Market Rate Summary Graph (per 8 CCR, Article 5.7)
January 2011 - January 2013

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
53838	11/29/2012	1/9/2013	$ 156.50	Depo Prep	$ 156.50	37370613	1/2/2013	Sedgwick Claims
45087	5/17/11-8/17/11	10/19/2011	$ 827.50	Initial (2hrs 25mins) 3 PR-2's	$ 827.50	337982	10/12/2011	Tristar Risk Mgmt.
53834	11/13/2012	1/9/2013	$ 156.50	Priority Conference	$ 156.50	1045520	1/2/2013	York Claims Svc.
45781	6/14/2011	10/19/2011	$ 150.00	Diagnostic Study (MRI)	$ 150.00	497821	10/9/2011	Care West Ins.
50602	10/30/2012	1/9/2013	$ 313.00	Board Appearance Full Day (LBO)	$ 313.00	0045193091	12/31/2012	Vanliner Ins. (LWP)
46875	7/16/2011	10/19/2011	$ 150.00	Diagnostic Study (MRI)	$ 150.00	200588754	10/10/2011	Employers Comp.
52529	11/28/2012	1/9/2013	$ 250.00	C&R Reading	$ 250.00	BE-547474	1/3/2013	SCIF
42917	3/1/2011 - 9/30/11	10/19/2001	$ 1,540.00	2 Initial's, 7 PR-2, Surgery (6h 15m)	$ 1,540.00	8813246281	10/11/2011	Farmers
41482	1/6/11-5/3/11	8/9/2011	$ 970.00	Initial, 2 PR-2'S, F.C.E., P&S	$ 970.00	0028936448	8/3/2011	Sedgwick Claims
51615	11/21/2012	1/8/2013	$ 156.50	Board Appearance (LBO) Half Day	$ 156.50	73336	12/31/2012	American Claims Mgmt.
35703	11/13/2012	1/8/2013	$ 156.50	Depo Prep	$ 156.50	554724	12/26/2012	Care West Ins.
46656	7/18/2011	8/9/2011	$ 250.00	C&R Reading	$ 250.00	8813140248	8/8/2011	Farmers
45514	5/10/2011	8/8/2011	$ 250.00	C&R Reading	$ 250.00	CD-545819	8/3/2011	SCIF
49886	11/9/2011	3/16/2012	$ 402.50	Initial Psych Eval (3.5 hrs)	$ 402.50	CU-886729	3/14/2012	SCIF
52028	3/8/2012	7/30/2012	$ 900.00	Surgery (10 hrs)	$ 900.00	DA68093063	7/24/2012	ACE USA
27551	1/10/2012	3/19/2012	$ 168.75	Diagnostic Study MRI (2hrs 15mins)	$ 168.75	896D79946538	3/16/2012	Travelers
44488	5/9/2011	8/9/2011	$ 250.00	C&R Reading	$ 250.00	000381135	8/5/2011	California Ins. Co.
47454	9/26/2011	10/18/2011	$ 250.00	Depo Review	$ 250.00	000002948	10/11/2011	Novapro Risk
52986	4/20/2012	8/3/2012	$ 150.00	Diagn Study (Sleep study)	$ 150.00	49037	7/27/2012	Keenan & Assoc.

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
47456	1/4/12 - 2/6/12	3/19/2012	$ 406.50	C&R Reading, Board Appearance (LBO) Half Day	$ 406.50	91067	3/14/2012	Keenan & Assoc.
54802	8/20/12 - 10/22/12	1/8/2013	$ 719.50	2 Board Appearances 1st half day, 2nd full day (LBO), C&R Reading	$ 719.50	2015130403	12/27/2012	Tower Group
43024	2/2/11 - 6/20/11	8/2/2011	$ 1,072.50	5 PR-2's, F.C.E. Test	$ 1,072.50	2009359623	7/28/2011	Specialty Risk Svs
00908	1/18/2012	3/19/2012	$ 150.00	Diagn Study (UGI/KUB)	$ 150.00	0033397812	3/14/2012	Sedgwick Claims
05714	7/11/2012	7/30/2012	$ 156.50	Board Appearance (LBO) Half Day	$ 156.50	104643367	7/24/2012	CNA
44303	7/6/2011	8/2/2011	$ 165.00	Board Appearance (LBO)	$ 165.00	0087148276	7/26/2011	Gallagher Bassett
53567	6/15/2012	7/30/2012	$ 156.50	Depo Prep	$ 156.50	104643511	7/24/2012	CNA
53404	6/27/2012	7/30/2012	$ 250.00	Depo Review	$ 250.00	1064706	7/25/2012	Seabright Insurance Co.
