER TEMPS II
C/O ARTHUR J GALLAGHER & CO

CLAIM NO. 002678 003373 WC 01

CLAIMANT:

DESCRIPTION: INVOICE #35156 DOS 8-25-09 TO 9-29-09

DATE OF SERVICE: 25-Aug-2009 TO 29-Sep-2009

BRANCH NO. 138

ACC. DATE 18-Sep-2007

PAYMENT AMOUNT: $563.00

CHECK NO. 0074636686

VN. 0000091859

DATE: 04-Nov-2009

PAID

RED104056-0001_of_0001 5914-0005173 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0074636686 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
04/22/10	35173

Claim # : 62574940565147
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31051)
W.C. DEPARTMENT
ATTN: CHRIS YAMBING
P.O. BOX # 31051
TAMPA, FL 33631-3051

Case: vs NMC GROUP, INC
Date Of Injury: 5/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/09	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
11/11/09	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
12/21/09	PMT BY CHECK	DOS 8/18/-11/09/09 # FE41143281	-410.00
01/04/10	PR2/REEVAL	DR ZARGARAFF* CLARA BONILLA # 500320	180.00
02/05/10	PMT BY CHECK	DOS 1/4/10 # FE41283083	-180.00
03/18/10	P AND S	DR ZARGARGAFF* JASON RAMIREZ # 500371	230.00
04/19/10	PMT BY CHECK	DOS 3/18/10 # FE41529348	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

*C0FE41529348023920101100419000 5487
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 04/19/10

CHECK NO. FE41529348

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00848 FE41529348
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID: 6257494056514

DOLLARS: $*********230.00

* NOT NEGOTIABLE *

FOR
03/18/10 THRU 03/18/10 35173

CLAIMANT

DATE OF EVENT
05/18/09

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

PAID

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
03/30/10	35202

Claim # : 000577-030752-WC-01
W.C.A.B.:
ADJ # : ADJ6603680
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs WHOLE FOOD MARKETS, INC.
Date Of Injury: 3/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/09	C&R READING	@ THE L/O OF DENNIS FUSI CLIENT DIDN'T SIGN	156.50
11/16/09	PMT BY CHECK	DOS 9/18/09 # 0074866850	-156.50
01/12/10	WCAB LB	MSC	156.50
02/01/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
03/04/10	PMT BY CHECK	DOS 1/12/10 # 0077006970	-156.50
03/26/10	PMT BY CHECK	DOS 2/1/10 # 0077483706	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 9875
CALABASAS CA 91372

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

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INSURANCE CO

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

CLAIM NO.: 000577 030752 WC 01 (SP10022802)
CLAIMANT:
DESCRIPTION: INVOICE# 35202 DATE 3/10/10 DOS 2/1/10

DATES OF SERVICE: 01Feb2010 **THRU** 01Feb2010
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 11Mar08

NO.: 0077483706
VN: 0000664748
DATE: 26Mar10

AMOUNT: 250.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006268 002982 005 005

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

*** INVOICE ***

Date	NO#
11/16/09	35211

Claim # : 05382982
W.C.A.B.:
ADJ # : ADJ4317964
S.S.N. :
D.O.B. : -, - -
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: JOSE DOLORES
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs TEAM WAREHOUSE PERSONNEL INC.
Date Of Injury: 3/8/04

DOS	SERVICE	DESCRIPTION	AMOUNT
09/02/09	WCAB LB	MSC	156.50
11/13/09	PMT BY CHECK	DOS 9/2/09 # CU-536578	-156.50

BALANCE 0.00

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

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(818)291-7000

Provider Number: 330956713

Check #: **CU-536578**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/13/09
Doc #: 019281284

Medical

35211

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05382982		
1	35211	09/02/09	09/02/09	Interpreter fees	1		156.50
			Patient Name		**Claim #:** 05317478		
2	MSC	04/09/09	04/09/09	Interpreter fees	1		

Total Allowances: **$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05382982	156.50	.00	156.50
05317478	156.50	.00	156.50

The preceding invoice totals reflect the amount of reviewed and approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

Notations:

05382982 L/E CODE #62;

PAID

Please detach and retain the stub(s) for your record of payment. THANK YOU.

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

*** INVOICE ***

Date	NO#
11/03/09	35212

Claim # : 002770-000807-WC-01
W.C.A.B.:
ADJ # : ADJ6682582
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs QUAKER CITY PLATING LTD.
Date Of Injury: 2/7/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/27/09	PMT BY CHECK	DOS 9/21/09 # 0074468530	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

0104201 01 RE **AUTO T2 0 5908 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-866-855-0230
GALLAGHER BASSETT - CORON
P.O BOX 6900
CORONA CA 92878-6900

PREMIER COMP PLUS II

CLAIM NO. 002770 000807 WC 01

CLAIMANT:

DESCRIPTION: INV# 35212 INV.DATE 10/19/09 DOS 9/21/09

DATE OF SERVICE: 21-Sep-2009 TO 21-Sep-2009

BRANCH NO. 170

ACC. DATE 07-Sep-2008

CHECK NO. 0074468530

VN. 0000014902

DATE: 27-Oct-2009

PAYMENT AMOUNT: $156.50

PAID

RE0104201-0001_of_0003 5908-0005422 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0074468530 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
11/09/09	35214

Claim # : 05284048
W.C.A.B.:
ADJ # : ADJ6810691
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: JENNIFER FERNANDEZ
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: _ vs INFINITY WASHER
Date Of Injury: 3/14/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/23/09	WCAB LB	MSC	156.50
11/05/09	PMT BY CHECK	DOS 9/23/09 # BU-527364	-156.50

BALANCE 0.00

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

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(818)291-7000

Provider Number: 330956713

Check #: **BU-527364**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/05/09
Doc #: 019229429

Compensation

35214

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05284048			
1	SMCCLO	09/23/09	09/23/09	Claimant Incurred Legal Expense	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05284048	156.50	.00	156.50

The preceding invoice totals reflect the amount of reviewed and approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

Notations:

05284048 INV# 35214; CL $156.50;

PAID

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.

01129667019229429012

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

*** INVOICE ***

Date	NO#
10/30/09	35217

Claim # : CV959
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BOETHING TREELAND FARMS
Date Of Injury: 5/22/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/09	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
09/30/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/23/09	PMT BY CHECK	DOS 8/31/09 THRU 9/30/09 # 398712	-406.50

BALANCE 0.00

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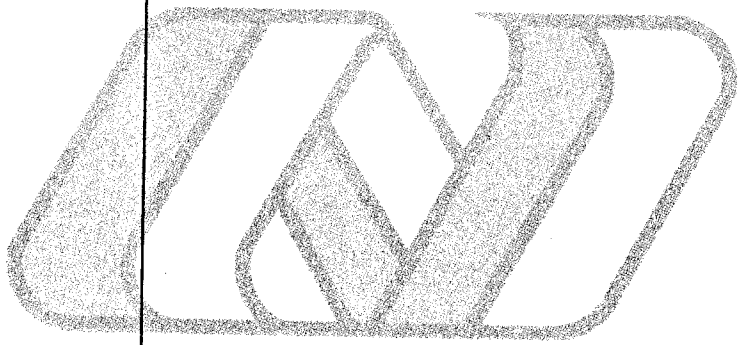
P.O. BOX 193970, SAN FRANCISCO, CA 94119-3970
(415) 248-5030

10-23-09

CHECK NUMBER	398712
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
CV959-00 08E WS 40180	04/30/2009	BOETHING TREELAND FARMS, INC. #35217 DOS 08/31/09, 09/30/09	406.50 M-OTHR



PAID

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT: 406.50

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

*** INVOICE ***

Date	NO#
10/30/09	35221

Claim # : 0103168
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ACCA (SAN DIEGO)
W.C. DEPARTMENT
ATTN: JUAN DUQUE
P.O. BOX # 85479
SAN DIEGO, CA 92186

Case: BIG BEAR SUPERMARKET
Date Of Injury: 9/13/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
10/23/09	PMT BY CHECK	DOS 9/25/09 # 0274106	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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National Liability & Fire Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 10/23/2009
Check Number : 0274106
Check Amount : $250.00

VKR81M

OZ 01
JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

o184a
00073

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
01013168		09/13/2006	35221	Interpreter Fees -	09/25/2009	09/25/2009	$250.00

PAID

73-73

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

*** INVOICE ***

Date	NO#
11/02/09	35225

Claim # : A5T0133
W.C.A.B.:
ADJ # : ADJ6670406
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HFS NORTH AMERICA
Date Of Injury: 3/17/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/28/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
10/26/09	PMT BY CHECK	DOS 9/18/09 THRU 9/28/09 # 896D 75203614	-500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

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

0

896D 75203614

TRAVELERS

DATE: 10/26/09
LOSS DATE: 12/24/08
FILE NUMBER: 152 CB A5T0133 N

EMPLOYEE

ACCOUNT NAME:
THE HAVI GROUP LP

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 09/18/2009 TO: 09/28/2009

TOTAL PAID: $500.00
TAX INFO: 3309567133721476Y
PAY MISC: 35225
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: ANTHONY EILKEN AT (909)612-3322

299009769
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/07/10	35266

Claim # : A6918M
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BARTCO LIGHTING INC.
Date Of Injury: 4/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/09	INITIAL EXAM	DR OBUKHOFF @ WILLOW MED*	230.00
11/12/09	PMT BY CHECK	DOS 9/15/09 # 891A 79431925	-230.00
03/11/10	SURGERY	DR DORSEY @ MONROVIA HOSPITAL (9 HRS)	675.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
07/02/10	PMT BY CHECK	DOS 9/15/09 THRU 3/11/10 # 891A 80135553	-675.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

000265

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
UE00265

891A 80135553

TRAVELERS

DATE: 07/02/10
LOSS DATE: 12/15/07
FILE NUMBER: 158 CB CAP7006 P

EMPLOYEE

ACCOUNT NAME:
BARTCO LIGHTING

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

TRAVELERS CASUALTY AND SURETY COMPANY

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/11/2010

TOTAL PAID: $675.00
TAX INFO: 330956713372l476Y

PAID

PAYEE: 35266
JOYCE ALMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT: JANICE L GIGLIO AT (925)944-3288

83009669
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
03/15/10	35306

Claim # : 2C054446A7
W.C.A.B.: VNO 0432535
ADJ # : ADJ2978733
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs WATER PIK
Date Of Injury: 3/1/01

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/09	SURGERY	DR GALLONI @ MONROVIA HOSP. (7 HRS)	525.00
11/05/09	PMT BY CHECK	DOS 9/25/09 # 104279094	-525.00
01/13/10	SURGERY	DR GALLONI # MONROVIA HOSP3 (3 HRS)	225.00
	INTERPRETER:	TITO SILVA # 500272	
03/11/10	PMT BY CHECK	DOS 9/25/09 THRU 1/13/10 # 104329736	-225.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

BANK ONE

PAGE 01
ISSUE DATE 03/11/10

JOYCE ALTMAN INTERPRETERS INC

CHECK NO 104329736 ALC 02C VENDOR NO 06374

CLAIM NO/ REASON	DT/ SFX	DATE OF LOSS	POLICY NUMBER	INSURED/ CLAIMANT	
2C 054446 WM		03/01/01	211358944	WATER PIK TECHNOLOGIES, INC.	$225.00
INTER/ INV 35306 DR GALLONI					
82 812496 WI		05/19/04	257343438	KLAUSSNER FURNITURE CORPORAT	
IN FULL SATIS OF LIEN					

SUBTOTAL	$661.17
TOTAL	$661.17

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

PAID

0000020010432973606374000000000002856

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

00000200104329736063740000000000002855

001241

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

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

Claim Number *

Insured/Client	Claimant	ATT	
VARIOUS	VARIOUS		03/11/10

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount

Reason

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

CNA

104329736
Date Issued
03/11/10

67-1
532
Bank Acct.
207997106028

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

Claim Number	Desk Code	Insured/Client	Issuing Off.
		VARIOUS	No. 02C
Prefix & Contract No.		Claimant	Date of Loss
		VARIOUS	
From-thru (Dates)	In Payment of	BULK PMT--SEE ADVICE ATTACHED	

PAY SIX HUNDRED SIXTYONE AND 17/100THS ---------- Dollars

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

IN COOPERATION WITH AND
PAYABLE IF DESIRED BY WELLS
FARGO BANK, N.A. #4759-628183

********$661.17

VOID IF NOT CASHED IN SIX MONTHS
FROM MONTH OF ISSUE

G137648D

Wachovia Bank, N.A. Greenville, South Carolina

⑈0104329736⑈ ⑆053200019⑆ 207997106028⑈

BANK ONE

PAGE 01
ISSUE DATE 11/05/09

JOYCE ALTMAN INTERPRETERS INC

CHECK NO 104279094 ALC 02C VENDOR NO 06374

35306

CLAIM NO/ REASON	DT/ SFX	DATE OF LOSS	POLICY NUMBER	INSURED/ CLAIMANT	
E3 109184 WI		05/29/05	271061949		
FULL AND FINAL PAYMENT					
2C 054446 WM		03/01/01	211358944	WATER PIK TECHNOLOGIES, INC.	$525.00
INTER/INV 35306/DR GALLONI@MONROVIA					

SUBTOTAL $895.00
TOTAL $895.00

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

PAID

2000020010427909406374000000000002628

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

001126

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

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

Claim Number *

Insured/Client	Claimant	ATT	
VARIOUS	VARIOUS		11/05/09

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount

Reason

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

CNA

104279094
Date Issued
11/05/09

67-1
532
Bank Acc
207997106028

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

Claim Number	Desk Code	Insured/Client	Issuing Off.
		VARIOUS	No. 02C
Prefix & Contract No.		Claimant	Date of Loss
		VARIOUS	
From-thru (Dates)	In Payment of		
		BULK PMT--SEE ADVICE ATTACHED	

PAY EIGHT HUNDRED NINETYFIVE AND NO/100THS ---------- Dollars

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

IN COOPERATION WITH AND
PAYABLE IF DESIRED BY WELLS
FARGO BANK, N.A. #4759-628183

********$895.00

VOID IF NOT CASHED IN SIX MONTHS
FROM MONTH OF ISSUE

Wachovia Bank, N.A. Greenville, South Carolina

⑈0104279094⑈ ⑆053200019⑆ 2079971060289⑈

20000200104279094963740000000000002627

G157848D

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

*** INVOICE ***

Date	NO#
12/08/09	35323

Claim # : 23920
W.C.A.B.:
ADJ # : ADJ6720779
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MARIA MEXICAN TACOS
Date Of Injury: 10/22/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
09/25/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/03/09	PMT BY CHECK	DOS 9/8/09 THRU 9/25/09 # 5000289854	-450.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Preferred Employers
INSURANCE COMPANY

December 03,2009
5000289854

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

Re:
Claim Number: 23920 **D.O.I.** 10/22/2005

From	To	Amount	Invoice Number	Payment Type
09/08/09	09/08/09	200.00	NO# 35323	OTHER INDEMNITY - MISC
09/25/09	09/25/09	250.00	NO# 35323	OTHER INDEMNITY - MISC
Check Amount:		$450.00		

PAID

If you have any questions, please call (888) 472-9001

P. O. BOX 85838, SAN DIEGO, CA 92186-5838

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

*** INVOICE ***

Date	NO#
07/19/10	35324

Claim # : 62555
W.C.A.B.: ANA0405533
ADJ # : ADJ3338769
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MAJESTIC INS CO (IRVINE)
W.C. DEPARTMENT
ATTN: MARGO SANDOVAL
PO BOX 15120
IRVINE, CA 92623

Case: vs UNKNOWN
Date Of Injury: 11/12/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/09	SURGERY	DR STEPAN KASIMIAN @ MONROVIA HOSP. (7 HRS)	525.00
07/15/10	PMT BY CHECK	DOS 9/24/09 # 0100458363	-525.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

July 15,2010

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

35324
D.O.I.

RE: GONZALEZ, MANUEL (Ingardia Bros. Produce, Inc.)
Claim Number: 62555

Payment	Period Covered	Date of Service	Amount	Invoice/Chart Number	Payment Type
997	09/24/09	09/24/09	00/00/00 525.00	35324	Interpreter At Medical Exam
		Check Amount:	$525.00		

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, Usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

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

Sincerely,

MARGO SANDOVAL
Claims Examiner
(800) 432-2107

PAID

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

MAJESTIC INSURANCE

P O Box 2359, San Francisco, CA 94126-2359

WELLS FARGO BANK, N. A.
115 Hospital Drive
Van Wert, OH 45891

VOID

0100458363

VOID AFTER 180 DAYS

Date of Check	Claim Number	Date of Injury	Payment From	Payment Thru
07/15/10	62555	11/12/07	09/24/09	09/24/09
Claimant		Payment Type	Interpreter At Medical Exam	

56-382
412

041203824

Amount
$525.00

PAY EXACTLY Five Hundred Twenty Five DOLLARS and NO/100 CENTS ********

Donald R. Beller

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

⑈0100458363⑈ ⑆041203824⑆ 9600031468⑈

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

*** INVOICE ***

Date	NO#
07/07/10	35335

Claim # : YME24844
W.C.A.B.:
ADJ # : ADJ6929395
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (RIVERS)
W.C. DEPARTMENT
ATTN: DENISE PEREZ
P.O. BOX # 59907
RIVERSIDE, CA 92517

Case: vs SOEX WEST USA LLC
Date Of Injury: 6/30/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/05/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
02/11/10	PMT BY CHECK	DOS 9/22/09 THRU 12/5/09 # 101581323 2	-406.50
06/01/10	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
07/01/10	PMT BY CHECK	DOS 6/1/10 # 106779600 2	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
888/737-7726

SRS
SPECIALTY RISK SERVICES

002100
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

02101

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 1067796002

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
35335 06-30-09	16WBR C78209 YMEC 24844	SOEX WEST USA LLC	$156.50

Nature of Payment:	Service Dates	Amount
Miscellaneous Legal Expenses	09-22-2009 12-05-2009	$156.50

Claim Handler: Courtney Lewis
888/737-7726
SO California SRS Claim Office
P.O. Box 59907
Riverside, CA 92517-1907

Additional Comments:
PAID

Issue Date	07-01-2010	Check Number	106779600 2	Total Amount of Check	$156.50

Please keep the above information for your records.

088584363

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
01/07/10	35356

Claim # : 003546-000040-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ORG14260)
W.C. DEPARTMENT
ATTN: ASTRID ARIAS
P.O. BOX 14260
ORANGE, CA 92863

Case: vs REAL MEXICAN FOOD
Date Of Injury: 10/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/28/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
11/04/09	INITIAL EXAM	DR JARCHI @ WILLOW MED*	230.00
11/02/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/09/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/13/09	INITIAL EXAM	W/ ACUPUNCTURIST STEVE HING @ WILLOW MED*	230.00
11/23/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/30/09	PMT BY CHECK	DOS 9/28/09 THRU 10/13/09 # 0075775862	-1050.00
12/30/09	PMT BY CHECK	DOS 11/23/09 # 0075775853	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

0104030 01 RE **AUTO T1 0 2290 92781

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

DIRECT INQUIRIES TO:

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

REAL MEX FOODS INC

CLAIM NO. 003546 000040 WC 01

CLAIMANT:

DESCRIPTION: INVOICE#35356 DOS 09/28-11/04/09

DATE OF SERVICE: 28-Sep-2009 TO 04-Nov-2009

BRANCH NO. 138

ACC. DATE 15-Oct-2008

CHECK NO. 0075775862

VN. 0000002720

DATE: 30-Dec-2009

PAYMENT AMOUNT: $1,050.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0075775862 ATTACHED BELOW

REG104030-0001_01_0002 2290-0005104 (FL26)

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

0104030 01 RE **AUTO T1 0 2290 92781

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

DIRECT INQUIRIES TO:

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

EAL MEX FOODS INC

LAIM NO. 003546 000040 WC 01

AIMANT:

ESCRIPTION: INVOICE#35356 DOS 11/23/09

TE OF SERVICE: 23-Nov-2009 TO 23-Nov-2009

BRANCH NO. 138

ACC. DATE 15-Oct-2008

CHECK NO. 0075775853

VN. 0000002730

DATE: 30-Dec-2009

PAYMENT AMOUNT: $180.00

PAID

TACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0075775853 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
06/07/10	35360

Claim # : 710493899
W.C.A.B.:
ADJ # : ADJ595954
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: LAIN MYERS
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs ENTERTAINMENT PARTNERS
Date Of Injury: 10/10/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/09	WCAB LB	MSC	156.50
12/04/09	PMT BY CHECK	DOS 10/5/09 # 11783813	-156.50
05/06/10	INITIAL EXAM	DR FERNANDO RAUESSOUD (3 HRS 45 MINS)	431.00
/ /	INTERPRETER:	MAYRA CHIRCO # 500029	0.00
06/03/10	PMT BY CHECK	DOS 10/5/09 THRU 5/6/10 # 13795803	-431.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

AIG0

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101379580300159709

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 13795803
RFP No.: 00159709
06/03/2010

Insured: ENTERTAINMENT PARTNERS
Claimant:
Producer:
ACT: 35360

Claim Office: 710

050610-050610

Policy	Claim	Sym.	DOL	Typ	S	Amount
000002920751	00493899	01	10/10/2007	MED	O	$431.00

PAID

Use file # 710-00493899 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

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

*** INVOICE ***

Date	NO#
04/29/10	35393

Claim # : 113403
W.C.A.B.:
ADJ # : ADJ6959759
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs WOOD CREEK ESTATES
Date Of Injury: 4/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/02/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
10/09/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/31/09	PMT BY CHECK	DOS 9/2/09-10/9/09 # 44490	-450.00
01/19/10	WCAB SD	MSC - PAULA GEARY # 100677	165.00
04/01/10	WCAB SD	MSC	165.00
/ /	INTERPRETER:	VERONICA CAMPBELL # 100676	0.00
04/05/10	PMT BY CHECK	DOS 1/19/10 # 48411	-165.00
04/26/10	PMT BY CHECK	DOS 4/1/10 # 49380	-165.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Praetorian Insurance Co Cypress Point Claims PIC 32801
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: Conway, Jerry & Conway, Rosemary

Chase Bank USA, N.A.
Syracuse, NY

Second Signature Required
VOID AFTER 180 DAYS

50-937/213
6301542258509
Account Number
Check No. 49380
Date 04/26/2010

$165.00

PAY One Hundred Sixty-Five & 00/100 Dollars
TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

Barbara Levick
Signature

⑈0000049380⑈ ⑆021309379⑆ 6301542258509⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000113403		04/01/2008	35393	04/01/2010 - 04/01/2010

Reference: **BR# LWPSPB1747518*
Comments: **ImgID 1747518*

Service	Service Dates	Amount Paid
Legal	04/01/2010 - 04/01/2010	165.00

PAID

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

*** INVOICE ***

Date	NO#
08/02/10	35401

Claim # : TWCA-0354
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
YORK INSURANCE SVCS.(VALENCIA)
W.C. DEPARTMENT
ATTN: AMY BIBI COFF
25379 WAYNE MILLS PL., # 450
VALENCIA, CA 91355

Case: vs ALICIAN HOSPITAL
Date Of Injury: 9/12/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/09	PR2/REEVAL	DR HA @ SIDHU CHIRO*	180.00
11/16/09	PR2/REEVAL	DR HA @ SIDHU CHIRO*	180.00
01/04/10	PR2/REEVAL	DR HA* MARIA BARBOSA #500267	180.00
02/17/10	PR2/REEVAL	DR HA* MARIA BARBOSA #500267	180.00
04/21/10	PR2/REEVAL	DR HA* MARIA BARBOSA # 500267	180.00
04/19/10	P AND S	DR HA* MARIA BARBOSA # 500267	230.00
07/14/10	PR2/REEVAL	DR HA* MARIA BARBOSA #500267	180.00
07/29/10	PMT BY CHECK	DOS 9/30/09 THRU 7/14/10 # 530910	-1310.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

YORK CLAIMS SERVICE, INC. 99 CHERRY HILL ROAD, SUITE 230, PARSIPPANY, NJ 07054

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

Claim Number: TWCA-0354
Claimant:
Date of Loss: 09/13/2009

Check Number: 530910
Check Date: 07/29/2010
Check Amount: $1,310.00
Type of Payment: WC Expense
71 LEGAL

Location: 1000372 ALICIAN HOSPITALITY, LLC DBA: COMFORT SUITES 1811 E HOLT BLVD

For Period: 09/30/2009 to 07/14/2010
InvoiceNo: 35401
IRS #: 33-0956713

PAID

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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

*** INVOICE ***

Date	NO#
03/29/10	35443

Claim # : 000714-024927-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ELK GROVE)
W.C. DEPARTMENT
ATTN: CRAIG CLIFFORD
P.O. BOX # 1390
ELK GROVE, CA 95759

Case: vs KELLERMEYER BUILDING SVCS.
Date Of Injury: 7/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
10/21/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/20/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
01/20/10	PR2/REEVAL	DR DOMARACKI @ WILLOW MED* ELENA LOPEZ # 500289	180.00
02/19/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/25/10	PMT BY CHECK	DOS 10/12/09 THRU 2/19/10 # 0077463977	-950.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

0103935 01 RE **AUTO T1 0 5757 92781

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

DIRECT INQUIRIES TO:

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

RAFFLES INSURANCE, LTD.

CLAIM NO. 000714 024927 WC 01

CLAIMANT:

DESCRIPTION: INV# 35443 DOS 10/12/09-02/19/10

DATE OF SERVICE: 12-Oct-2009 TO 19-Feb-2010

PAID

BRANCH NO. 176

ACC. DATE 19-Aug-2009

CHECK NO. 0077463977

VN. 0000531847

DATE: 25-Mar-2010

PAYMENT AMOUNT: $950.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0077463977 ATTACHED BELOW

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

*** INVOICE ***
Date NO#
02/23/10 35472

Claim # : A5T8212E
W.C.A.B.:
ADJ # : ADJ6894639
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HFS NORTH AMERICA
Date Of Injury: 10/1/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/09	DEPO PREP	@ THE L/O OF BERNARD & ASSOC.	156.50
12/03/09	PMT BY CHECK	DOS 10/13/09 # 896D 75406813	-156.50
12/14/09	DEPO PREP	@ THE L/O OF BERNARD & ASSOC.	156.50
01/19/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GRACE HERNANDEZ # 22059879	0.00
01/19/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/16/10	PMT BY CHECK	DOS 10/13/09 THRU 1/19/10 # 896D 75809174	-656.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

001853

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
UD01002

896D 75809174

TRAVELERS

DATE: 02/16/10
LOSS DATE: 10/01/06
FILE NUMBER: 152 CB A5T8212 E

EMPLOYEE

ACCOUNT NAME:
THE HAVI GROUP LP

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/13/2009 TO: 01/19/2010

TOTAL PAID: $656.50
TAX INFO: 330956713331748 1Y
PAY MISC: 35472
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: ANTHONY EILKEN AT (909)612-3322

009759
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
12/14/09	35536

Claim # : 000842-059712-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: -- vs DENNY'S RESTAURANT
Date Of Injury: 9/13/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/09	INITIAL EXAM	DR PARVIN: PSYCH EVAL @ ADVANCED CARE*	230.00
10/23/09	INITIAL EXAM	DR BLUSH @ ADVANCED CARE*	230.00
10/27/09	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (3 HRS)	225.00
11/13/09	PR2/REEVAL	DR BLUSH @ ADVANCED CARE*	180.00
12/09/09	PMT BY CHECK	DOS 11/3/09 THRU 11/13/09 # 0075318067	-865.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

OTE: Please remit total payments within 45 days of invoice date to avoid an ssessed Penalty of 15% and Interest of either 10% or 7% per annum, depending n treatment or med/legal. Reference rules and regulations section 9795.4 and abor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not eceived in full and paid within 45 days, Joyce Altman Interpreters, Inc., emands medical reports and documentation pursuant to Title 8 Rules and egulations 10608 (a), Names and Certifications of all interpreters utilized by efendant in this matter for Legal and Medical services and any benefit rintouts, depo transcripts and documentary evidence. MPN notices.

ROSEVILLE CA 95661

PAGE 1 OF 1 003026

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

GALLAGHER BASSETT SERVICES INC
FOR DENNY'S CORPORATION

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

CLAIM NO.: 000842 059712 WC 01 (31001509)
CLAIMANT:
DESCRIPTION: INVOICE #35536

DATES OF SERVICE: 23Oct2009 **THRU** 13Nov2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 180
ACC DATE: 30Jun09

NO.: 0075318067
VN: 0000374110
DATE: 09Dec09
AMOUNT: 865.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004367 005100 002 002

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

*** INVOICE ***

Date	NO#
05/28/10	35588

Claim # : 002519-003432-WC-01
W.C.A.B.:
ADJ # : ADJ7011815
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: ... vs HILLSIDE HOME FOR CHILDREN
Date Of Injury: 8/6/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/09	INITIAL EXAM	DR ZARGARAFF @ AMERI CHIRO*	230.00
10/16/09	NCV	DIAGNOSTIC STUDY INTERP: U/E & L/E*	125.00
10/16/09	EMG TESTING	BY DR ARANT: U/E & L/E*	125.00
01/28/10	PENALTIES	FOR DATE OF SERVICE 10/05/09	34.50
01/28/10	INTEREST	FOR DATE OF SERVICE 10/05/09	9.78
01/28/10	PENALTIES	FOR DATE OF SERVICE 10/16/09	37.50
01/28/10	INTEREST	FOR DATE OF SERVICE 10/16/09	9.76
03/23/10	PR2/REEVAL	DR RAHIMIAN* MARIA BARBOSA # 500267	180.00
04/01/10	DEPO PREP	@ THE L/O OF KEGEL & TOBIN	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
05/07/10	PMT BY CHECK	DOS 10/5/09 THRU 4/1/10 # 0078316380	-908.04
05/06/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
05/18/10	PR2/REEVAL	DR RAHIMIAN* MARIA BARBOSA # 50267	180.00
06/22/10	PMT BY CHECK	DOS 5/6/10 THRU 5/18/10 # 0079239773	-430.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

0103321 01 RE **AUTO T0 0 5819 92781

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

DIRECT INQUIRIES TO:

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

COMMUNITY FIRST/TANGRAM
EVEREST NATIONAL INSURANCE CO

CLAIM NO. 002519 003432 WC 01

CLAIMANT:

DESCRIPTION: INV# 35588

DATE OF SERVICE: 05-Oct-2009 TO 18-May-2010

PAID

BRANCH NO. 180

ACC. DATE 06-Aug-2008

CHECK NO. 0079239773

VN. 0000186497

DATE: 22-Jun-2010

PAYMENT AMOUNT: $430.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0079239773 ATTACHED BELOW

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

*** INVOICE ***
Date NO#
09/07/10 35666

Claim # : 05395614
W.C.A.B.: ____
ADJ # : ADJ6737427
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE - 65005)
W.C. DEPARTMENT
ATTN: KEN TAKEI
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs HOTEL OCCIDENTAL
Date Of Injury: 12/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/09	DEPO PREP.	@ THE L/O OF DENNIS FUSI	200.00
03/18/10	PENALTIES	FOR DATE OF SERVICE 10/14/09	30.00
03/18/10	INTEREST	FOR DATE OF SERVICE 10/14/09	11.03
03/30/10	PMT BY CHECK	DOS 10/4/09 THRU 3/10/10 # CD-481349	-241.03
07/14/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
09/02/10	PMT BY CHECK	DOS 7/14/10 # CD-505742	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(858)552-7100

Provider Number: 330956713

Check #: **CD-505742**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/02/10
Doc #: 021224106

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name	**Claim #:** 05395614			
1	35666	07/14/10	07/14/10	Interpreter fees	1		250.00
						Total Allowances:	**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05395614	250.00	.00	250.00

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

PAID

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.

01495480212241060 12

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

*** INVOICE ***

Date	NO#
05/11/10	35693

Claim # : 44013807
W.C.A.B.:
ADJ # : ADJ6780377
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SAN FRSCO)
W.C. DEPARTMENT
ATTN: YADIRA VEGA
P.O. BOX # 881716
SAN FRANCISCO, CA 94188-1716

Case: [redacted] vs MIDWAY CARE MEDICAL TRANSPORTA
Date Of Injury: 10/14/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
01/11/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL I	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/02/10	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
04/13/10	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL III	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/06/10	PMT BY CHECK	DOS 11/12/09 THRU 4/13/10 # 2016259	-719.50

BALANCE 0.00

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Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/06/2010
Check Number : 2016259
Check Amount : $719.50

XPVA1B

OZ 01
JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

3vt4a
00261

PAID

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44013807		10/14/2008	35693	Interpreter Fees -	11/12/2009	04/13/2010	$719.50

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

*** INVOICE ***

Date	NO#
08/30/10	35697

Claim # : 047509034058
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BAHIMAN B. & HALEH MASHIAN
Date Of Injury: 7/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/09	DEPO PREP	@ THE L/O OF VEATCH CARLSON	156.50
12/03/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/12/10	PMT BY CHECK	DOS 11/11/09 THRU 12/3/09 # 5570179	-406.50
07/27/10	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/27/10	PMT BY CHECK	DOS 7/27/10 # 6086856	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

Payment Summary

Claim Ref #: 047509034058
Policy: 001338757001
Occurence: 000001
Date of Loss: 07/02/2009
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Bahman Mashian

Page: 1 of 1
Check Number: 6086856
Print Date: 08/27/2010
Issue Date: 08/27/2010

DATE	CLAIMANT	DESCRIPTION	AMOUNT
07/27/2010-		Translator	156.50

PAID

CHECK TOTAL: 156.50

Comments: inv # 35697 dos 07/27/10 oa

Claim Representative: MICHELLE FAULKINBURY

Phone: (213)612-5470

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

*** INVOICE ***

Date	NO#
03/24/10	35708

Claim # : 003278-021441-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SAN BERNARDINO CAR WASH
Date Of Injury: 10/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/09	INITIAL EXAM	DR HA @ SIDHU CHIRO*	230.00
12/21/09	PR2/REEVAL	DR HA* MARIA BARBOSA # 500267	180.00
01/15/10	PMT BY CHECK	DOS 11/16/09 # 0076062562	-230.00
01/27/10	PMT BY CHECK	DOS 12/21/09 # 0076299305	-180.00
02/03/10	PR2/REEVAL	DR HA* MARIA BARBOSA # 500267	180.00
03/19/10	PMT BY CHECK	DOS 2/3/10 # 0077345035	-180.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS
OTE: Please remit total payments within 45 days of invoice date to avoid an
ssessed Penalty of 15% and Interest of either 10% or 7% per annum, depending
n treatment or med/legal. Reference rules and regulations section 9795.4 and
abor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not
eceived in full and paid within 45 days, Joyce Altman Interpreters, Inc.,
emands medical reports and documentation pursuant to Title 8 Rules and
egulations 10608 (a), Names and Certifications of all interpreters utilized by
efendant in this matter for Legal and Medical services and any benefit
rintouts, depo transcripts and documentary evidence. MPN notices.