41083	7/1/2011	8/16/2011	$ 250.00	C&R Reading	$ 250.00	2693796	7/1/2011	Lumbermen's Underwriting Alliance
37233	7/6/2011	8/8/2011	$ 165.00	Board Appearance (SDO) Half Day	$ 165.00	CD-545819	8/3/2011	SCIF
50052	11/2/11 - 1/23/12	3/9/2012	$ 563.00	Depo Prep, Depo Review, Board Appearance (LBO) Half Day	$ 563.00	0028724717	3/6/2012	Sedgwick Claims
53144	5/21/12 - 6/19/12	7/30/2012	$ 563.00	Board Appearance (LBO) Half Day, Depo Prep, Depo Review	$ 563.00	0095098053	12/29/2010	Gallagher Bassett

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
51500	2/6/2012	3/12/2012	$ 156.50	Board Appearance (LBO) Half day	$ 156.50	CU-885450	3/8/2012	SCIF
53409	5/22/12 - 6/15/12	7/30/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	1039869	7/24/2012	MSIG
53149	5/16/2012	7/31/2012	$ 156.50	Board Appearance (AHM) Half Day	$ 156.50	0000082776	7/26/2012	Sedgwick Claims
35617	6/24/10 - 6/19/12	8/3/2012	$ 646.57	3 Board Appearance's Half Day (LBO), P&I	$ 646.57	196398	7/30/2012	Illinois Midwest Insurance
51107	1/17/2012	12/3/2039	$ 156.50	Board Appearance (LBO) Half Day	$ 156.50	2727634	3/13/2012	Compwest Insurance Company
51179	1/20/12 - 3/13/12	3/16/2012	$ 556.50	Depo Prep, Depo Review, Diagnostic Study MRI	$ 556.50	0032009918	3/13/2012	Sedgwick Claims
53913	7/11/2012	8/1/2012	$ 156.50	Board Appearance (LBO) Half Day	$ 156.50	2767708	7/26/2012	Compwest Insurance Company
45358	2/1/2012	3/16/2012	$ 156.50	Board Appearance (LBO) Half Day	$ 156.50	1101692638	3/13/2012	Zurich
51839	7/6/2012	8/1/2012	$ 156.50	Depo Prep	$ 156.50	1000159948	7/30/2012	Republic Indemnity
51510	2/7/2012	3/19/2012	$ 156.50	Depo Prep	$ 156.50	0020388345	3/16/2012	SAU Insurance Company
52704	12/4/2012	12/17/2012	$ 156.50	Board Appearance (LBO) Half Day	$ 156.50	5000380663	12/13/2012	Preffered Employers
42023	8/30/2012	12/17/2012	$ 168.75	Diagn Study (UGI/KUB) 2h 10m	$ 168.75	0098130356	12/11/2012	Gallagher Bassett
51344	1/27/12 - 4/5/12	8/31/2012	$ 1,200.00	3 Initial's, 2 PR-2's, F.C.E. Test	$ 1,200.00	1101920299	8/28/2012	Zurich

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52012	3/9/12 - 3/20/12	8/27/2012	$ 1,552.50	2 Pre-op's 1st (2h 45M) 2nd minimum of 2hrs, Surgery (12h 30m)	$ 1,552.50	3000171741	8/23/2012	Republic Indemnity
52724	4/13/2012	7/24/2012	$ 150.00	Diagnstudy (Sleep Study)	$ 150.00	146278	7/18/2012	Corvel
42637	6/28/2012	7/24/2012	$ 156.50	Board Apperance (LBO) Half day	$ 156.50	CP-596951	7/20/2012	SCIF
16871	5/24/2012	7/26/2012	$ 250.00	C&R Reading	$ 250.00	183590	7/21/2012	Zenith
49627	11/2/11 - 6/21/12	11/14/2035	$ 1,597.50	3 Initial's, 5 PR-2's, Diag Study (MRI)	$ 1,597.50	343828	7/24/2012	Cypress Insurance