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

003278 PAGE 1 OF 1 007435

MDG2009 00006523 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR ULLICO CASUALTY CO

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

CLAIM NO.: 003278 021441 WC 01 (2104000101)
CLAIMANT:
DESCRIPTION: INV#35708 IVNDAT03/11/10 DOS02/03/10

DATES OF SERVICE: 03Feb2010 **THRU** 03Feb2010
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 03Oct09

NO.: 0077345035
VN: 0000674874
DATE: 19Mar10
AMOUNT: 180.00

PAID

TACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006523 003226 001 001

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

*** INVOICE ***

Date	NO#
05/21/10	35734

Claim # : 2009105726
W.C.A.B.:
ADJ # : ADJ6989719
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TOP VEG FARMS PRODUCE DISTRIB.
Date Of Injury: 5/22/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/09	+DEPO PREP	@ L/O OF TOBIN LUCKS	156.50
01/18/10	PMT BY CHECK	DOS 10/16/09 # 200206873	-156.50
03/26/10	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
/ /	INTERPRETER:	SHERRIE REYES # 100614	0.00
04/12/10	PMT BY CHECK	DOS 3/26/10 # 200256106	-156.50
04/19/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
05/18/10	PMT BY CHECK	DOS 4/19/10 # 200278342	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

EMPLOYERS®

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

Check Number: 200256106
Check Date: 04/12/2010

Claim Number: 2009105726
Injured Employee:

Payment Description:	Intrepreter		
Billed Date:	n/a		
Service Period:	04/06/2010 through 04/06/2010	Account Number:	n/a
Invoice Number:	n/a	Document Number:	n/a
Billed Amount:	$156.50	Paid Amount:	$156.50
Comments:	INVOICE # 35734		

Check Total: **$156.50**

PAID

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

EMPLOYERS®

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

Check Number: 200278342
Check Date: 05/18/2010

Claim Number: 2009105726
Injured Employee: [redacted]

Payment Description: Intrepreter
Billed Date: 05/04/2010
Service Period: 04/19/2010 through 04/19/2010
Invoice Number: 35734
Billed Amount: $250.00
Comments: INV#35734

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

Check Total: **$250.00**

PAID

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

*** INVOICE ***

Date	NO#
01/19/10	35754

Claim # : 624049404156SX
W.C.A.B.:
ADJ # : ADJ6737431
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31051)
W.C. DEPARTMENT
ATTN: CITLALI GARCIA
P.O. BOX # 31051
TAMPA, FL 33631-3051

Case: vs NORTHGATE GONZALEZ MARKET
Date Of Injury: 1/13/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
12/15/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/15/10	PMT BY CHECK	DOS 11/12/09 # FE41224555	-450.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

*C0FE41224555027020101100115000S374
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 01/15/10

CHECK NO. FE41224555

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00931 FE41224555
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX #4165
TUSTIN CA 92781-4165

FILE ID
6240494041568

DOLLARS
$*********450.00

* NOT NEGOTIABLE *

FOR
11/12/09 THRU 12/15/09 35754

CLAIMANT

DATE OF EVENT
01/15/09

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

PAID

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
01/19/10	35766

Claim # : 62404940506297
W.C.A.B.:
ADJ # : ADJ6975573
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31051)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 31051
TAMPA, FL 33631-3051

Case: vs NORTHGATE GONZALEZ MARKET
Date Of Injury: 5/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/02/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/15/10	PMT BY CHECK	DOS 11/5/09 THRU 12/2/09 # FE41224803	-406.50

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS
OTE: Please remit total payments within 45 days of invoice date to avoid an ssessed Penalty of 15% and Interest of either 10% or 7% per annum, depending n treatment or med/legal. Reference rules and regulations section 9795.4 and abor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not eceived in full and paid within 45 days, Joyce Altman Interpreters, Inc., emands medical reports and documentation pursuant to Title 8 Rules and egulations 10608 (a), Names and Certifications of all interpreters utilized by efendant in this matter for Legal and Medical services and any benefit rintouts, depo transcripts and documentary evidence. MPN notices.

^COFE41224803027800101100115000548O
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 01/15/10

CHECK NO. FE41224803

STATEMENT

ESIS

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 01009 FE41224803
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX #4165
TUSTIN CA 92781-4165

FILE ID
6240494050629

DOLLARS
$*********406.50

* NOT NEGOTIABLE *

FOR
11/05/09 THRU 12/02/09 35766

CLAIMANT

DATE OF EVENT
05/01/09

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

PAID

DA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
03/24/10	35786

Claim # : SG1438154
W.C.A.B.: LAO0827164
ADJ # : ADJ880099
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE - 65005)
W.C. DEPARTMENT
ATTN: ANDREA GARCIA
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs CAREER TRANSITION CENTER
Date Of Injury: 5/23/01

DOS	SERVICE	DESCRIPTION	AMOUNT
10/04/09	PRE-OP	DR OBUKHOFF @ MONROVIA HOSP. (2.5 HRS)	187.50
10/05/09	SURGERY	DR OBUKHOFF @ MONROVIA HOSP*	150.00
03/22/10	PMT BY CHECK	DOS 10/4/09 THRU 10/5/09 # CN-420505	-337.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(714)347-5495

Provider Number: 330956713

Check #: **CN-420505**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 03/22/10
Doc #: 020073119

Medical

35786

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	SG138154	**Date of Injury:**	05/23/01	
	ICD-9 Code:999	COMPLICATIONS OF MEDICAL							
1	SF1-SFCA-5876341	10/04/09	99911	Interpreting Service	10	187.50	.00	710 723	187.50
2	SF1-SFCA-5876341	10/05/09	99911	Interpreting Service	8	150.00	.00	710 723	150.00
							Total Allowances:		**$337.50**

0133854702007311901 2

PAID

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

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

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

*** INVOICE ***

Date	NO#
04/29/10	35801

Claim # : 08001558
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RHYLEY CONSTRUCTION CO., INC.
Date Of Injury: 11/02/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/02/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/13/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
01/05/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 500257	180.00
01/20/10	INITIAL EXAM	DR JARCHI* ELIZABETH HERRERA # 301231	230.00
01/29/10	PR2/REEVAL	DR DOMARACKI @ WILLOW MED* ELENA LOPEZ # 500289	180.00
02/19/10	INITIAL EXAM	DR SAMIMI @ WILLOW MED* GLADYS REYNA #100755	230.00
02/26/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/31/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
04/26/10	PMT BY CHECK	DOS 12/2/09 THRU 3/31/10 # 17577	-1590.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THIS CHECK IS VOID WITHOUT A GREEN & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Everest National Insurance Company
P.O. Box 85251
San Diego, CA 92186

US Bank
90-3582
1222

CHECK NO. 17577

DATE
04/26/2010

VOID

California Workers' Compensation Payment

Pay One Thousand Five Hundred Ninety Dollars And 00/100 VOID ******************1,590.00**

VOID AFTER 90 DAYS

TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

Scott Marshall

⑈00017577⑈ ⑆122235821⑆ 153495464635⑈

Payee: JOYCE ALTMAN INTERPRETERS

IRS/SSN:

Check Number: 17577

Check Date: 04/26/2010

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
08001558		11/02/2009	Interpreting Fees	12/02/2009	03/31/2010	04/14/2010	35801	1,590.00

PAID

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

*** INVOICE ***

Date	NO#
01/22/10	35866

Claim # : 80700166586
W.C.A.B.:
ADJ # : ADJ6474338
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs GOLDEN STATE SEA FOODS
Date Of Injury: 7/29/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/09	QME EVAL	DR ALEXANDER RASKIN @ SOUTH. CA. MED (5 HRS)	575.00
01/19/10	PMT BY CHECK	DOS 11/30/09 # 200208728	-575.00

BALANCE 0.00

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

EMPLOYERS®

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

Check Number: 200208728
Check Date: 01/19/2010

Claim Number: 80700166586
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 01/06/2010
Service Period: 11/30/2009 through 11/30/2009
Invoice Number: 35866
Billed Amount: $575.00
Comments: MEDICAL INTERPRETING FEE FOR DR. ALEXANDER RASKIN

Account Number: n/a
Document Number: n/a
Paid Amount: $575.00

Check Total: **$575.00**

PAID

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

*** INVOICE ***

Date	NO#
03/12/10	35878

Claim # : 30091015129-0001
W.C.A.B.:
ADJ # : ADJ7054694
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: CHRIS TIPEON
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs HD SUPPLY & REPAIR REMODEL
Date Of Injury: 10/29/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
12/04/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/09/09	INITIAL EXAM	DR JARCHI @ WILLOW MED*	230.00
12/28/09	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/21/10	PMT BY CHECK	DOS 11/13/09 THRU 12/9/09 # 0023404190	-640.00
01/28/10	PMT BY CHECK	DOS 12/28/09 # 0023404431	-180.00
01/25/10	PR2/REEVAL	DR DOMARACKI* TITO SILVA # 500272	180.00
02/12/10	C&R READING	@ THE L/O OF JON WOODS amended	250.00
	INTERPRETER:	SABINE SKELTON # 300884	
02/26/10	PMT BY CHECK	DOS 1/25/10 # 0023682527	-180.00
03/09/10	PMT BY CHECK	DOS 2/12/10 # 0023682788	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Sedgwick Claims Management Services, Inc
PO Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
03/09/2010	250.00	0023682788

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

SCMS UNIT	PAGE
670 Sedgwick Claims Management Services	001

*002086 0023682788 00001 OF 00001 OAM 100309 1009

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

Claimant Name	Loss Date	Claim Number	SSN
	10/29/2009	30091015129-0001	

Amt Paid: 250.00
Amt Billed: 250.00
Dates: 02/12/2010 - 02/12/2010
Description:
Invoice: 35878
Comment: Interpreter
ICN: 300910151290001

PAID

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

E1991FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
04/30/10	35899

Claim # : YD762736C
W.C.A.B.: LAO0882342
ADJ # : ADJ4189451
S.S.N. : ---
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LA HABRA)
W.C. DEPARTMENT
ATTN: KIMBERLY OSBORNE
P.O. BOX 7007
LA HABRA, CA 90632

Case: vs ARCADIA, INC
Date Of Injury: 10/25/05

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/09	SURGERY	DR GOLDEN @ MONROVIA HOSP. (4 HRS 10 MINS)	318.75
04/23/10	PMT BY CHECK	DOS 10/30/09 # 106296933 2	-318.75

BALANCE 0.00

' INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an ssessed Penalty of 15% and Interest of either 10% or 7% per annum, depending n treatment or med/legal. Reference rules and regulations section 9795.4 and abor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not eceived in full and paid within 45 days, Joyce Altman Interpreters, Inc., emands medical reports and documentation pursuant to Title 8 Rules and egulations 10608 (a), Names and Certifications of all interpreters utilized by efendant in this matter for Legal and Medical services and any benefit rintouts, depo transcripts and documentary evidence. MPN notices.

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
866/885-2369

SRS
SPECIALTY RISK SERVICES

002213
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

02214

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*200012 1062969332

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
35899 10-25-05	72HMC TG0275 YDYC 62736	ARCADIA, INC.	$318.75
Nature of Payment: Other Medical		Service Dates 10-30-2009 10-30-2009	$318.75

Claim Handler: Kimberly Osborne
866/885-2369
SO California SRS Claim Office
P.O. Box 7007
La Habra, CA 90632-7007

PAID

Additional Comments:

Issue Date	04-23-2010	Check Number	106296933 2	Total Amount of Check	$318.75

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

08748591

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

*** INVOICE ***

Date	NO#
03/23/10	35912

Claim # : 710639985
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: KELLY GARCIA
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225-5978

Case: vs COLONIAL ENTERPRISE INC.
Date Of Injury: 9/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/23/09	INITIAL EXAM	DR HA @ SIDHU CHIRO*	230.00
01/04/10	PR2/REEVAL	DR HA* MARIA BARBOSA # 500267	180.00
02/17/10	PR2/REEVAL	DR HA* MARIA BARBOSA # 500267	180.00
03/18/10	PMT BY CHECK	DOS 11/23/09 THRU 2/17/10 # 12939838	-590.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

CHARTIS
P.O. BOX 2017
JERSEY CITY
NJ 07303-2017

AIG004

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7101293983800549850

35912

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 12939838
RFP No.: 00549850
03/18/2010

Insured: COLONIAL ENTERPRISES INC (A CO
Claimant:

Producer:
ACT: 35912 112309-021710

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000002991064	00639985	01	09/18/2009	MED	O	$590.00

PAID

Use file # 710-00639985 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
02/23/10	36021

Claim # : 494C1150380
W.C.A.B.:
ADJ # : ADJ7005869
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31051)
W.C. DEPARTMENT
ATTN: MEROA FIRHST
P.O. BOX # 31051
TAMPA, FL 33631-3051

Case: vs B BRAWN MEDICAL, INC.
Date Of Injury: 9/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/09	DEPO PREP	@ THE L/O OF SAMUELSEN & VALENZUELA	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/27/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/18/10	PMT BY CHECK	DOS 12/16/09 THRU 1/27/10 # DA62365209	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

PO BOX 31051
TAMPA FL 33631-3051

DATE 02/18/10

CHECK NO. DA62365209

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

STATEMENT

5900A11DA 00 01034 DA62365209
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX #4165
TUSTIN CA 92781-4165

FILE ID
494C1150380

DOLLARS
$*********406.50

* NOT NEGOTIABLE *

FOR
12/16/09 THRU 01/27/10 36021

CLAIMANT

DATE OF EVENT
09/11/09

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

PAID

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
03/01/10	36024

Claim # : 108-76736
W.C.A.B.:
ADJ # : ADJ7016718
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRAWFORD & COMPANY (GARDENA)
W.C. DEPARTMENT
ATTN: CHARLOTTE BRIONES
1515 W 190TH #528
GARDENA, CA 90248

Case: vs IMPACT LOGISTICS
Date Of Injury: 9/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/13/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
02/17/10	PMT BY CHECK	DOS 12/17/09 # 3601105	-156.50
02/24/10	PMT BY CHECK	DOS 1/13/10 # 3601148	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

AGENT

CLAIM #: 1171564

CLAIMANT:

INSURED: IMPACT LOGISTICS INC.

AGENCY #: 345941

AGENCY: MCDONNELL INSURANCE, INC.

3601148

1771

ANITA CARRINGTON

DOS 1-13-10 Invoice # 360024

MAIL TO

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

For questions, call:
(800)678-2637
Memphis

PAID

THE ATTACHED CHECK IS IN PAYMENT OF THE LOSS-EXPENSE SHOWN ABOVE

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.

Amerisure Insurance
The Advantage of Partnership

FARMINGTON HILLS, MICHIGAN

CHECK NUMBER
3601148

11-24
1210

Pay to the Order of Joyce Altman Interpreters Inc

PAY ONLY TWO HUNDRED FIFTY AND 00 CTS

VOID ONE YEAR FROM DATE OF ISSUE

FOR CLAIM # 1171564

******$250.00

INSURED/CLAIMANT	DATE ISSUED	POLICY NUMBER	CLMT	DATE OF LOSS
IMPACT LOGISTICS INC.	02/24/2010	WC 2064182 00	001	09/24/2009

Amerisure Mutual Insurance Company

Wells Fargo Bank, N.A.
420 Montgomery Street
San Francisco, CA 94104

ADJUSTER

⑈03601148⑈ ⑆121000248⑆ 4121893127⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

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

*** INVOICE ***

Date	NO#
07/19/10	36049

Claim # : YLR32092C; YLR4259C
W.C.A.B.:
ADJ # : ADJ6968250/6968245
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LA HABRA)
W.C. DEPARTMENT
ATTN: JAMES CARRIE
P.O. BOX 7007
LA HABRA, CA 90632

Case: vs PRIME BUILDING MATERIALS
Date Of Injury: 4/18/08; 6/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/09	F.C.E. TEST	@ PAIN RELIEF CTR* AUGUSTO SALAZAR # 500286	150.00
07/12/10	PMT BY CHECK	DOS 12/10/09 # 106838559 6	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
866/885-2369

SRS
SPECIALTY RISK SERVICES

002019
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

02020

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 1068385596

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
36049	72HMC TG0426	PRIME BUILDING MATERIALS, INC PRIME BUILDING MATER	
06-04-09	YLRC 42591		$150.00
Nature of Payment: Other Medical		Service Dates 12-10-2009 12-10-2009	$150.00

Claim Handler: Kimberly Osborne
866/885-2369
SO California SRS Claim Office
P.O. Box 7007
La Habra, CA 90632-7007

Additional Comments: PAID

Issue Date	07-12-2010	Check Number	1068385596	Total Amount of Check	$150.00

Please keep the above information for your records.

HAR-100-2

088936947

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
07/09/10	36071

Claim # : WC905-498645
W.C.A.B.:
ADJ # : ADJ6947496
S.S.N. : - -
D.O.B. : 11/2/80
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV,OR- 4025)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 4025
BEAVERTON, OR 97076

Case: vs RESIDENCE INN SCRIPPS/POWAY
Date Of Injury: 6/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
01/08/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	VIVIAN NIETO # 100792	0.00
06/22/10	PENALTIES	FOR DATE OF SERVICE 12/15/09	30.00
06/22/10	INTEREST	FOR DATE OF SERVICE 12/15/09	13.17
06/22/10	PENALTIES	FOR DATE OF SERVICE 01/08/10	37.50
06/22/10	INTEREST	FOR DATE OF SERVICE 01/08/10	14.57
07/01/10	PMT BY CHECK	DOS 12/15/09 THRU 6/22/10 # 93430318	-545.24

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

BRANCH OFFICE ADDRESS:
12725 SW MILLIKANWY STE500
PO BOX 4025
BEAVERTON, OR 97076
503-626-4100

Liberty Mutual.