53052	5/14/2012	7/25/2012	$ 150.00	Diagnstudy (Sleep Study)	$ 150.00	0094960610	7/18/2012	Gallagher Bassett
53077	12/16/11 - 6/5/12	8/9/2012	$ 813.00	2 Board Appearance's half day (LBO), Depo Review, C&R Reading	$ 813.00	0000653881	8/6/2012	Sedgwick Claims
53564	6/13/12 - 7/2/12	8/10/2012	$ 406.50	Depo Prep, C&R Reading	$ 406.50	1101891042	8/7/2012	Zurich
53156	5/7/12 - 8/1/12	8/10/2012	$ 563.00	Depo Prep, Depo Review, Board Appearance (LBO)	$ 563.00	101821171	8/3/2012	CNA
52583	4/4/12 - 4/25/12	8/13/2012	$ 300.00	Diagnstudy (Sleep Study), Diagn Study (Ultrasound)	$ 300.00	0002194608	8/9/2012	Crum & Forster
47098	7/16/2012	12/11/2028	$ 156.50	Board Appearance (LBO) Half Day	$ 156.50	0029399514	8/9/2012	Sedgwick Claims
52913	7/18/2012	8/17/2012	$ 313.00	Board Appearance (LBO) Full Day	$ 313.00	CU-925415	8/13/2012	SCIF
53597	6/7/2012	8/20/2012	$ 150.00	Diagnstudy (MRI)	$ 150.00	896D80779276	8/14/2012	Travelers

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50580	7/25/2012	8/20/2012	$ 156.50	Board Appearance (LBO) Half Day	$ 156.50	2015053727	8/15/2012	Tower Group
52847	4/27/2012	8/20/2012	$ 206.25	Diagnstudy (MRI) 2h 40m	$ 206.25	1100200782	8/16/2012	Zurich
50298	11/30/11 - 7/5/12	8/20/2012	$ 300.00	Diagnstudy (MRI), EMG Testing	$ 300.00	1100200828	8/16/2012	Zurich
48556	9/15/11 - 7/23/12	8/20/2012	$ 586.50	Depo Prep, C&R Reading, PR-2	$ 586.50	891A82855174	8/16/2012	Travelers
43793	7/31/2012	8/24/2012	$ 156.50	Board Appearance (LBO) Half Day	$ 156.50	BP-449008	8/21/2012	SCIF
38331	7/23/2012	8/24/2012	$ 156.50	Board Appearance (LBO) Half Day	$ 156.50	0002246300	8/20/2012	Sedgwick Claims
52621	4/6/2012	8/22/2012	$ 225.00	Diagnstudy (MRI) 3H	$ 225.00	896D80802659	8/17/2012	Travelers
52601	4/5/12 - 6/26/12	8/22/2012	$ 356.25	Diagn study (Ultrasound) (CT SCAN)	$ 356.25	529805	8/20/2012	Tristar Risk Mgmt.
54227	7/25/2012	8/27/2012	$ 156.50	Board Appearance (LBO) Half Day	$ 156.50	57438	8/24/2012	American Claims Mgmt.
53404	7/25/2012	8/27/2012	$ 156.50	Board Appearance (LBO) Half day	$ 156.50	1080308	8/24/2012	Seabright Insurance Co.
50057	7/31/2012	8/27/2012	$ 156.50	Board Appearance (LBO) Half Day	$ 156.50	2726234	8/22/2012	First Comp
54232	7/26/2012	8/28/2012	$ 156.50	Depo Prep	$ 156.50	8813796927	8/24/2012	Farmers
51892	2/27/12 - 7/26/12	8/30/2012	$ 313.00	Board Appearance (LBO) Half Day, Depo Prep	$ 313.00	2020841746	8/22/2012	Specialty Risk Svs

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36376	10/4/2011	10/31/2011	$ 156.50	Board Appearance Half day (LBO)	$ 156.50	916891	10/26/2011	Seabright Insurance Co.
43733	10/14/2011	11/4/2011	$ 250.00	C&R Reading	$ 250.00	CP-530668	11/1/2011	SCIF
46518	7/6/11 - 10/26/11	11/4/2011	$ 469.50	nce's (LBO) 1st half	$ 469.50	CP-531063	11/2/2011	SCIF
48391	10/5/2011	11/8/2011	$ 250.00	Depo Review	$ 250.00	891A81796985	11/1/2011	Travelers
43823	4/12/2011	6/20/2011	$ 313.00	Board Appearance Full Day (LBO)	$ 313.00	CS-339436	5/23/2011	SCIF
38128	3/21/2011	5/9/2011	$ 258.75	P&S (2h 15m)	$ 258.75	1166128199	5/3/2011	The Hartford
49605	10/27/11 - 8/29/12	9/4/2012	$ 1,807.50	2 Diagn. studies (MRI), Pre-Op (3h 15m), Surgery (13h 30m)	$ 1,807.50	0095890861	8/29/2012	Gallagher Bassett
53665	8/2/2012	9/7/2012	$ 150.00	Diagnostic Study (MRI)	$ 150.00	59174	9/5/2012	American Claims Mgmt.
50595	7/12/12 - 8/10/12	9/10/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	200794418	9/5/2012	Employers Comp.
43557	7/25/2012	9/10/2012	$ 156.50	Board Appearance (LBO)	$ 156.50	273048	9/5/2012	Illinois Midwest Insurance
54345	8/1/2012	9/10/2012	$ 156.50	Board Appearnace (LBO)	$ 156.50	CS-394371	9/7/2012	SCIF
53875	6/6/12 - 8/10/12	9/10/2012	$ 563.00	2 Depo preps, Depo Review	$ 563.00	152562	9/5/2012	Corvel
47563	8/17/2011	9/14/2012	$ 150.00	Diagnostic Study (MRI)	$ 150.00	000007002	9/10/2012	Novapro Risk
48213	9/1/11 - 7/19/12	9/14/2012	$ 1,647.50	2 Initials, 5 PR-2's, P&S	$ 1,647.50	37679	9/12/2012	York Risk Svcs.
47726	8/3/2012	9/14/2012	$ 250.00	C&R Reading	$ 250.00	DA68363718	9/10/2012	ACE/ESIS
54446	7/16/12 - 7/17/12	9/14/2012	$ 855.00	Pre-op, Surgery (7 1/2 hrs)	$ 855.00	200798274	9/11/2012	Employers Comp.
53405	6/29/2012	9/14/2012	$ 250.00	Depo Review	$ 250.00	274733	9/11/2012	Illinois Midwest Insurance
43462	11/1/11 - 7/6/12	9/17/2012	$ 520.13	Depo Prep, Depo Review + P&I's	$ 520.13	1087853	9/13/2012	Seabright Insurance Co.

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
54222	7/31/2012	9/17/2012	$ 156.50	Depo Prep.	$ 156.50	0034480247	9/12/2012	Sedgwick Claims
44293	4/6/2011	9/17/2012	$ 1,245.00	Surgery (13 hrs)	$ 1,245.00	7767813	9/12/2012	Chubb Group
43672	3/23/11 - 8/8/12	9/17/2012	$ 1,575.00	2 Surgeries, 1st 8hrs, 2nd 9.5 hrs	$ 1,575.00	955467	9/12/2012	York Claims Svc.
53836	6/22/12 - 8/1/12	9/17/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	82954387	9/11/2012	Travelers
54611	7/5/2012	9/17/2012	$ 150.00	Diagnostic Study (MRI)	$ 150.00	6263	9/17/2012	Avizent
54807	8/21/2012	9/19/2012	$ 156.50	Board Appearance (LBO)	$ 156.50	CP-612515	9/17/2012	SCIF
50702	7/25/2012	9/19/2012	$ 150.00	Diagnostic Study (MRI)	$ 150.00	21898112	9/19/2012	Chartis
54801	8/16/2012	9/25/2012	$ 156.50	Depo Prep	$ 156.50	962398	9/19/2012	York Claims Svc.