B. CODE	CHECK NUMBER	CHECK DATE
189	93430318	07/01/10
	CHECK AMOUNT ****$545.24	BLOCK NUMBER 009165

CLAIM #: WC 905-498645
CONTRACT #: WCJ-Z91-450701-018-92

OSN: EE3801070104-001577
CONTROL #: 000005736 ID: C905A31
PROVIDER #: N0000000093815

PAYEE: JOYCE ALTMAN INTERPRETING

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

PROVIDER:

DATE OF INJURY: 08/06/09
EMPLOYEE:

EMPLOYER: JT CONTRACTORS INC
DATES OF SERVICE 12/15/09-01/08/10

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
12/15/09	01/08/10	MISC		545.24	545.24	

NOTE: INVOICE 36071 - DOS 12/15/09 & 01/08/10 -

TOTAL CHARGES	545.24
TOTAL PAYABLE:	545.24
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	545.24

PAID

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***

Date	NO#
02/23/10	36135

Claim # : 2193-74500
W.C.A.B.:
ADJ # : ADJ7019315
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (FRESNO)
W.C. DEPARTMENT
ATTN: SANDRA MONTELONGO
PO BOX 24016
FRESNO, CA 93779

Case: vs LANDRY'S RESTAURANT INC.
Date Of Injury: 5/7/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/09	DEPO PREP	@ THE L/O OF MCDERMOTT & CLAWSON	156.50
/ /	INTERPRETER:	GRACE HERNANDEZ # 22059879	0.00
01/06/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/18/10	PMT BY CHECK	DOS 12/7/09 THRU 1/6/10 # 0415183185	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

CRAWFORD & COMPANY
P O BOX 24016
FRESNO CA 93779-4016

2193-74500-001

BRANCH/FILE# 2193-74500-001
INVOICE NO 36135
CLAIMANT
CLAIMANT SSN
DATE OF LOSS 05/07/2009

PG 1 OF 1

0003433 01 MB **AUTO TO 0 9032 92781

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTINY CA 92781-4165

PAYEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: XXX-XX-6713 INSURED: LANDRY'S RESTAURANTS, INC.
DISABILITY FROM / TO: 12/07/2009 01/06/2010 PAYMENT AMT / DATE: $406.50 02/18/2010

PAID

PMT DESCRIPTION INV#36135, INV DATE 02/10/10

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0415183185 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
05/07/10	36143

Claim # : 62403450000022
W.C.A.B.:
ADJ # : ADJ6975561
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31051)
W.C. DEPARTMENT
ATTN: MARIA ENGLE
P.O. BOX # 31051
TAMPA, FL 33631-3051

Case: vs NORTHGATE MARKET
Date Of Injury: 12/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
12/16/09	WCAB SD	MSC - VERONICA CAMPBELL # 100675	165.00
03/08/10	PMT BY CHECK	DOS 12/10/09 THRU 12/16/09 # FE41382014	-365.00
03/23/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
02/03/10	WCAB SD	MSC - REBECA CHAIT # 100662	165.00
04/19/10	PMT BY CHECK	DOS 3/23/10 # FE41528869	-250.00
05/03/10	PMT BY CHECK	DOS 2/3/10 # FE41575025	-165.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

*C0FE41575025011730101100503000246 2
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 05/03/10

CHECK NO. FE41575025

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00031 FE41575025
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
6240345000002

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

* NOT NEGOTIABLE *

FOR
02/03/10 THRU 02/03/10 36143

CLAIMANT

DATE OF EVENT
04/28/09

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

PAID

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
05/03/10	36171

Claim # : 710340311
W.C.A.B.:
ADJ # : ADJ6476785
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs SELECT PERSONNEL SVC.
Date Of Injury: 12/26/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/09	MRI	REF BY DR LIPEL: C/S @ CALIF RADIOLOGY*	150.00
04/15/10	PENALTIES	FOR DATE OF SERVICE 12/09/09	22.50
04/15/10	INTEREST	FOR DATE OF SERVICE 12/09/09	6.95
04/30/10	PMT BY CHECK	DOS 12/9/09 THRU 4/15/10 # 13433623	-179.45

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101343362300895231

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 13433623
RFP No.: 00895231
04/30/2010

Insured: COASTAL EMPLOYERS INC.
Claimant:
Producer:
ACT: 36171 120909-041510

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001242444	00340311	01	12/26/2006	MED	O	$179.45

PAID

Use file # 710-00340311 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
07/29/10	36192

Claim # : 0500051; 0500054
W.C.A.B.: N/A
ADJ # : ADJ7171673
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CROWN SHEET METAL INC
Date Of Injury: 12/19/08; 10/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/10	INITIAL EXAM	DR DOMARACKI* ELENA LOPEZ # 500289	230.00
01/27/10	PR2/REEVAL	DR DOMARACKI @ WILLOW MED* ELENA LOPEZ # 500289	180.00
02/12/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/12/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/29/10	PENALTIES	FOR DATE OF SERVICE 01/07/10	34.50
06/29/10	INTEREST	FOR DATE OF SERVICE 01/07/10	13.99
06/11/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/13/10	WCAB LB	MSC - (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/27/10	PMT BY CHECK	DOS 1/7/10 THRU 7/13/10 # 19560	-1311.49

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

Pennsylvania Manufacturers Assoc. Insurance Co.
P.O. Box 85251
San Diego, CA 92186

Wachovia Bank of Delaware
Wilmington, DE

62-22
311

CHECK NO. 19560

DATE
07/27/2010

California Workers' Compensation Payment

**********1,311.49

Pay One Thousand Three Hundred Eleven Dollars And 49/100

VOID AFTER 90 DAYS

TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

PAID

Scott Marshall

⑈0019560⑈ ⑆031100225⑆ 207995107692 1⑈

Payee: JOYCE ALTMAN INTERPRETERS

Check Number: 19560

IRS/SSN:

Check Date: 07/27/2010

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
05000051		12/19/2008	Interpreting Fees	07/13/2010	07/13/2010	36192		1,311.49

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

*** INVOICE ***

Date	NO#
08/02/10	36205

Claim # : 648432937
W.C.A.B.:
ADJ # : ADJ7148456
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV,OR- 4025)
W.C. DEPARTMENT
ATTN: SARAH VARGAS
P.O. BOX # 4025
BEAVERTON, OR 97076

Case: vs PROPAK CORPORATION
Date Of Injury: 12/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/24/09	INITIAL EXAM	DR VAZQUEZ* JASON RAMIREZ # 500371	230.00
01/19/10	PR2/REEVAL	DR VAZQUEZ* LAURA ESTRADA 500401	180.00
05/14/10	PMT BY CHECK	DOS 12/24/09 THRU 1/19/10 # 0021432344	-180.00
05/27/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
06/23/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOYCE ATLMAN # 300624	0.00
07/28/10	PMT BY CHECK	DOS 5/27/10 THRU 6/23/10 # 93567551	-636.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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BRANCH OFFICE ADDRESS:
PO BOX 29073
GLENDALE, CA 91209
818-240-1234

Liberty Mutual

B. CODE	CHECK NUMBER	CHECK DATE
189	93567551	07/28/10
	CHECK AMOUNT ****$636.50	BLOCK NUMBER 006277

CLAIM #: WC 648-432937
CONTRACT #: WA2-69D-451975-019-92

OSN: EE3001072803-004015

CONTROL #: 000010831 ID: C648C19
PROVIDER #: N1503575592176

PAYEE: JOYCE ALTMAN INTERPRETING

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

PROVIDER:

DATE OF INJURY: 12/03/09
EMPLOYEE:

EMPLOYER: PROPAK LOGISTICS INC
DATES OF SERVICE 07/14/10-07/14/10
LOCATION CODE: 04216

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
07/14/10	07/14/10	MISC		636.50	636.50	

NOTE: INVOCE: 36205, DATE: 07/14/10

TOTAL CHARGES	636.50
TOTAL PAYABLE:	636.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	636.50

PAID

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***

Date	NO#
03/29/10	36249

Claim # : 710437030
W.C.A.B.: ANA0408705
ADJ # : ADJ3727509
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: JOANNE CATER
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs WEBER METAL, INC.
Date Of Injury: 10/3/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/09	SURGERY	DR GALLONI @ MONROVIA HOSP* TITO SILVA # 500272	150.00
01/11/10	POST-OP	DR GALLONI @ CA. JOINT CARE* TITO SILVA # 500272	150.00
03/25/10	PMT BY CHECK	DOS 12/30/09 THRU 1/11/10 # 13019801	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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AIC004

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101301980100613909

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 13019801
RFP No.: 00613909
03/25/2010

Insured: WEBER METALS INC
Claimant:
Producer:
ACT: 36249 123009-011110

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000004552996	00437030	01	10/03/2007	MED	O	$300.00

PAID

Use file # 710-00437030 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***
Date NO#
06/14/10 36291

Claim # : 2080208814
W.C.A.B.:
ADJ # : ADJ6870505
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs GELSON'S MARKET
Date Of Injury: 11/30/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/09	EMG TESTING	BY DR HERIC: U/E @ PAIN RELIEF CTR*	125.00
12/21/09	NCV	DIAGN STUDY: U/E*	125.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/05/10	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (5 HRS)	575.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/08/10	PMT BY CHECK	DOS 12/21/09 THRU 5/5/10 # 1100847444	-825.00

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

01528

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0208814 001 GL	WC 9138194	36291		11/30/07	12/21/09-05/05/10

Check Number	1100847444	**Date Issued**	06/08/10	**Amount**	$*****825.00
Insured	Gelson's, N Hollywood #3				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Rajalakshmi CG-Nagarajan				
File Supervisor	Lori Valencia	**Phone Number**	818 227-1700		

PAID

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	825.00		
TOTAL	$825.00		

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

*** INVOICE ***

Date	NO#
06/14/10	36301

Claim # : 710605625
W.C.A.B.:
ADJ # : ADJ6778273
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: COLLIN ROBERTSON
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: [redacted] vs PHIBRO TECH
Date Of Injury: 4/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/29/09	WCAB LB	TRIAL - CARMEN GUZMAN #100585	156.50
02/18/10	PMT BY CHECK	DOS 12/29/09 # 12615912	-156.50
05/25/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/11/10	PMT BY CHECK	DOS 5/25/10 # 13894930	-156.50

BALANCE 0.00

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AIG

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 2 7101389493000195060

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

No.: 13894930
RFP No.: 00195060
06/11/2010

Insured: PHIBRO ANIMAL HEALTH CORPORATI
Claimant:
Producer:
ACT: 36301

Claim Office: 710

052510-052510

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001894472	00605625	01	04/23/2009	MED	O	$156.50

PAID

Use file # 710-00605625 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

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

*** INVOICE ***
Date NO#
04/02/10 36309

Claim # : 6240490514107
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31051)
W.C. DEPARTMENT
ATTN: MARIA ENGLE
P.O. BOX # 31051
TAMPA, FL 33631-3051

Case: vs NORTHGATE GONZALEZ MARKET
Date Of Injury: 5/9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/10	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL* GERRY LUGO # 500049	230.00
03/30/10	PMT BY CHECK	DOS 1/15/10 # FE41464141	-230.00

BALANCE 0.00

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*C0FE41464141025510101100330000557 7
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 03/30/10

CHECK NO. **FE41464141**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00753 FE41464141
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX #4165
TUSTIN CA 92781-4165

FILE ID
6240494051410

DOLLARS
$*********230.00

*** NOT NEGOTIABLE ***

FOR
01/15/10 THRU 01/15/10 36309

CLAIMANT

DATE OF EVENT
05/09/09

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

PAID

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
05/12/10	36330

Claim # : 09200556
W.C.A.B.:
ADJ # : ADJ7026687
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
METRO RISK MGMT (WILMINGTON)
W.C. DEPARTMENT
ATTN: JUDY CAIRO
PO BOX 547
WILMINGTON, CA 90744

Case: vs FLEETWOOD MOTOR HOMES
Date Of Injury: 4/6/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/10	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
/ /	INTERPRETER:	JOHN MORRELL # 100644	0.00
02/18/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
03/09/10	WCAB LB	STATUS CONFERENCE	156.50
05/10/10	PMT BY CHECK	JOYCE ALTMAN #300624 DOS 1/8/10 THRU 3/9/10 # 2140002649	-563.00

BALANCE 0.00

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36330

Client: Fleetwood

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

Check Number: 2140002649
Check Date: 05/10/2010
Check Total: $563.00

Claim Number / Incident Date	Employee	Payment Type	Invoice Number / Date	Amount
09200556 04/06/2009	[redacted]	Legal Interpreter **From - To:** 01/08/2010 - 03/09/2010	36330 / 04/30/2010 **For:**	$563.00

PAID

DOCUMENT HAS A MULTI-COLORED BACKGROUND. SECURITY FEATURES LISTED ON BACK.

Fleetwood
Walnut Creek, CA 94596-7368

Bank of the West
3509 El Camino Ave.
Sacramento, CA 95821
(916) 483-6601

90-78
1211

Metro Risk Management, LLC
Trustee for Self-Insurers Sec Fund
720 East E Street
Wilmington, CA 90744-6014

Check No: 2140002649
Date: 05/10/2010
Void after 180 days

Amount: $ **********563.00

PAY Five Hundred Sixty Three Dollars And 00/100

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

Two signatures required on amounts over $500

⑈2140002649⑈ ⑆121100782⑆ 170139786⑈

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

*** INVOICE ***
Date NO#
03/23/10 36336

Claim # : 33004350; 33014534
W.C.A.B.:
ADJ # : ADJ7073823
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SAN FRSCO)
W.C. DEPARTMENT
ATTN: FRANCISCA SUMNER
P.O. BOX # 881716
SAN FRANCISCO, CA 94188-1716

Case: vs GREAT WESTERN LITHO & BINDERY
Date Of Injury: 5/1/08; 11/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
	INTERPRETER:	PATRICIA HAYES # 100761	
02/10/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		JUAN PEREZ # 100777	
03/18/10	PMT BY CHECK	DOS 1/7/10 THRU 2/10/10	-406.50
		# 0147064	

BALANCE 0.00

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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 03/18/2010
Check Number : 0147064
Check Amount : $406.50

0ABA1S

OZ 01
JOYCE ALTMAN INTERPRETERS,INC.
P.O. BOX 4165
TUSTIN, CA 92781

zvt4a
00118

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33014534		11/04/2009	36336	Interpreter Fees -	01/07/2010	02/10/2010	$406.50

PAID

118-118
4014

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

*** INVOICE ***

Date	NO#
05/11/10	36375

Claim # : 2008-44944
W.C.A.B.: ANA0385685
ADJ # : ADJ1338207
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FRANK GATES/AVIZENT (ANAHEIM)
W.C. DEPARTMENT
ATTN: CINDY AROCHA
2400 E. Katella Ave., Ste 650
ANAHEIM, CA 92806

Case: vs ENTERPRISE RENT-A-CAR
Date Of Injury: 9/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/10	SURGERY	DR DORSEY @ MONROVIA HOSP* TITO SILVA # 500272	150.00
05/03/10	PMT BY CHECK	DOS 1/7/10 # 147720	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Date of Issue: 5/3/2010

Explanation of Benefits

10060786981

Employer		Check No: 147720	
Client: 6014	Enterprise Rent A Car		Claim #: 20080010044944
Employer: 7097	Enterprise Rent A Car - Insured		Injury Date: 09/04/2008
Location: 3283	7392 Westminister Blvd.		SSN:
Claim Office: CA/Anaheim	6014/79227/CA/32/3283/		
Adjuster: CARROCHA	Jur. State: CA		

Payee Tax ID:330956713		Payment Type
Joyce Altman Interpreting PO Box 4165 Tustin, CA 92781-4165		Misc Other Medical
Patient # Invoice #36375		
	DOS From:1/7/2010 To: 1/7/2010	

DEMAND MEDICAL PAYMENT

From Date	To Date	Adjustment Description	Paid to	Amount
			Gross Amount	$150.00
			Net Check:	**$150.00**

Frank Gates

PAID

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

*** INVOICE ***

Date	NO#
04/26/10	36395

Claim # : R00004093; R00004161
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TEAM THREADZ, INC.
Date Of Injury: 12/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/10	PR2/REEVAL	DR DOMARACKI @ WILLOW MED* ELENA LOPEZ # 500289	180.00
01/04/10	INITIAL EXAM	DR DOMARACKI* ELENA LOPEZ # 500289	230.00
02/22/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
03/22/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/02/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
04/22/10	PMT BY CHECK	DOS 1/22/10 THRU 4/2/10 # 3000046245	-926.50

BALANCE 0.00

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NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

Date: 04/22/2010
Check #: 3000046245
Payment Amount: 926.50

130559 0422 0 000306 000001 000521/000655

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

36395

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00004093		36395	04/16/2010	01/22/10	04/02/10	926.50	926.50	
		Interpreter For Medical/WCAB						
						Total	926.50	

PAID

Please detach before depositing check

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

*** INVOICE ***

Date	NO#
04/05/10	36405

Claim # : A7T6653
W.C.A.B.:
ADJ # : ADJ6576899
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs LITTLE CAESAR ENTERPRISES
Date Of Injury: 8/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/10	C&R READING	@ THE L/O OF JON WOODS	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
04/01/10	PMT BY CHECK	DOS 1/11/10 # 896D 76053411	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

UC01989

896D 76053411

TRAVELERS

DATE: 04/01/10
LOSS DATE: 08/01/08
FILE NUMBER: 152 CB A7T6653 J

EMPLOYEE

ACCOUNT NAME:
LITTLE CAESAR ENTERPRISES

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 01/11/2010

TOTAL PAID: $250.00
TAX INFO: 330956713372147 6Y
PAY MISC: 36405
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: GWYNNETH BAKER AT (909)612-3790

091007550
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
05/07/10	36414

Claim # : 710650008
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: JOYCE KAYLOR
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs PREMIER ADVANTAGE STUFF
Date Of Injury: 11/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/10	INITIAL EXAM	DR TERRENCE: PSYCH EVAL @ PAIN RELIEF (3 HRS)	345.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/21/10	NCV	DIAGN STUDY: U/E @ PAIN RELIEF CTR*	125.00
01/21/10	EMG TESTING	BY DR GROSS: U/E @ PAIN RELIEF CTR*	125.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/11/10	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/04/10	PMT BY CHECK	DOS 1/20/10 THRU 3/11/10 # 13468642	-745.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 3 7101346864200936521

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
COMMERCE AND INDUSTRY INSURANCE CO.