52703	8/16/12 - 9/6/12	9/25/2012	$ 406.50	Depo Review, Board Appearance (LBO)	$ 406.50	05684985	9/20/112	The Hanover
54193	8/16/2012	9/25/2012	$ 156.50	Board Appearnace (LBO)	$ 156.50	200804621	9/20/2012	Employers Comp.
53838	8/20/2012	9/25/2012	$ 250.00	Depo Review	$ 250.00	0036033964	9/21/2012	Sedgwick Claims
54352	8/6/2012	9/21/2012	$ 156.50	Depo Prep	$ 156.50	0002227196	9/18/2012	Crum & Forster
54811	8/29/2012	9/26/2012	$ 250.00	C&R Reading	$ 250.00	8813843263	9/24/2012	Farmers
54179	7/6/2012	10/1/2012	$ 150.00	Diagnostic Study (MRI)	$ 150.00	50485139	9/25/2012	Sedgwick Claims
23860	7/19/2012	9/28/2012	$ 150.00	Diagnostic Study (Ultrasound)	$ 150.00	0002232321	9/25/2012	Crum & Forster
53636	6/4/12 - 7/25/12	8/28/2012	$ 300.00	2 Diagn. Studies, MRI + Ct Scan	$ 300.00	0095793136	8/24/2012	Gallagher Bassett
42721	7/5/2012	8/28/2012	$ 150.00	Diagnostic Study (MRI)	$ 150.00	0095789922	8/24/2012	Gallagher Bassett
51154	1/24/12 - 2/16/12	3/23/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	96458084	3/20/2012	Liberty Mutual
44288	1/31/12 - 2/8/12	3/26/2012	$ 675.00	Surgery (5.5 hrs) Pre-op	$ 675.00	891A 82306738	3/21/2012	Travelers

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40706	11/10/2011	1/23/2012	$ 720.00	Surgery (7hrs 50 mins)	$ 720.00	0090965483	1/19/2012	Gallagher Bassett
49682	11/1/11 - 11/22/11	1/23/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	0090970994	1/19/2012	Gallagher Bassett
52770	3/15/12 - 6/11/12	8/3/2012	$ 375.00	2 Diagn. Studies, MRI(3hrs10mn) + Ultrasound	$ 375.00	4068559	8/1/2012	Argonaut Claims
40819	12/23/2011	1/31/2012	$ 150.00	Diagn. Study (MRI)	$ 150.00	DA66987904	1/25/2012	ACE/ESIS
51441	7/9/2012	8/3/2012	$ 156.50	Depo Prep	$ 156.50	54089	7/31/2012	American Claims Mgmt.
50046	11/3/11 - 12/9/11	1/31/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	164382	1/26/2012	Zenith
52130	6/29/2012	8/6/2012	$ 156.50	Depo Prep	$ 156.50	DA68122764	7/31/2012	ACE/ESIS
45591	1/4/2012	1/31/2012	$ 180.00	PR-2	$ 180.00	DA66968147	1/24/2012	ACE/ESIS
53294	5/17/2012	8/6/2012	$ 150.00	Diagn. Study (MRI)	$ 150.00	0095251980	7/31/2012	Gallagher Bassett
53655	6/5/2012	8/6/2012	$ 150.00	Diagnostic Study CT Scan	$ 150.00	1101883312	8/1/2012	Zurich
53986	7/19/2012	8/6/2012	$ 156.50	Board Appearnace (OXN)	$ 156.50	CU-922753	8/2/2012	SCIF
50617	12/14/2011	2/12/2012	$ 922.50	Surgery (10.5hrs)	$ 922.50	10543067	2/9/2012	Avizent
49740	11/2/2011	2/13/2012	$ 652.50	Surgery (7hrs 15mns)	$ 652.50	0091375161	2/8/2012	Gallagher Bassett
50702	12/22/2011	2/21/2012	$ 156.50	Depo Prep	$ 156.50	20028443	2/18/2012	Chartis
53537	5/30/12 - 6/29/12	8/6/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	891A-82797264	8/1/2012	Travelers
42476	1/10/11 - 1/19/12	2/21/2012	$ 506.25	3 Diagn. Studies (MRI's)	$ 506.25	1101660167	2/17/2012	Zurich
53140	5/8/2012	8/6/2012	$ 230.00	Initial	$ 230.00	0020427560	8/2/2012	Tower Group
50877	1/3/12 - 1/20/12	2/28/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	DA67124315	2/17/2012	ACE/ESIS
49235	10/12/11- 11/11/11	2/21/2012	$ 450.00	2 Diagn. Studies 1st 3.5hrs, 2nd 2hr 25mns	$ 450.00	FE4382713	2/16/2012	ACE/ESIS
51200	1/16/2012	8/6/2012	$ 150.00	Diagnostic Study CT Scan	$ 150.00	40079710	8/1/2012	Risk Enterprise Mgmt.