No.: 13468642
RFP No.: 00936521
05/04/2010

Insured: PREMIER ADVANTAGE STAFFING INC
Claimant:
Producer:
ACT: 36414

Claim Office: 710

012010-031110

Policy	Claim	Sym.	DOL	Typ	S	Amount
000005316796	00650008	01	11/04/2009	MED	O	$745.00

PAID

Use file # 710-00650008 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
05/04/10	36419

Claim # : 003757-000242-WC-01
W.C.A.B.:
ADJ # : ADJ7023634
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SCOTTSDALE)
W.C. DEPARTMENT
ATTN: DEBBIE BERDLY
4110 N. SCOTTSDALE RD.,STE 240
SCOTTSDALE, AZ 85251

Case: vs RUAN TRANSPORTATION/MGMT. SYS.
Date Of Injury: 9/25/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED* ELENA LOPEZ # 500289	230.00
02/02/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
02/24/10	INITIAL EXAM	DR JARCHI* ELENA LOPEZ # 500289	230.00
03/03/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/18/10	INITIAL EXAM	DR GALLONI* ELIZABETH HERRERA # 301231	230.00
04/29/10	PMT BY CHECK	DOS 1/11/10 THRU 3/18/10 # 0078168561	-1050.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

GALLAGHER BASSETT - PHOENIX
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

0103674 01 RE **AUTO T0 0 2032 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-800-231-3759
GALLAGHER BASSETT - PHOEN
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

RUAN TRANSPORT

CLAIM NO. 003757 000242 WC 01

CLAIMANT:

DESCRIPTION: INVOICE 36419 DATED 4/14/10

DATE OF SERVICE: 11-Jan-2010 TO 18-Mar-2010

PAID

36419

BRANCH NO. 007 CHECK NO. 0078168561

ACC. DATE 25-Sep-2009 VN. 0000132970

DATE: 29-Apr-2010

PAYMENT AMOUNT: $1,050.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0078168561 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
04/29/10	36441

Claim # : 2080211200
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CALIFORNIA PIZZA KITHCHEN, INC
Date Of Injury: 6/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/10	DEPO PREP	@ THE L/O OF HINSHAW & CULBERTSON	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/25/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/26/10	PMT BY CHECK	DOS 1/28/10 THRU 2/25/10 # 1100797433	-406.50

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00299

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0211200 001 HL	WC 2347032	36441		06/24/09	01/28/10-02/25/10
Check Number	1100797433	**Date Issued**	04/26/10	**Amount**	$****406.50
Insured	California Pizza Kitchen				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Yuva CG-Pandrangan				
File Supervisor	Laura Hershey		**Phone Number**	818 227-1700	

PAID

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	406.50		
TOTAL	**$406.50**		

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

*** INVOICE ***
Date NO#
06/03/10 36444

Claim # : 047510003472
W.C.A.B.:
ADJ # : ADJ7055959
S.S.N. :
D.O.B. : / /
Terms : 45 days

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

Case: vs FOREVER 21 LOGISTICS
Date Of Injury: 11/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/10	INITIAL EXAM	DR BOYER @ PAIN RELIEF HEALTH CTR*	230.00
/ /	INTERPRETER:	MARTHA BECERRA # 500198	0.00
02/22/10	PR2/REEVAL	DR BOYER* ELIZABETH VARGA # 500106	180.00
03/12/10	INITIAL EXAM	ACUPUNTURE* G. MARTHA BECERRA # 500198	230.00
03/15/10	INITIAL EXAM	DR KHAN* AGUUSTO SALAZAR # 500286	230.00
03/30/10	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
03/30/10	EMG TESTING	BY DR HERIC: L/E* MAYRA CHIRCO 500029	125.00
04/26/10	PMT BY CHECK	DOS 1/13/10 THRU 3/30/10 # 5806045	-1120.00
04/22/10	P AND S	DR TERRENCE: PSYCH EVAL (4 HRS)	460.00
/ /	INTERPRETER:	G. MARTHA BECERRA # 500198	0.00
06/02/10	PMT BY CHECK	DOS 4/22/10 # 5890816	-460.00

BALANCE 0.00

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CHUBB GROUP OF INSURANCE COMPANIES

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

Payment Summary

Claim Ref #: 047510003472
Policy: 000071603793
Occurence: 000348
Date of Loss: 11/01/2009
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Forever 21 Logistics, Llc

Page: 1 of 1
Check Number: 5806045
Print Date: 04/26/2010
Issue Date: 04/26/2010

DATE	CLAIMANT	DESCRIPTION	AMOUNT
01/13/2010-		Translator	230.00
03/30/2010-		Translator	125.00
03/30/2010-		Translator	125.00
02/22/2010-		Translator	180.00
03/12/2010-		Translator	230.00
03/15/2010-		Translator	230.00

PAID

CHECK TOTAL: 1,120.00

Comments: Invoice#: 36444; DOS: 1/13/10 to 3/30/10; Invoice Date: 4/14/10; MP

Claim Representative: MARYBETH STUTZEL

Phone: (213)612-5418

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

36444

Payment Summary

Claim Ref #: 047510003472
Policy: 000071603793
Occurence: 000348
Date of Loss: 11/01/2009
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Forever 21 Logistics, Llc

Page: 1 of 1
Check Number: 5890816
Print Date: 06/02/2010
Issue Date: 06/02/2010

DATE	CLAIMANT	DESCRIPTION	AMOUNT
04/22/2010-		Translator	460.00

PAID

CHECK TOTAL: 460.00

Comments: Invoice#: 36444; Date of Service: 4/22/10; Inv Date: 5/18/10; MP

Claim Representative: MARYBETH STUTZEL

Phone: (213)612-5418

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

*** INVOICE ***

Date	NO#
05/03/10	36455

Claim # : 494C1117215
W.C.A.B.:
ADJ # : ADJ6968182
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31051)
W.C. DEPARTMENT
ATTN: ALLAN BUCKLESS
P.O. BOX # 31051
TAMPA, FL 33631-3051

Case: vs SELECT PERSONNEL SERVICES
Date Of Injury: 8/31/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
02/08/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP MIKE JANUSEK #100808	250.00
04/30/10	PMT BY CHECK	DOS 1/15/10 THRU 2/8/10 # DA62848414	-450.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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*B0DA628484140290401011004300004657
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 04/30/10

CHECK NO. DA62848414

STATEMENT

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

5900A11DA 00 00883 DA62848414
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C1117215

DOLLARS
$*********450.00

* NOT NEGOTIABLE *

FOR
01/15/10 THRU 02/08/10 36455

CLAIMANT

DATE OF EVENT
08/31/09

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

PAID

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
04/16/10	36475

Claim # : 05323762
W.C.A.B.:
ADJ # : ADJ1063830
S.S.N. :
D.O.B. : , .
Terms : 45 days

BILL TO:
SCIF (SAN BERNARDINO-1806)
W.C. DEPARTMENT
ATTN: BARBARA ROSALES
P.O. BOX 1806
SAN BERNARDINO, CA 92402

Case: vs PARAMOUNT WINDOWS
Date Of Injury: 7/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/10	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
03/15/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/14/10	PMT BY CHECK	DOS 1/11/10 THRU 3/15/10 # CY-398950	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)656-8300

Provider Number: 330956713

Check #: **CY-398950**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/14/10
Doc #: 020219323

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05323762			
1	36475	01/11/10	01/11/10	Interpreter fees	1		156.50
2	36475	03/15/10	03/15/10	Interpreter fees	1		156.50
						Total Allowances:	**$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05323762	313.00	.00	313.00

The preceding invoice totals reflect the amount of reviewed and approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

PAID

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.

01240101020219323012

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

*** INVOICE ***

Date	NO#
06/25/10	36481

Claim # : 37722
W.C.A.B.:
ADJ # : ADJ680639
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
PACIFICCOMP INS. COMPANY
W.C. DEPARTMENT
ATTN: PAULA BAUMGARTNER
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs OVERHILL FARMS INC.
Date of Injury: 12/20/80

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/26/10	PMT BY CHECK	DOS 1/20/10 # 00427532	-156.50
04/15/10	DEPO PREP	@ THE L/O OF LANDEGGER, BROWN & LAVENANT	156.50
/ /	INTERPRETER:	NANCY SILVA # 22056879	0.00
05/17/10	PMT BY CHECK	DOS 4/15/10 # 00441825	-156.50
05/27/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HEYES # 100761	0.00
06/22/10	PMT BY CHECK	DOS 5/27/10 # 00447796	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

Anthem
WORKERS' COMPENSATION℠

Temporary Return Service Requested

000110-000001-000110 2057507 2320EDC 1
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Insured: OVERHILL FARMS, INC.,
Amount of this check: 250.00

Claimant:
Claim: 00037722
Policy #: WC 00017704
Date of Injury: 20081220
Description: 05-27-10 - 05-27-10 36481
Payment For: INTERPRETER FOR MEDICAL

Payment Amount: $ 250.00

DIRECT INQUIRIES TO: PACIFIC COMPENSATION INSURANCE COMPANY

PAID

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

PacificComp
PACIFIC COMPENSATION INSURANCE COMPANY

CITY NATIONAL BANK
15620 VENTURA BOULEVARD
SHERMAN OAKS, CA 91403

16-01506/1220

CHECK NO: 00447796

DATE: 06/22/2010

AMOUNT
*****$250.00

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

PAY Two Hundred Fifty and 00/100

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

Authorized Signature

Authorized Signature

⑈00447796⑈ ⑆122016066⑆ 412⑈878892⑈

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

*** INVOICE ***

Date	NO#
04/27/10	36484

Claim # : 90548935
W.C.A.B.:
ADJ # : ADJ6765826
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV,OR- 4025)
W.C. DEPARTMENT
ATTN: JANET DELOTIS
P.O. BOX # 4025
BEAVERTON, OR 97076

Case: vs LOS ANGELES COUNTY CLUB
Date Of Injury: 3/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/23/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/23/10	PMT BY CHECK	DOS 1/199/10 THRU 2/23/10 # 93067001	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

BRANCH OFFICE ADDRESS:
12725 SW MILLIKANWY STE500
PO BOX 4025
BEAVERTON, OR 97076
503-626-4100

Liberty Mutual

B. CODE	CHECK NUMBER	CHECK DATE
189	93067001	04/23/10
	CHECK AMOUNT ****$406.50	BLOCK NUMBER 010079

CLAIM #: WC 905-489351
CONTRACT #: WCJ-Z91-444258-018-92

OSN: EE3801042304-001571

CONTROL #: 000011793 ID: C905A73
PROVIDER #: N6821539294852

PAYEE: JOYCE ALTMAN INTERPRETING

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

PROVIDER:

DATE OF INJURY: 03/18/09
EMPLOYEE:

EMPLOYER: THE LOS ANGELES COUNTRY CLUB
DATES OF SERVICE 01/19/10-01/19/10

36484

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
01/19/10	01/19/10	MISC		250.00	250.00	
01/19/10	01/19/10	MISC		156.50	156.50	

NOTE: ALVARO AGUILAR - DOS 1/19/2010 & 2/23/2010

TOTAL CHARGES	406.50
TOTAL PAYABLE:	406.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	406.50

PAID

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***

Date	NO#
08/13/10	36488

Claim # : TNIE-0352
W.C.A.B.:
ADJ # : ADJ7019634
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
YORK INSURANCE SVCS.(VALENCIA)
W.C. DEPARTMENT
ATTN: CINDY HALL
25379 WAYNE MILLS PL., # 450
VALENCIA, CA 91355

Case: vs SHIMO INVESTMENTS GROUP
Date Of Injury: 10/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/10	PR2/REEVAL	DR DOMARACKI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/16/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
04/12/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/10/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/28/10	SURGERY	DR ONG @ MONROVIA HOSPITAL (6 hrs 4 mins)	607.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
05/25/10	PRE-OP	DR ONG @ MONROIVIA HOSPITAL* TITO SILVA # 500272	150.00
06/11/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/19/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ #500289	180.00
08/29/10	PMT BY CHECK	DOS 1/25/10 THRU 7/19/10 # 535260	-1837.50
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

YORK CLAIMS SERVICE, INC. 99 CHERRY HILL ROAD, SUITE 230, PARSIPPANY, NJ 07054

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

Claim Number: TNIE-0352
Claimant:
Date of Loss: 10/08/2009

Check Number: 535260
Check Date: 08/09/2010
Check Amount: $1,837.50
Type of Payment: WC Expense
71 LEGAL

PAID

Location: 338 High Ridge Car Wash 27774 S. Hawthorne Blvd

For Period: 01/25/2010 to 07/19/2010
InvoiceNo: 36488
IRS #: 33-0956713

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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

*** INVOICE ***

Date	NO#
04/26/10	36495

Claim # : 2008-58515
W.C.A.B.:
ADJ # : ADJ6998507
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
FRANK GATES/AVIZENT (ANAHEIM)
W.C. DEPARTMENT
ATTN: LINDA LUNA
2400 E. Katella Ave., Ste 650
ANAHEIM, CA 92806

Case: vs STAFFMARK, LLC
Date Of Injury: 11/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/15/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/22/10	PMT BY CHECK	DOS 1/12/10 THRU 3/15/10 # 020016	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Date of Issue: 4/22/2010

Explanation of Benefits

Check No: **020016**

10060553971

Employer	
Client: 29674	CBS Personnel Holdings, Inc
Employer: 7368-1	Staffmark
Location: 5074	LONG BEACH (CA2001)
Claim Office: CA/Anaheim	29674/212955/CA/211/5074/
Adjuster: LLUNA	
	Jur. State: CA

Claim #: 20080010058515
Injury Date: 11/24/2008
SSN:

Payee Tax ID:330956713		Payment Type
Joyce Altman Interpreting PO Box 4165 Tustin, CA 92781-4165	36495 Pay Rate: $0.00	Misc. Other Expense
	DOS From:1/12/2010 To: 3/15/2010	

INDEMNITY PAYMENT

From Date	To Date	Adjustment Description	Paid to	Amount
			Gross Amount	$406.50
			Net Check:	$406.50

THIS CHECK IS VOID WITHOUT A SEAL BACKGROUND WITH AN ARTIFICIAL FINGERPRINT SEAL ON THE BACK THAT DISAPPEARS WHEN HEAT IS APPLIED

STAFFMARK
Workers' Compensation Account

FIFTH THIRD BANK
Central Ohio
25-216
440

020016
DATE OF ISSUE
04/22/10

Four Hundred Six and 50 / 100 Dollars

PAID

Pay to the order of

****$406.50****
Void if not cashed within 180 days

Joyce Altman Interpreting
PO Box 4165
Tustin, CA 92781-4165

Authorized Signature

⑈020016⑈ ⑆044002161⑆ 728258344⑦⑈

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

*** INVOICE ***

Date	NO#
04/27/10	36508

Claim # : A4A3212; A4A5278
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs EINSTEIN NOAH RESTAURANT
Date Of Injury: 11/18/09; 12/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
02/03/10	PR2/REEVAL	DR DOMARACKI @ WILLOW MED* GLADYS REYNA #100755	180.00
02/25/10	INITIAL EXAM	SAMIMI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
03/04/10	INITIAL EXAM	ACUPUNTURE @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
03/29/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/03/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/23/10	PMT BY CHECK	DOS 1/13/10 THRU 3/29/10 # 896D 76179523	-1230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

002192

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

896D 76179523

TRAVELERS

DATE: 04/23/10
LOSS DATE: 11/18/09
FILE NUMBER: 152 CB A4A3212 J

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

EMPLOYEE

ACCOUNT NAME:
EINSTEIN NOAH RESTAURANT GROU

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/13/2010 TO: 03/29/2010

TOTAL PAID: $1230.00
TAX INFO: 330956713331748 1Y
PAY MISC: INV# 36508
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: ROXANN SALDIVAR AT (909)612-3093

113015973
DETACH CHECK

UNSUMM -02141
OVRPUNS2-12129
DETACH CHECK

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

*** INVOICE ***

Date	NO#
05/03/10	36518

Claim # : 2009109707
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DRAGON MODELS
Date Of Injury: 9/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/10	PRE-OP	DR OBUKHOFF @ MONROVIA HOSP*	150.00
04/29/10	PMT BY CHECK	TITO SILVA # 500272 DOS 1/31/10 # 20266919	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

EMPLOYERS®

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

Check Number: 200266919
Check Date: 04/29/2010

Claim Number: 2009109707
Injured Employee:

Payment Description:	Medical Interpreter		
Billed Date:	04/14/2010		
Service Period:	01/31/2010 through 01/31/2010	Account Number:	n/a
Invoice Number:	36518	Document Number:	n/a
Billed Amount:	$150.00	Paid Amount:	$150.00
Comments:	JOYCE ALTMAN INV# 36518		

Check Total: **$150.00**

PAID

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

*** INVOICE ***

Date	NO#
03/02/10	36573

Claim # : 152CBATW5336E
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FRANKLIN BRASS
Date Of Injury: 7/24/01; 3/27/02

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/26/10	PMT BY CHECK	DOS 1/27/10 # 896D 75868503	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

002624

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

UD02624

896D 75868503

TRAVELERS

DATE: 02/26/10
LOSS DATE: 03/27/02
FILE NUMBER: 152 CB ATW5336 E

EMPLOYEE

ACCOUNT NAME:
MASCO CORP

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

PAID

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 01/27/2010

TOTAL PAID: $156.50
TAX INFO: 330956713372147 6Y
PAY MISC: 36573
PAYEE:
JOYCE ALMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT: CHRISI E FAJARDO AT (909)612-3834

057009078
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
05/11/10	36581

Claim # : SAC0000105798
W.C.A.B.: LBO 0393574
ADJ # : ADJ4188503
S.S.N. : -
D.O.B. : -, -
Terms : 45 days

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

Case: vs JYG CONCRETE CONSTRUCTION
Date Of Injury: 10/31/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/10	+DEPO PREP	@ L/O OF DENNIS FUSI JUAN PEREZ # 100777	156.50
03/08/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/29/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/06/10	PMT BY CHECK	DOS 1/21/10 THRU 3/29/10 # 22642	-563.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Lincoln General Insurance Company
P.O. Box 85251
San Diego, CA 92186

California Bank & Trust
4320 La Jolla Villa Drive Suite 140
San Diego, CA 92122

90-3210
1222

CHECK NO. 22642

DATE
05/06/2010

California Workers' Compensation Payment

**********563.00

VOID AFTER 90 DAYS

Pay Five Hundred Sixty Three Dollars And 00/100

TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈002264⑈ ⑆122232109⑆ 23520108⑈

Payee: JOYCE ALTMAN INTERPRETERS

Check Number: 22642

IRS/SSN: XX-XXX6713

Check Date: 05/06/2010

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
SAC0000105798		10/31/2007	Interpreting Fees	01/21/2010	03/29/2010	04/22/2010	36581	563.00

PAID

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

*** INVOICE ***

Date	NO#
03/18/10	36594

Claim # : 01258689
W.C.A.B.:
ADJ # : ADJ3429557
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: KATHY CATER
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs ICARIAN FITNESS EQUIPMENT
Date Of Injury: 2/10/03

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/09	WCAB LB	MSC - FULL DAY	313.00
03/16/10	PMT BY CHECK	DOS 10/8/09 # CU-595428	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(818)291-7000

Provider Number: 330956713

Check #: **CU-595428**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/16/10
Doc #: 020041787

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 01258689			
1	36594	10/08/09	10/08/09	Interpreter fees	1		313.00
			Patient Name:	**Claim #:** 04984836			
2	24074	08/17/09	10/26/09	Interpreter fees	1		313.00
			Patient Name:	**Claim #:** 05236966			
3	29803	06/17/09	06/17/09	Interpreter fees	1		156.50
			Patient Name:	**Claim #:** SA632029			
4	02377	10/01/08	11/19/08	Interpreter fees	1		313.00
			Patient Name:	**Claim #:** 01238873			
5	09228	10/06/09	10/06/09	Interpreter fees	1		485.00
						Total Allowances:	**$1,580.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01238873	485.00	.00	485.00
01258689	313.00	.00	313.00
04984836	313.00	.00	313.00
05236966	156.50	.00	156.50
SA632029	313.00	.00	313.00

The preceding invoice totals reflect the amount of reviewed and approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

Notations:

01238873 WCAB APPEARANCE; 10/06/09;
SA632029 WCAB APPEARANCES; 10/01/08 & 11/19/08;

PAID

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.