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51434	6/4/2012	8/6/2012	$ 156.50	Board Appearance (LBO)	$ 156.50	0095245783	8/6/2012	Gallagher Bassett
33444	1/19/2012	2/21/2012	$ 206.25	Diagn. Study MRI 2hr 45mn	$ 206.25	1101658268	2/16/2012	Zurich
52479	3/23/2012	8/6/2012	$ 150.00	Diagn. Study (MRI)	$ 150.00	1101887220	8/2/2012	Zurich
50055	11/28/11 - 12/29/11	2/24/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	117938322 2	2/20/2012	The Hartford
53400	6/13/2012	7/13/2012	$ 250.00	Depo Review	$ 250.00	CU-916666	7/11/2012	SCIF
48131	1/9/2012	2/24/2012	$ 313.00	Full Day Board Appearance (LBO)	$ 313.00	896D79802645	2/20/2012	Travelers
48420	9/14/11 - 12/7/11	3/2/2012	$ 1,350.00	2 Surgeries, 1st 4.5hrs, 2nd 10.5hrs	$ 1,350.00	516619	2/28/2012	Care West Ins.
50232	11/28/111	3/2/2012	$ 243.75	Diagn. Study- MRI 3hrs 10mins	$ 243.75	7327109	2/28/2012	Chubb Group
53406	6/27/2012	7/13/2012	$ 250.00	Depo Review	$ 250.00	0942915	7/12/2012	Walt Disney
38310	2/1/2012	3/2/2012	$ 156.50	Board Appearance (LBO)	$ 156.50	20101319	2/28/2012	Chartis
49334	10/12/11 - 5/5/12	7/13/2012	$ 1,150.00	2 Initials, F.C.E., 3 PR-2's	$ 1,150.00	6388	7/10/2012	Corvel
52688	3/10/2012	7/16/2012	$ 187.50	Sleep Study (2.5hrs)	$ 187.50	52688	7/12/2012	American Claims Mgmt.
49863	11/9/2011	3/2/2012	$ 187.50	Diagn. Study (MRI)	$ 187.50	0205519	2/28/2012	Patriot Risk
46956	1/16/2012	3/1/2012	$ 250.00	C&R Reading	$ 250.00	2697315	2/24/2012	First Comp
44616	5/3/11-2/15/12	2/27/2012	$ 2,795.00	Initial, 12 PR-2's, Surgery (4.5hrs)	$ 2,795.00	20160550	3/3/2012	Chartis
53142	5/21/12 - 6/8/12	2/17/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	820007298	7/11/2012	City of Santa Ana
43418	3/22/11 - 5/14/12	7/17/2012	$ 529.10	2 Diagn Study 2nd MRI (3.5hrs) + P&I's	$ 529.10	8514	7/12/2012	American Claims Mgmt.
04641	1/25/2012	3/5/2012	$ 375.00	Diagn Study - MRA 4hr 55mns	$ 375.00	1101675592	3/2/2012	Universal Underwriters

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
53022	5/3/2012	7/17/2012	$ 150.00	Diagn Study - Ultrasound	$ 150.00	7629733	7/13/2012	Chubb Group
41790	6/9/2012	7/17/2012	$ 150.00	Sleep Study	$ 150.00	896D80588122	7/12/2012	Travelers
51839	2/22/12 - 6/8/12	7/17/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	1000157685	7/13/2012	Republic Indemnity
52104	3/5/2012	7/18/2012	$ 150.00	Diagn. Study (MRI)	$ 150.00	8813728768	7/13/2012	Farmers
38801	6/16/2012	7/17/2012	$ 168.75	Diagn. Study MRI 2hr 10mn	$ 168.75	0035722131	7/12/2012	Sedgwick Claims
52206	3/14/12 - 5/23/12	7/19/2012	$ 877.50	Initial, 2 PR-2's	$ 877.50	120058	7/16/2012	American Claims Mgmt.