01238873 020041787012

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

*** INVOICE ***

Date	NO#
07/07/10	36618

Claim # : YMH14372C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs STAFFSTORE ENT/PROMPT EMPLMT.
Date Of Injury: 4/21/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/10	QME EVAL	DR DOMARACKI @ WILLOW MEDICAL (3 HRS)	345.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
04/22/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/29/10	PMT BY CHECK	DOS 2/4/10 THRU 4/22/10 # 115281911 9	-525.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

THE HARTFORD

000837
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00847

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 1152819119

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
36618 04-20-07	84WEC PP0903 YMHC 14372	STAFFCORE, INTELLIGENT SOLUTIONS, INC.		$525.00
Nature of Payment: Miscellaneous Medical		Service Dates 02-04-2010 04-22-2010		$525.00
Claim Handler: Christopher Bledsoe 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments: PAID		

Issue Date	06-29-2010	Check Number	1152819119	Total Amount of Check	$525.00

Please keep the above information for your records.

088529500

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
07/15/10	36624

Claim # : 78831
W.C.A.B.:
ADJ # : ADJ7028259
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MAJESTIC INS CO (SAN DIEGO)
W.C. DEPARTMENT
ATTN: NICHELLE GREEN
P O BOX 270769
SAN DIEGO, CA 92198

Case: vs FAIRCO INC.
Date Of Injury: 9/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
02/26/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
07/06/10	PENALTIES	FOR DATE OF SERVICE 02/02/10	30.00
07/06/10	INTEREST	FOR DATE OF SERVICE 02/02/10	10.96
07/06/10	PENALTIES	FOR DATE OF SERVICE 02/26/10	37.50
07/06/10	INTEREST	FOR DATE OF SERVICE 02/26/10	11.82
07/13/10	PMT BY CHECK	DOS 2/2/10 THRU 7/6/10 # 0100457858	-540.28

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

July 13,2010

JOYCE ALTMAN INTERPRETERS

P.O. BOX 4165

TUSTIN, CA 92781

D.O.I.

RE:

Claim Number: 78831

Payment	Period Covered	Date of Service	Amount	Invoice/Chart Number	Payment Type
105	02/02/10	07/06/10	00/00/00	540.28	36624 Interpreter At Medical Exam
		Check Amount:	$540.28		

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison and loss of benefits

ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ha ganado por trabajar durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, Usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

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

PAID

Sincerely,

NICHELLE GREEN
Senior Claims Examiner
(858) 385-4040

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

MAJESTIC INSURANCE

P.O Box 2359, San Francisco, CA 94126-2359

WELLS FARGO BANK, N. A.
115 Hospital Drive
Van Wert, OH 45891

VOID

0100457858

VOID AFTER 180 DAYS

Date of Check	Claim Number	Date of Injury	Payment From	Payment Thru
07/13/10	78831	09/02/09	02/02/10	07/06/10

Claimant	Payment Type
	Interpreter At Medical Exam

56-382
412

041203824

Amount
$540.28

PAY EXACTLY Five Hundred Forty DOLLARS and 28/100 CENTS

Donald R. Bellon

TO THE ORDER OF

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

⑈0100457858⑈ ⑆041203824⑆ 9600031468⑈

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

*** INVOICE ***

Date	NO#
06/21/10	36631

Claim # : 04988074
W.C.A.B.:
ADJ # : ADJ4524517
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: JUSTINE KAY
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: [redacted] vs C&C IMPORTS dba NANCY CORZINE
Date Of Injury: 12/20/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/10	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
03/29/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/12/10	WCAB LB	MSC	156.50
05/10/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/27/10	PMT BY CHECK	DOS 2/10/10 THRU 3/29/10 # CU-630743	-406.50
06/16/10	PMT BY CHECK	DOS 4/12/10 THRU 5/10/10 # CU-639198	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(818)291-7000

Provider Number: 330956713

Check #: **CU-639198**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 06/16/10
Doc #: 020630781

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 04988074		
1	36631	04/12/10	05/10/10	Interpreter fees	1		406.50
					Total Allowances:		**$406.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04988074	406.50	.00	406.50

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

Notations:
04988074 LE;

PAID

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!

0124343020630781012

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

*** INVOICE ***

Date	NO#
05/03/10	36660

Claim # : 2080211134
W.C.A.B.:
ADJ # : ADJ6851150
S.S.N. :
D.O.B. : ,,
Terms : 45 days

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

Case: vs RESIDENCE INN, MARRIOTT
Date Of Injury: 9/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/10	SURGERY	DR DORSEY @ MONROVIA HOSP* TITO SILVA # 500272	150.00
04/30/10	PMT BY CHECK	DOS 2/4/10 # 1100804469	-150.00

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

01179

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0211134 001 CB	WC 2981095	36660		06/24/09	02/04/10-02/04/10

Check Number	1100804469	**Date Issued**	04/30/10	**Amount**	$*****150.00
Insured	Residence Inn Anaheim				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Ajay CG-Umesh				
File Supervisor	Cheryl Bourgerie	**Phone Number**	818 227-1700		

PAID

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	150.00		

TOTAL	$150.00

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

*** INVOICE ***

Date	NO#
04/23/10	36686

Claim # : CA0700101
W.C.A.B.:
ADJ # : ADJ6779306
S.S.N.
D.O.B.
Terms : 45 days

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

Case: _____ vs WEYHERHAEUSER
Date Of Injury: 10/11/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/10	DEPO PREP	@ THE L/O OF GRACELL & LEBOVITZ	156.50
/ /	INTERPRETER:	GRACE HERNANDEZ # 22059879	0.00
03/23/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/20/10	PMT BY CHECK	DOS 2/11/10 THRU 3/23/10 # 0023950298	-406.50

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

DATE	CHECK AMT	CHECK NO.
04/20/2010	406.50	0023950298

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

SCMS UNIT	PAGE
670 Sedgwick Claims Management Services	001

*002078 0023950298 00001 OF 00001 OAM 100420 1010

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

PAID

Claimant Name	Loss Date	Claim Number	SSN
	10/11/2007	CA0700i0i	

Amt Paid: 406.50 Description: Miscellaneous Medical
Amt Billed: 406.50 Invoice: 36686 ICN: CA0700101
Dates: 02/11/2010 - 03/23/2010 Comment:

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
04/26/10	36698

Claim # : 12W212447
W.C.A.B.:
ADJ # : ADJ6788970
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ARGONAUT INSURANCE (TX-153229)
W.C. DEPARTMENT
ATTN: AMANDA JUDE
P.O. BOX # 153229
IRVING, TX 75015

Case: vs RADIANT SERVICES
Date Of Injury: 1/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
04/02/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/23/10	PMT BY CHECK	DOS 2/11/10 THRU 4/2/10 # 1226142	-313.00

BALANCE 0.00

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DETACH BEFORE CASHING (Retain stub for your records.)

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

ARGO SELECT
Member Argo Group

ARGONAUT INSURANCE CO.
3625 N SHERIDAN ROAD / PEORIA, IL 61633-0001 / ph: (309)688-8571 / fax: (309)566-4310

For: MEDICAL-OTHER (WC ONLY)

CHECK NUMBER: **1226142**
ISSUED: **APR 23 2010**

Claim Number	Claimant Name	Invoice	Paid Amt	Billed Amt	Policy/Certificate	Date of Loss	Period Covered	Type Pay Cd	Pymt Desc
12-W-212447-01		36698	$313.00	$313.00	WC 9162759 01	01/03/09	02/11/10-04/02/10	2	MO

Issued By: CENRRG

TOTAL $313.00 $313.00

PAID

Issued By: CENRRG

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

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

*** INVOICE ***

Date	NO#
09/07/10	36713

Claim # : 710-671321
W.C.A.B.:
ADJ # : ADJ7265559
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: VICKY BELL
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs WASHINGTON ENT. dba ST ANDREWS
Date Of Injury: CT 5/09-2/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/25/10	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (5 HRS)	575.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/22/10	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
07/22/10	DEPOSITION	@ THE L/O OF ADELSON, TESTAN & BRUNDO -C&R SIGNED	200.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
09/02/10	PMT BY CHECK	DOS 2/25/10 THRU 7/22/10 # 14780687	-931.50

BALANCE 0.00

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AIGO

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 9 7101478068700563468

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

No.: 14780687
RFP No.: 00563468
09/02/2010

Insured: UNIFIED CARE SERVICES, INC.
Claimant:
Producer:
ACT: 36713

Claim Office: 710

022510-072210

Policy	Claim	Sym.	DOL	Typ	S	Amount
000009909320	00671321	01	05/01/2009	MED	O	$931.50

PAID

Use file # 710-00671321 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***
Date NO#
05/10/10 36725

Claim # : 20090199
W.C.A.B.:
ADJ # : ADJ6965287
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CALIFORNIA FAIR SERVICES
W.C. DEPARTMENT
ATTN: PATTI NEVIN
P.O. BOX 15518
SACRAMENTO, CA 95852

Case: vs VENTURA COUNTY FAIR
Date Of Injury: 9/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/10	NCV	DIAGN STUDY: L/E @ PAIN RELIEF CTR*	125.00
02/11/10	EMG TESTING	BY DR HERIC: L/E @ PAIN RELIEF CTR*	125.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/10/10	EMG TESTING	BY DR HERIC: U/E*	125.00
03/10/10	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/07/10	PMT BY CHECK	DOS 2/11/10 THRU 3/10/10 # 101097	-500.00

BALANCE 0.00

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Member: Ventura County Fair 31st DAA
Payee: Joyce Altman Interpreters, Inc.
P.O. Box # 4165
Tustin, CA 927814165

IRS/SSN: 330956713
Check Number: 101097
Check Date: 05/07/2010
Amount: 500.00

Claimant:
Claim#: 20090199
For:
From: 02/11/2010
Through: 03/10/2010

Incident Date: 09/18/2009
Payment Type: Medical
Invoice No: 36725
Invoice Date:
Status: Open

PAID

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

*** INVOICE ***

Date	NO#
07/09/10	36796

Claim # : 05515578
W.C.A.B.:
ADJ # : ADJ7158311
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE - 65005)
W.C. DEPARTMENT
ATTN: AARON KILPATRICK
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs FRIENDS STUBLE & ORCHARD
Date Of Injury: 11/26/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/10	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (3.5 HRS)	402.50
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/01/10	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/21/10	EMG TESTING	BY DR HERIC: L/E @ PAIN RELIEF CTR*	125.00
04/21/10	NCV	DIAGNOSTIC STUDY INTERP: L/E @ PAIN RELIEF CTR*	125.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/09/10	PMT BY CHECK	DOS 2/17/10 # CL-410681	-402.50
06/10/10	PMT BY CHECK	DOS 4/1/10 # CL-410858	-150.00
07/07/10	PMT BY CHECK	DOS 4/21/10 # CL-414412	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
P O Box 65005
Pinedale, CA 93650-5005
(805)988-5300

Provider Number: 330956713

Check #: **CL-414412**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 07/07/10
Doc #: 020767904

36796

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	05515578	**Date of Injury:**	11/26/09	
	ICD-9 Code:999.9 COMPLIC MED CARE NECNOS								
1	SF1-SFCA-6510871	04/21/10	999Q2	Interpreter Treatmen	1	125.00	.00	723	125.00
2	SF1-SFCA-6510871	04/21/10	999Q2	Interpreter Treatmen	1	125.00	.00	375 723	125.00
							Total Allowances:		**$250.00**

0134569402076790401 2

PAID

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

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

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

*** INVOICE ***

Date	NO#
08/30/10	36806

Claim # : 05101556
W.C.A.B.: POM0300205
ADJ # : ADJ1920228
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE - 65005)
W.C. DEPARTMENT
ATTN: BEATRICE KINGSTON
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: [redacted] vs IHSS DPMT. OF SOCIAL SVCS.
Date Of Injury: 7/19/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/10	INITIAL EXAM	DR NARIO @ ADVANCED CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/09/10	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
03/09/10	EMG TESTING	BY DR BLUSH: L/E*	125.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/05/10	PR2/REEVAL	DR BONIFACE* JESUS CASTILLO # 500358	180.00
06/14/10	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358	180.00
06/22/10	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (3.5 HRS)	262.50
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/30/10	INITIAL EXAM	DR PARVIN: PSYCH EVAL @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
08/26/10	PMT BY CHECK	DOS 2/18/10 THRU 6/30/10 # C7-587104	-1332.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **C7 -587104**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 08/26/10
Doc #: 021166926

Medical

36806

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	05101556	**Date of Injury:**	07/19/07	
	ICD-9 Code:999.9 COMPLIC MED CARE NECNOS								
1	SF1-SFCM-4492	02/18/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
2	SF1-SFCM-4492	03/09/10	999Q2	Interpreter Treatmen	1	125.00	.00	723	125.00
3	SF1-SFCM-4492	03/09/10	999Q2	Interpreter Treatmen	1	125.00	.00	723	125.00
4	SF1-SFCM-4492	05/05/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
5	SF1-SFCM-4492	06/14/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
6	SF1-SFCM-4492	06/22/10	999Q2	Interpreter Treatmen	1	262.50	.00	723	262.50
7	SF1-SFCM-4492	06/30/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
							Total Allowances:		**$1,332.50**

PAID

0134906302116692601 2

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

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

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

*** INVOICE ***

Date	NO#
05/13/10	36828

Claim # : LB000487755
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEABRIGHT INSURANCE (ORANGE)
W.C. DEPARTMENT
ATTN: EVELYN HARDING
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs COAN CONSTRUCTION
Date Of Injury: 6/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/10	PRE-OP	DR AFLATOON @ MONROVIA HOSP* TITO SILVA # 500272	150.00
05/10/10	PMT BY CHECK	DOS 2/22/10 # 619466	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

VOID VOID VOID VOID VOID VOID VOID VOID

SeaBright Insurance Company
1501 4th Avenue, Suite 2600
Seattle, WA 98101

Wells Fargo Bank, NA
115 Hospital Drive
Van Wert, OH 45891

CHECK NO
56-382/412 619466

5/10/10
LB000487755

PAY One Hundred Fifty And No/100 Dollars ********150.00

VOID AFTER SIX MONTHS

TO THE ORDER OF:

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

inv#36828

AN AGENT OF SeaBright Insurance Company

CHECKS REQUIRE TWO SIGNATURES

⑈619466⑈ ⑆041203824⑆960009490 9⑈

CLAIM ID: LB000487755 DATE OF LOSS: 6/1/08
CLAIMANT:
INSURED: Coan Construction Co., Inc.
PAYEE: Joyce Altman Interpreting

ACCOUNT: D2

CHECK NO.: 619466
DATE: 5/10/10
AMOUNT: ********150.00
REF. NO.: 004204746
USER-ID: 24636/LB

INVOICE NO.: INV#36828
MEMO: inv#36828

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	02/22/10	MM	inv#36828	1	1	150.00	150.00

PAID

TOTAL	150.00	150.00

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

*** INVOICE ***

Date	NO#
07/09/10	36846

Claim # : WC10011468
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MEADOW BAY CONDOS
Date Of Injury: 1/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/10	INITIAL EXAM	DR HA @ SIDHU CHIRO*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/17/10	PR2/REEVAL	DR HA* MARIA BARBOSA # 500267	180.00
04/28/10	PR2/REEVAL	DR HA* MARIA BARBOSA # 500267	180.00
06/09/10	PR2/REEVAL	DR HA* CLARA BONILLA # 500320	180.00
07/07/10	PMT BY CHECK	DOS 2/10/10 THRU 6/9/10 # 8812513487	-770.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

36846

TRUCK INSURANCE EXCHANGE

Farmers

Check Number: 8812513487
Date: 07/07/2010

Amount: $770.00******

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

To the order of
36846
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

Claimant/Patient:			
Insured:	MEADOW BAY NORTH HOA II INC		
Date of Loss:	01/29/2010	Claim Representative:	ELIZABETH MAXFIELD
Claim Number:	WC10011468	Office Phone Number:	8887543260
Correspondence Reference:	CSMBD0N		

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

Service From/To	Payment For	Paid Amount
02/10/10 - 06/09/10	Interpreter	$770.00

PAID

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

*** INVOICE ***

Date	NO#
05/03/10	36893

Claim # : R00001935
W.C.A.B.:
ADJ # : ADJ7135018
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs JOHN STEWART, CO.
Date Of Injury: 9/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/10	SURGERY	DR WILKER @ MONROVIA HOSP* TITO SILVA # 500272	150.00
04/29/10	PMT BY CHECK	DOS 3/2/10 # 3000047310	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

Date: 04/29/2010
Check #: 3000047310
Payment Amount: 400.00

130559 0429 0 000242 000001 000425/000713

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

PAID

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00001365		36943	04/22/2010	03/10/10	03/10/10			
		Interpreter For Medical/WCAB						
R00001935		36893	04/22/2010	03/02/10	03/02/10		150.00	
		Interpreter For Medical/WCAB						
						Total	400.00	

Please detach before depositing check

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

*** INVOICE ***

Date	NO#
05/24/10	36903

Claim # : YLR41745C
W.C.A.B.:
ADJ # : ADJ6757530
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LA HABRA)
W.C. DEPARTMENT
ATTN: DELINA REECE
P.O. BOX 7007
LA HABRA, CA 90632

Case: vs ACTION BAG & COVER
Date Of Injury: 3/23/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/10	DEPO PREP	@ THE L/O OF LOWER & KESNER	156.50
/ /	INTERPRETER:	LEONOR C. ZIMMERMAN # 100687	0.00
03/04/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	SABINE SKELTON # 30084	0.00
04/13/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/19/10	PMT BY CHECK	DOS 2/1/10 THRU 4/13/10 # 106470603 7	-563.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
866/885-2369

SRS
SPECIALTY RISK SERVICES

000491
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00492

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*200012 1064706037

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
36903 03-23-09	72HMC TE4885 YLRC 41745	ACTION BAG & COVER, INC.	$563.00
Nature of Payment: Miscellaneous Expense		Service Dates 02-01-2010 04-13-2010	$563.00
Claim Handler: Dellener Reece 866/885-2369 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: PAID	

Issue Date	05-19-2010	Check Number	106470603 7	Total Amount of Check	$563.00

Please keep the above information for your records.

087891915

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
05/24/10	36909

Claim # : 2080129979
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INS.(968062-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: VICKI ALLISON
P.O. BOX 968062
SCHAUMBURG, IL 60196

Case: vs CALIFORNIA PIZZA KITCHEN (CPK)
Date Of Injury: 12/21/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/10	INITIAL EXAM	DR SCHILLING @ ADVANCED CARE* JOSE LUGO # 500049	230.00
03/23/10	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (2H 45M)	206.25
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/13/10	INITIAL EXAM	DR PARVIN: PSYCH EVAL*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/13/10	PR2/REEVAL	DR SCHILLING* JESUS CASTILLO # 500358	180.00
05/17/10	PMT BY CHECK	DOS 3/10/10 THRU 4/13/10 # 1100822067	-846.25

BALANCE 0.00

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

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00986

PAID

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0129979 001 VA	WC 2347032	36909		09/26/05	03/10/10-04/13/10

Check Number	1100822067	**Date Issued**	05/17/10	**Amount**	$*****846.25
Insured	California Pizza Kitchen				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Manoj Kumar CG-Malik				
File Supervisor	Vickie Alison	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	846.25		
TOTAL	$846.25		

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

*** INVOICE ***

Date	NO#
05/17/10	36913

Claim # : 003673-000001-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COASTAL EMPLOYMENT
Date Of Injury: 2/9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/10	SURGERY	DR KASIMIAN @ MONROVIA HOSP. (7.5 HRS)	562.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
05/11/10	PMT BY CHECK	DOS 3/9/10 # 0078377158	-562.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MDG2009 00004700 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

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

CLAIM NO.: 003673 000001 WC 01 (204)
CLAIMANT:
DESCRIPTION: IN# 36913 DOS 3/9/10

DATES OF SERVICE: 09Mar2010 **THRU** 09Mar2010
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 09Feb09

NO.: 0078377158
VN: 0000002265
DATE: 11May10
AMOUNT: 562.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004700 005424 001 002

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

*** INVOICE ***

Date	NO#
05/04/10	36915

Claim # : PZC00367241
W.C.A.B.: MON0349753
ADJ # : ADJ1790437
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: , vs S.K. MANAGEMENT
Date Of Injury: 4/16/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/10	PRE-OP	DR OBUKHOFF @ MONROVIA HOSP* TITO SILVA # 500272	150.00
03/11/10	SURGERY	DR OBUKHOFF @ MONROVIA HOSP. (7 HRS)	525.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
04/30/10	PMT BY CHECK	DOS 3/10/10 THRU 3/11/10 # 0001494406	-675.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CRUM&FORSTER

Number: 0001494406

Vendor Number: 408691211 Issuing Location: Orange County Claims Check Date: 04/30/2010

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
36915	PZC00367241	MC	36915	04/16/2007	$675.00

PAID

TOTAL: $675.00

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

Processor: **U. Mora**

Internal Reference No: 36915

Please Detach Before Depositing

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

*** INVOICE ***

Date	NO#
06/07/10	36918

Claim # : 2746-3664
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (ANAHEIM-70026)
W.C. DEPARTMENT
ATTN: RENE BARRIENTOS
P.O. BOX 70026
ANAHEIM, CA 92825

Case vs ASTECH ENGINEERING PRODUCTS
Date Of Injury: 4/30/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/10	SURGERY	DR DORSEY @ MONROVIA HOSPITAL (9 HRS)	675.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
06/02/10	PMT BY CHECK	DOS 3/11/10 # 0417934404	-675.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

CRAWFORD & COMPANY
P O BOX 70026
ANAHEIM CA 92825

2746-03664-001

BRANCH/FILE# 2746-03664-001
INVOICE NO 36918
CLAIMANT DOMINGUEZ,JOSE
CLAIMANT SSN XXX-XX-8622
DATE OF LOSS 04/23/2007
ICN 64101380042800
PG 1 OF 1

0003673 01 MB **AUTO TO 1 9106 92781

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

PAID

PAYEE: JOYCE ALTMAN INTERPRETERS INC PAYEE TAX ID: XXX-XX-6713 INSURED: Astech Engineer Products/GKN
DISABILITY FROM / TO: 03/11/2010 03/11/2010 PAYMENT AMT / DATE: $675.00 06/02/2010

A.C. NO.: 02174-CA BILL: 1092 PATIENT: PATIENT SSN: XXX-XX-8622
DIAGNOSES: 959.9 REGION: SPECIALTY: GP CONSULTANT:

SERVICE DATE	PROC/ NDC CODE	MIN	AMOUNT CHARGED	AMOUNT ALLOWED*	REASONS 1	2	3	4	NETWORK PAYABLE	AMOUNT PAID	REVIEW CODE	PAY CODE
03/11/2010	C0103		675.00	675.00	1WF				0.00	675.00		
	TOTALS:		675.00	675.00					0.00	675.00		

EXPLANATION OF REASON(S) / REVIEW CODE(S)

1WF NETWORK IMPORT RE-PRICING - NON-CONTRACTED SERVICE(113-010)

DIRECT INQUIRIES TO:	CRAWFORD - NAVIGATOR 100 GLENRIDGE POINT PKWY NE, STE 200 ATLANTA GA 303421448 PHONE# 888-382-0039 FAX#

PMT DESCRIPTION GENERAL PRACTICE

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0417934404 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
05/03/10	36943

Claim # : R00001365
W.C.A.B.:
ADJ # : ADJ709712
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs EXTRUMED, INC.
Date Of Injury: 8/26/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/10	C&R READING	@ THE L/O OF JON WOODS	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
04/29/10	PMT BY CHECK	DOS 3/10/10 # 3000047310	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

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

Date: 04/29/2010
Check #: 3000047310
Payment Amount: 400.00

130559 0429 0 000242 000001 000425/000713

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

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00001365		36943	04/22/2010	03/10/10	03/10/10		250.00	
		Interpreter For Medical/WCAB						
R00001935		36893	04/22/2010	03/02/10	03/02/10			
		Interpreter For Medical/WCAB						
						Total	400.00	

PAID

Please detach before depositing check

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

*** INVOICE ***
Date NO#
06/29/10 36946

Claim # : A5T8428
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FOREST RIVER, INC.
Date Of Injury: 7/29/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/28/10	PMT BY CHECK	DOS 3/9/10 # 896D 76203024	-156.50
06/02/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/25/10	PMT BY CHECK	DOS 6/2/10 # 896D 76517491	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

000991

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

UH00496

896D 76517491

TRAVELERS

DATE: 06/25/10
LOSS DATE: 07/29/09
FILE NUMBER: 152 CB A5T8428 A

EMPLOYEE

ACCOUNT NAME:
FOREST RIVER INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 03/09/2010 TO: 06/02/2010

TOTAL PAID: $250.00
TAX INFO: 330956713331748 1Y
PAY MISC: 36946
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: JOSEPH A KING AT (909)612-3079

76015402
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
05/17/10	36975

Claim # : YCNC18840
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (RIVERS)
W.C. DEPARTMENT
ATTN: NICOLE NUGENT
P.O. BOX # 59907
RIVERSIDE, CA 92517

Case: vs STATER BROS.
Date Of Injury: 7/1/02

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/10	EMG TESTING	BY DR BLUSH: U/E @ ADVANCED CARE*	125.00
03/02/10	NCV	DIAGN STUDY: U/E @ ADVANCED CARE*	125.00
/ /	INTERPRETER:	JOSE G. LUGO # 500049	0.00
03/31/10	PR2/REEVAL	DR YOON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
05/12/10	PMT BY CHECK	DOS 3/2/10 THRU 3/31/10 # 106427332 7	-430.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
888/737-7726

SRS
SPECIALTY RISK SERVICES

002466
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

02467

*400012 1064273327

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
36975 07-07-02	72WN C88805 YCNC 18840	STATER BROS MARKETS	$430.00
Nature of Payment: Other Medical		Service Dates 03-02-2010 03-31-2010	$430.00
Claim Handler: Nicole P. Nugent 888/737-7726 SO California SRS Claim Office P.O. Box 59907 Riverside, CA 92517-1907		Additional Comments: PAID	

Issue Date	05-12-2010	Check Number	106427332 7	Total Amount of Check	$430.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

087771828

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

*** INVOICE ***

Date	NO#
05/04/10	36977

Claim # : A4Q0142
W.C.A.B.:
ADJ # : ADJ6780936
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CIRCLE FOODS
Date Of Injury: 3/17/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/10	WCAB SD	MSC - FULL DAY	330.00
/ /	INTERPRETER:	ESTELLA OLIVAS # 10625	0.00
04/13/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
04/30/10	PMT BY CHECK	DOS 3/2/10 THRU 4/13/10 # 891A 79940094	-580.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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002705

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
0

891A 79940094

TRAVELERS

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

DATE: 04/30/10
LOSS DATE: 03/17/09
FILE NUMBER: 158 CB A4Q0142 H

EMPLOYEE

ACCOUNT NAME:
CIRCLE FOODS, LLC

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/02/2010 TO: 04/13/2010

TOTAL PAID: $580.00
TAX INFO: 3309567133317481Y
PAY MISC: 36977
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: PAUL B DAVIDSON AT (925)945-4024

0023466
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***
Date NO#
05/03/10 36982

Claim # : A7D2735
W.C.A.B.:
ADJ # : ADJ6658562
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TRICOR AMERICA, INC.
Date Of Injury: 9/22/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/08/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/29/10	PMT BY CHECK	DOS 3/5/10 THRU 4/8/10 # 896D 762081117	-406.50

BALANCE 0.00

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001689

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

UC01689

896D 76208117

TRAVELERS

DATE: 04/29/10
LOSS DATE: 09/22/08
FILE NUMBER: 158 CB A7D2735 A

EMPLOYEE

ACCOUNT NAME:
NEW TRICOR INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/05/2010 TO: 04/08/2010

TOTAL PAID: $406.50
TAX INFO: 3309567133317481Y
PAY MISC: 36982
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: NIKI L ROUNTREE AT (925)944-3213

9007329
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
06/01/10	36992

Claim # : CA-327376; CA-326289
W.C.A.B.:
ADJ # : ADJ7016713
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
XCHANGING INS. (OREGON-69129)
W.C. DEPARTMENT
ATTN: AUTUMN HINTON
P.O. BOX # 69129
PORTLAND, OR 92739

Case: vs TOP PRIORITY COURIERS, INC.
Date Of Injury: 1/1/09; 8/17/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/10	DEPO PREP	@ THE L/O OF FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
04/01/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/28/10	PMT BY CHECK	DOS 3/12//10 THRU 4/1/10 # 2531234	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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WARNING: THIS ACCOUNT IS PROTECTED AGAINST FRAUD

63-4
630

LUMBERMEN'S UNDERWRITING ALLIANCE

BOCA RATON, FLORIDA 33431

2531234

327376

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
01/01/09	57204-2758	288991	WC-CA-327376	MAY 28, 2010

FROM 03/12/10 TO 04/01/10

INSURED TOP PRIORITY COURIERS INC

CLAIMANT

NATURE OF PAYMENT DEPOSITIONS

INV# 36992

PAYEE TAX ID: 330956713

PAY FOUR HUNDRED SIX AND 50/100 DOLLARS

TO THE ORDER OF

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

BANK OF AMERICA, N.A.

ENDORSEMENT REQUIRED

$ *********406.50

Security features included. Details on back.

VOID IF NOT CASHED WITHIN 3 MONTHS

AUTHORIZED SIGNATURE

Christi E. Lynn

COUNTERSIGNATURE MAY BE REQUIRED

Quality Service

2531234

G42

⑈0025312340⑈ ⑆063000047⑆ 00360118738 8⑈

PAID

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

*** INVOICE ***

Date	NO#
05/04/10	36996

Claim # : 001627-044992-WC-01
W.C.A.B.:
ADJ # : ADJ6874496
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ALAR CORPORATION
Date Of Injury: 3/19/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/10	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/30/10	PMT BY CHECK	DOS 3/15/10 # 0078175637	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

001627 PAGE 1 OF 1 003578

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92654-0840

CLAIM NO.: 001627 044992 WC 01 (0056-02)
CLAIMANT:
DESCRIPTION: INVOICE # 36996

DATES OF SERVICE: 15Mar2010 **THRU** 15Mar2010
BENEFIT PERIOD: **THRU**

BRANCH NO.: 174
ACC DATE: 19Mar09

NO.: 0078175637
VN: 0000909256
DATE: 30Apr10

AMOUNT: 156.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006247 002956 004 004

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

*** INVOICE ***

Date	NO#
06/14/10	37033

Claim # : PZC00408463
W.C.A.B.: VNO0559620
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs INDUSTRIAS POTENTIAL
Date Of Injury: 3/31/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/10	SURGERY	DR GALLONI @ MONROVIA HOSP. (13 HRS)	975.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
06/11/10	PMT BY CHECK	DOS 3/26/10 # 0001529732	-975.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CRUM&FORSTER

Number: 0001529732

Vendor Number: 408694258 Issuing Location: Orange County Claims Check Date: 06/11/2010

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
37033	PZC00408463	MC	37033	03/31/2008	$975.00

PAID

TOTAL:	$975.00

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

Processor: **U. Mora**

Internal Reference No: 37033

Please Detach Before Depositing

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

*** INVOICE ***

Date	NO#
08/09/10	37034

Claim # : 1564898
W.C.A.B.:
ADJ # : ADJ7073488
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
XCHANGING INS. (SAC-15901)
W.C. DEPARTMENT
ATTN: CHRISTINA BOESE
P.O. BOX # 15901
SACRAMENTO, CA 95852

Case: _____ vs FED EX INTERNATIONAL LTL
Date Of Injury: 3/10/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
05/03/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
08/03/10	PMT BY CHECK	DOS 4/8/10 THRU 5/3/10 # 0002143818	-450.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

000229-0001-000229 CNX1 1421151
CAMBRIDGE INTEGRATED SERVICES GROUP, INC.
PO BOX 2002
WARREN, MI 48090-2002

Check Date	Check Code	Check Number
08/03/2010	CISGI	0002143818

ZZ-N-SDM-AUTHN

Temporary Return Service Requested

JOYCE ALTMAN INTERPRETERS INC
PO BOX #4165
TUSTIN CA 92781-0000

CLIENT
FEDEX NATIONAL LTL, INC.

INSURED
FEDEX NATIONAL LTL, INC.

SERVICE PARTNER:RANCHO CORDOVA - CISGI

ADJUSTER:POPOFF, SHELLIE
CLAIMANT NAME:
CLAIM NUMBER
1564898-1

TELEPHONE:

DATE OF INCIDENT
03/10/2009

PAYMENT REFERENCE #	DOS FROM	DOS TO	GROSS AMOUNT	NET AMOUNT
23133140 INV#37034	04/08/2010	05/03/2010	450.00	450.00

PAID

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

*** INVOICE ***

Date	NO#
07/19/10	37037

Claim # : YTK04024C
W.C.A.B.:
ADJ # : ADJ7148825
S.S.N. :
D.O.B. : / /
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (SACRAM)
W.C. DEPARTMENT
ATTN: ANGELA JONES
PO BOX 515016
SACRAMENTO, CA 95851

Case: vs THE BEVERLY HILTON
Date Of Injury: 8/12/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
04/23/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/08/10	WCAB LB	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/14/10	PMT BY CHECK	DOS 3/31/10 THRU 6/8/10 # 106857804 1	-563.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
888/650-5523

SRS
SPECIALTY RISK SERVICES

001669
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01670

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

*000012 106857804 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
37037 08-12-09	72HMC TQ2422 YTKC 04024	HILTON HOTELS CORPORATION	$563.00
Nature of Payment: Miscellaneous Expense		Service Dates 03-31-2010 - 06-08-2010	$563.00
Claim Handler: Angela Jones 888/650-5523 NO California SRS Claim Office P.O. Box 8116 Pleasanton, CA 94588-8702		Additional Comments: PAID	

Issue Date	07-14-2010	Check Number	106857804 1	Total Amount of Check	$563.00

Please keep the above information for your records.

088989839

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
07/29/10	37065

Claim # : WC10018180
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs LA GLORIA
Date Of Injury: 3/25/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/10	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (4 HRS)	460.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/25/10	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
05/25/10	EMG TESTING	BY DR HERIC: U/E*	125.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/27/10	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/03/10	EMG TESTING	BY DR GROSS: L/E*	125.00
06/03/10	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/26/10	PMT BY CHECK	DOS 3/17/10 THRU 6/3/10 # 8812543581	-1110.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

MID-CENTURY INSURANCE COMPANY

Farmers

Check Number: 8812543581
Date: 07/26/2010

Amount: $1,110.00****

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

37065

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

Claimant/Patient:
Insured: LA GLORIA MARKET INC
Date of Loss: 03/25/2009
Claim Number: WC10015180
Correspondence Reference: 4F1WMR9BN

Claim Representative: MASHA BABCHINSKA
Office Phone Number: 8188741982

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

Service From/To	Payment For	Paid Amount
03/17/10 - 06/03/10	Interpreter	$1110.00

PAID

01 01 000471 4F1WMR9BN1 CE0726P1 02[] 000686

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

*** INVOICE ***
Date NO#
06/29/10 37087

Claim # : 00093294
W.C.A.B.: AHM0141881
ADJ # : ADJ4295091
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (SAN DIEGO)
W.C. DEPARTMENT
ATTN: JOANNA MILLER
P.O. BOX # 600630
SAN DIEGO, CA 92160

Case: vs AIRFORCE VILLAGE WEST
Date Of Injury: 10/28/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/10	SURGERY	DR GALLONI @ MONROVIA HOSP. (8.5 HRS)	637.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
06/28/10	PMT BY CHECK	DOS 3/17/10 # 507886	-637.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

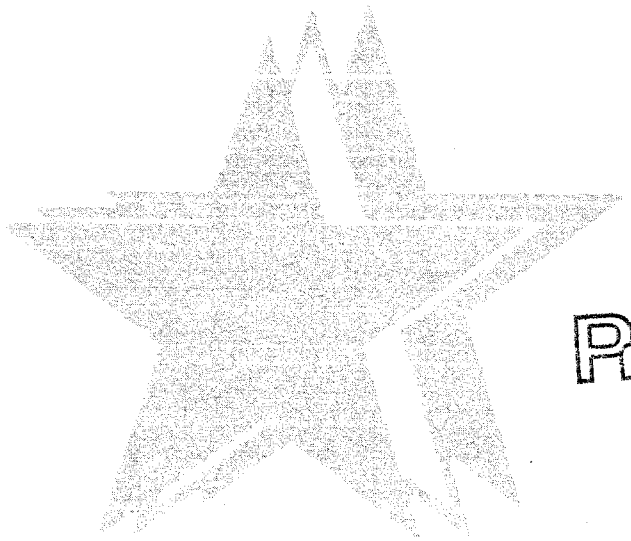
Client: AIR FORCE VILLAGE WEST INC.

Payee: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Check Number: 507886
Check Date: 06/28/2010
Check Amount: $637.50

Claim Number: 00093294
Claimant/Employee:
From - To: 03/17/2010 - 03/17/2010
For:
17050 ARNOLD DR

Amount: $637.50
Incident Date: 10/28/2006
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 37087
Invoice Date:



PAID

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

*** INVOICE ***

Date	NO#
07/09/10	37089

Claim # : LB000459804
W.C.A.B.:
ADJ # : ADJ3577965
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEABRIGHT INSURANCE (ORANGE)
W.C. DEPARTMENT
ATTN: JUDITH PRIVET
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs MON MAY ENTERPRISES
Date Of Injury: 4/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/10	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
05/06/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
07/06/10	PMT BY CHECK	DOS 3/30/10 THRU 5/6/10 # 647589	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

SeaBright Insurance Company
1501 4th Avenue, Suite 2600
Seattle, WA 98101

Wells Fargo Bank, NA
115 Hospital Drive
Van Wert, OH 45891

CHECK NO
56-382/412 647589

7/6/10
LB000459804

PAY Four Hundred Six And 50/100 Dollars ********406.50

VOID AFTER SIX MONTHS

TO THE ORDER OF:

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

AN AGENT OF SeaBright Insurance Company

CHECKS REQUIRE TWO SIGNATURES

⑈647589⑈ ⑆041203824⑆960009490 9⑈

CLAIM ID: LB000459804 DATE OF LOSS: 4/21/08 ACCOUNT: D2
CLAIMANT:
INSURED: Mon May Enterprises Inc
PAYEE: Joyce Altman Interpreting

INVOICE NO.: 37089
MEMO:

CHECK NO.: 647589
DATE: 7/6/10
AMOUNT: ********406.50
REF. NO.: 004289489
USER-ID: 18527/LB

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	03/30/10-05/06/10	MI	37089	1	Lot	406.50	406.50

PAID

TOTAL 406.50 406.50

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

*** INVOICE ***

Date	NO#
08/09/10	37131

Claim # : 05063342
W.C.A.B.:
ADJ # : ADJ7020309
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE - 65005)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs J&S RESTAURANT/TOPPERS PIZZA
Date Of Injury: 6/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/10	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/19/10	EMG TESTING	BY DR HERIC: U/E*	125.00
05/19/10	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
/ /	INTERPRETER:	DON DRAPER # 301257	0.00
05/27/10	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/02/10	PMT BY CHECK	DOS 3/11/10 THRU 5/27/10 # CL-418721	-550.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(805)988-5300

Provider Number: 330956713

Check #: **CL-418721**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 08/02/10
Doc #: 020969442

Medical

37131

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	05063342	**Date of Injury:**	05/20/07	
	ICD-9 Code:999.9 COMPLIC MED CARE NECNOS								
1	SF1-SFCA-6714107	03/11/10	999Q2	Interpreter Treatmen	8	150.00	.00	710 723	150.00
2	SF1-SFCA-6714107	05/19/10	999Q2	Interpreter Treatmen	8	125.00	.00	710 723	125.00
3	SF1-SFCA-6714107	05/19/10	999Q2	Interpreter Treatmen	8	125.00	.00	710 723	125.00
4	SF1-SFCA-6714107	05/27/10	999Q2	Interpreter Treatmen	8	150.00	.00	710 723	150.00
							Total Allowances:		**$550.00**

01347150209694420 12

PAID

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

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

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

*** INVOICE ***

Date	NO#
06/25/10	37146

Claim # : 002038-003437-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs EMERITUS SENIOR LIVING
Date Of Injury: 3/28/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/10	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (3 HRS)	345.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/21/10	PMT BY CHECK	DOS 3/24/10 # 0079195746	-345.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

002038 PAGE 1 OF 1 003385

MDG2009 00004943 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR EMERITUS CORPORATION

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

CLAIM NO.: 002038 003437 WC 01 (355)
CLAIMANT:
DESCRIPTION: INVOICE#37146 DOS 03/24/10

DATES OF SERVICE: 24Mar2010 **THRU** 24Mar2010
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 28Mar09

NO.: 0079195746
VN: 0000134529
DATE: 21Jun10
AMOUNT: 345.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004943 005678 001 001

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

*** INVOICE ***

Date	NO#
07/09/10	37233

Claim # : 05134592
W.C.A.B.: SDO0359562
ADJ # : ADJ1604033
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: FLORENCE LEONOR
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs D & M WELDING
Date Of Injury: 9/13/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/10	WCAB SD	MSC - MICHAEL JANUSEK #100808	165.00
07/07/10	PMT BY CHECK	DOS 4/14/10 # CD-495209	-165.00

BALANCE 0.00

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

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(858)552-7100

Provider Number: 330956713

Check #: **CD-495209**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/07/10
Doc #: 020771647

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05134592		
1	37233	04/14/10	04/14/10	Interpreter fees	1		165.00
					Total Allowances:		**$165.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05134592	165.00	.00 -	165.00

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

Notations:
05134592 INVOICE #37233;

PAID

01245707020771647012

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.

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

*** INVOICE ***

Date	NO#
07/12/10	37317

Claim # : 011924-094414-WC-01
W.C.A.B.:
ADJ # : ADJ7134751
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs NEWPORT MEAT CO.
Date Of Injury: 7/24/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/10	WCAB RIV	TRIAL - MARIA LUNE # 100690	156.50
06/09/10	WCAB RIV	TRIAL - MARIA LUNE # 100690	156.50
07/06/10	PMT BY CHECK	DOS 4/21/10 THRU 6/9/10 # 0079501562	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

011924 PAGE 1 OF 1 002887

MDG2009 00004398 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 011924 094414 WC 01 (04081)
CLAIMANT:
DESCRIPTION: INV# 37317; DOS 4/21/10 & 6/9/10

DATES OF SERVICE: 21Apr2010 **THRU** 09Jun2010
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 24Jul07

NO.: 0079501562
VN: 0001267997
DATE: 06Jul10
AMOUNT: 313.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004398 004998 001 002

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

*** INVOICE ***

Date	NO#
07/16/10	37362

Claim # : 003674-000132-WC-01
W.C.A.B.:
ADJ # : ADJ6989158
S.S.N. :
D.O.B. : _ _ _
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SCOTTSDALE)
W.C. DEPARTMENT
ATTN: VICKI SPEDALE
4110 N. SCOTTSDALE RD.,STE 240
SCOTTSDALE, AZ 85251

Case: vs GERAWAN FARMING PARTNERS
Date Of Injury: 8/29/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/10	SURGERY	DR GALLONI @ MONORIA HOSP. (12 HRS 45 MINS)	956.25
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
07/12/10	PMT BY CHECK	DOS 4/14/10 # 0079599455	-956.25

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

GALLAGHER BASSETT - PHOENIX
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

003674 PAGE 1 OF 1 003058

MDG2009 00004874 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR SPARTA INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: 800-231-3759
GALLAGHER BASSETT - PHOENIX
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

CLAIM NO.: [redacted] WC 01 (0170000701)
CLAIMANT:
DESCRIPTION: 37362

DATES OF SERVICE: 14Apr2010 **THRU** 14Apr2010
BENEFIT PERIOD: **THRU**

BRANCH NO.: 007
ACC. DATE: 29Aug09

NO.: 0079599455
VN: 0000007664
DATE: 12Jul10
AMOUNT: 956.25

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004874 005554 001 002

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

*** INVOICE ***

Date	NO#
08/06/10	37369

Claim # : 05523260
W.C.A.B.:
ADJ # : ADJ7217912
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: NIKKI SARKISSIAN
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs GARY FULTHEIM
Date Of Injury: 12/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/10	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
05/18/10	INITIAL EXAM	DR OBUKHOFF* GLADYS REYNA # 100755	230.00
08/04/10	PMT BY CHECK	DOS 4/14/10 THRU 5/18/10 # CN-439728	-460.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(714)347-5495

Provider Number: 330956713

Check #: **CN-439728**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 08/04/10
Doc #: 020993086

37369

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	05523260	**Date of Injury:**	12/04/09	
	ICD-9 Code:999.9 COMPLIC MED CARE NECNOS								
1	SF1-SFCA-6751208	04/14/10	999Q2	Interpreter Treatmen	8	230.00	.00	723	230.00
2	SF1-SFCA-6751208	05/18/10	999Q2	Interpreter Treatmen	8	230.00	.00	723	230.00
							Total Allowances:		**$460.00**

PAID

01347591020993086012

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.

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

*** INVOICE ***

Date	NO#
08/05/10	37372

Claim # : SP600197
W.C.A.B.: ANA0362981
ADJ # : ADJ2031013
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE - 65005)
W.C. DEPARTMENT
ATTN: DAVID CHRISTOPHERSON
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs VITA-TECH INTERNATIONAL, INC.
Date Of Injury: 1/4/02

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/10	INITIAL EXAM	DR GULSEKARAM @ SHORELINE MENTAL HEALTH*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/21/10	INITIAL EXAM	DR THOLEN @ SHORELINE MENTAL HEALTH (3HR 40MINS)	431.25
/ /	INTERPRETER:	JESSICA FIGUEROA # 500356	0.00
08/02/10	PMT BY CHECK	DOS 4/23/10 THRU 4/21/10 # CP-463581	-661.25

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(714)565-5000

Provider Number: 330956713

Check #: **CP-463581**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 08/02/10
Doc #: 020971531

Medical

37372

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:**	SP600197	**Date of Injury:**	01/04/02	
ICD-9 Code:999.9 COMPLIC MED CARE NECNOS									
1	SF1-SFCA-6714304	04/21/10	999Q2	Interpreter Treatmen	15	431.25	.00	723	431.25
2	SF1-SFCA-6714304	04/23/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
							Total Allowances:		**$661.25**

PAID

0134741802097153101 2

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

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

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

*** INVOICE ***

Date	NO#
07/09/10	37412

Claim # : 710624871
W.C.A.B.:
ADJ # : ADJ7094525
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SVCS (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: ALISA TIMMINS
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: _____ vs CASTAC GARMENT PROCESSING, INC
Date Of Injury: CT 10/7/08 - 10/7/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/10	DEPO PREP	@ THE L/O OF GLENN L SILVERII	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/28/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/03/10	PMT BY CHECK	DOS 5/12/10 THRU 5/28/10 # 14150455	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

AIGI

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 9 7101415045500330672

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

No.: 14150455
RFP No.: 00330672
07/03/2010

Insured: CAITAC GARMENT PROCESSING INC
Claimant:
Producer:
ACT: 37412 051210-052810

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001242134	00624871	01	04/16/2009	EXP	O	$406.50

PAID

Use file # 710-00624871 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
08/19/10	37438

Claim # : 345C538669X
W.C.A.B.:
ADJ # : ADJ998170
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31089)
W.C. DEPARTMENT
ATTN: ENRIQUE GARCIA
PO BOX 31089
TAMPA, FL 33631-3089

Case: vs COSTAL EMPLOYERS
Date Of Injury: 3/9/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/17/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
08/16/10	PMT BY CHECK	DOS 5/17/10 # DA63536750	-200.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

*B0DA635367500364301011008160006545
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 08/16/10

CHECK NO. DA63536750

STATEMENT

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

5900A11DA 00 01257 DA63536750
JOYCE ALTMAN INTEPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C538669X

DOLLARS
$*********200.00

* NOT NEGOTIABLE *

FOR
05/17/10 THRU 05/17/10 37438

PAID

CLAIMANT

DATE OF EVENT
03/09/07

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

B0A18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
08/16/10	37725

Claim # : WA150766
W.C.A.B.:
ADJ # : ADJ7274798
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MITSUI SUMITOMO (UNIV CITY)
W.C. DEPARTMENT
ATTN: MARTIN STAHL
10 UNIVERSAL CITY PLAZA # 1700
UNIVERSAL CITY, CA 91608

Case: vs MARUICHI AMERICAN CORP.
Date Of Injury: CT 2005- 3/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
07/06/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/11/10	PMT BY CHECK	DOS 6/4/10 THRU 7/6/10 # 910268	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Check Amount: $406.50 Check Number: 910268 Check Date: 08/11/2010

Payee: JOYCE ALTMAN INTERPRETERS INC

Loss or Invoice Date	Claimant or Invoice Number	Invoice Amount	Policy Number	Claim Number	Claimant Number	Pay Type
		406.50	WCP910928	WA150766	01	49

PAID

MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.

MSIG

ITSUI SUMITOMO INSURANCE CO. OF AMERICA
ITSUI SUMITOMO INSURANCE USA INC.
5 INDEPENDENCE BLVD
VARREN, NJ 07059

BANK OF AMERICA
1990 WASHINGTON VALLEY
MARTINSVILLE, NJ 08836

55/33 212

Check Date 08/11/2010

Check No. 910268

0020

Pay FOUR HUNDRED SIX DOLLARS AND FIFTY CENTS

Check Amount $406.50

To The Order Of: JOYCE ALTMAN INTERPRETERS INC

In Payment Of INVOICE #37725; INVOICE DATE 7/30/10; DOS 6/4/10 & 7/6/10

Amounts over $10,000 Require 2 Signatures

Eijo Takahashi

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

⑈000910268⑈ ⑆021200339⑆ 38126626 33⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW

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

*** INVOICE ***

Date	NO#
09/07/10	37771

Claim # : LB000517389
W.C.A.B.:
ADJ # : ADJ2306838
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEABRIGHT INSURANCE (ORANGE)
W.C. DEPARTMENT
ATTN: RENE CECCACCI
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs ALL AMERICAN ASPHALT
Date Of Injury: 8/31/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
08/02/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/19/10	PMT BY CHECK	DOS 6/16/10 # 672288	-156.50
09/02/10	PMT BY CHECK	DOS 8/2/10 # 678722	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

SeaBright Insurance Company
1501 4th Avenue, Suite 2600
Seattle, WA 98101

Wells Fargo Bank, NA
115 Hospital Drive
Van Wert, OH 45891

CHECK NO
56-382/412 678722

9/2/10
LB000517389

PAY Two Hundred Fifty And No/100 Dollars ********250.00

VOID AFTER SIX MONTHS

TO THE ORDER OF:

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

AN AGENT OF SeaBright Insurance Company

CHECKS REQUIRE TWO SIGNATURES

⑈678722⑈ ⑆041203824⑆960009490 9⑈

CLAIM ID: LB000517389 DATE OF LOSS: 8/31/09 ACCOUNT: D2
CLAIMANT:
INSURED: All American Aspnalt (A Corp)
PAYEE: Joyce Altman Interpreting

CHECK NO.: 678722
DATE: 9/2/10
AMOUNT: ********250.00
REF. NO.: 004381321
USER-ID: 18527/LB

INVOICE NO.: 37771
MEMO:

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	08/02/10	MI	37771	1	Lot	250.00	250.00

PAID

TOTAL 250.00 250.00

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

*** INVOICE ***

Date	NO#
09/01/10	37928

Claim # : 05327652
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE - 65005)
W.C. DEPARTMENT
ATTN: TEDY BESMOND
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs ALPHA STAFFING AGENCY
Date Of Injury: 8/7/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/17/10	SURGERY	DR SAMMIMI @ MONROVIA HOSP. (10 HRS 15 MINS)	900.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
06/24/10	POST-OP	DR SAMIMI @ WILLOW MEDICAL* ELENA LOPEZ # 500289	150.00
07/22/10	PR2/REEVAL	DR SAMINI* ELIZABETH HERRERA # 301231	180.00
08/30/10	PMT BY CHECK	DOS 6/17/10 THRU 7/22/10 # CN-443974	-1230.00

BALANCE 0.00

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

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(714)347-5495

Provider Number: 330956713

Check #: **CN-443974**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 08/30/10
Doc #: 021186259

37928

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	05327652	**Date of Injury:**	08/07/08	
	ICD-9 Code:999.9 COMPLIC MED CARE NECNOS								
1	SF1-SFCA-6940753	06/17/10	999Q2	Interpreter Treatmen	41	900.00	.00	723	900.00
2	SF1-SFCA-6940753	06/24/10	999Q2	Interpreter Treatmen	8	150.00	.00	723	150.00
3	SF1-SFCA-6940753	07/22/10	999Q2	Interpreter Treatmen	8	180.00	.00	723	180.00
							Total Allowances:		**$1,230.00**

0134924602118625901 2

PAID

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

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.

Please detach and retain the statement page(s) as your record of payment. THANK YOU!

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

*** INVOICE ***

Date	NO#
08/23/10	37935

Claim # : 04755844
W.C.A.B.: SBR0337957
ADJ # : ADJ3848583
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TRIMEN OIL SALES INC.
Date Of Injury: 3/16/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/10	INITIAL EXAM	DR PARVIN @ ADVANCE CARE (3.5 HRS)	402.50
/ /	INTERPRETER:	ROSARIO BONILLA # 500276	0.00
08/20/10	PMT BY CHECK	DOS 2/23/10 # CF-662521	-402.50

BALANCE 0.00

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

State Compensation Insurance Fund
P.O. Box 3171
Suisun City, CA 94585-6171
(916)924-5100

Provider Number: 330956713

Check #: **CF-662521**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 08/20/10
Doc #: 021120957

37935

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:**	04755844	**Date of Injury:**	03/16/06	
ICD-9 Code:999.9 COMPLIC MED CARE NECNOS									
1	SF1-SFCA-6872966	02/23/10	999Q2	Interpreter Treatmen	14	402.50	.00	723	402.50
							Total Allowances:		**$402.50**

PAID

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.