53145	5/18/2012	7/18/2012	$ 250.00	C&R Reading	$ 250.00	881370890	7/16/2012	Farmers
53150	5/16/12 - 5/31/12	7/18/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	118608813 3	7/11/2012	The Hartford
53125	5/8/2012	7/19/2012	$ 150.00	Sleep Study	$ 150.00	101814361	7/13/2012	CNA
41327	6/27/2012	7/20/2012	$ 156.50	Board Appearance (LBO)	$ 156.50	438843938	7/16/2012	Sentry
42022	7/2/2012	7/24/2012	$ 156.50	Board Appearance (LBO)	$ 156.50	0034665396	7/20/2012	Sedgwick
47954	6/28/2012	7/24/2012	$ 180.00	Post-op	$ 180.00	3000166708	7/19/2012	Republic Indemnity
37589	5/6/12 - 6/6/12	7/24/2012	$ 360.00	2 PR-2's	$ 360.00	0094934843	7/12/2012	Gallagher Bassett
41573	8/28/2012	10/19/2012	$ 150.00	Diagn. Study - Ultrasound-Echo	$ 150.00	582915	10/17/2012	Alaska National
53817	6/13/2012	10/19/2012	$ 585.00	Surgery 6.5hrs	$ 585.00	500814169	6/13/2012	Employers Comp.
52065	3/7/12 - 6/1/12	10/22/2012	$ 985.00	Initial Acupuncture, Initial Psych Eval.(3hrs), Initial, PR-2	$ 985.00	119035987 1	10/16/2012	The Hartford
49891	9/24/2012	10/22/2012	$ 156.50	Board Appearance (LBO)	$ 156.50	891A83109309	10/22/2012	Travelers
54813	9/7/2012	10/22/2012	$ 156.50	Depo Prep	$ 156.50	DA68597317	10/17/2012	ACE/ESIS
55009	9/26/2012	10/26/2012	$ 156.50	Depo Prep	$ 156.50	65453	10/24/2012	American Claims Mgmt.

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
28524	8/9/2012	10/29/2012	$ 150.00	Diagn. Study CT Scan	$ 150.00	25409	10/22/2012	LWP Claims
50059	9/18/2012	10/29/2012	$ 156.50	Depo Prep	$ 156.50	97394472	10/24/2012	Liberty Mutual
52160	10/1/2012	11/2/2012	$ 250.00	Depo Review	$ 250.00	CU-951529	10/31/2012	SCIF
53238	5/7/12 - 8/20/12	11/2/2012	$ 768.75	Initial, Diagn. Study, 2 PR-2's	$ 768.75	021766	10/29/2012	Murphy & Bean
49896	10/11/2012	11/2/2012	$ 156.50	Board Appearance (LBO)	$ 156.50	BS-325094	10/30/2012	SCIF
53409	9/25/2012	11/2/2012	$ 156.50	Board Appearance (LBO)	$ 156.50	1061583	10/26/2012	Mitsui Sumitomo
30366	9/26/2012	11/5/2012	$ 156.50	Depo Prep	$ 156.50	2737279	11/1/2012	First Comp
54893	9/18/12 - 10/12/12	11/6/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	896D81241833	10/30/2012	Travelers
54819	9/4/12 - 9/27/12	11/5/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	35775	10/31/2012	First Comp
52395	9/10/2012	11/5/2012	$ 156.50	Board Appearance (LBO)	$ 156.50	00077365	10/24/2012	Claim Quest
55014	9/21/2012	11/5/2012	$ 156.50	Depo Prep	$ 156.50	1062182	10/30/2012	Mitsui Sumitomo
52256	3/19/12 - 4/16/12	6/21/2012	$ 611.25	Initial 3hrs 40min, PR-2	$ 611.25	0000017023	6/19/2012	AARLA
52519	4/10/12 - 5/18/12	6/22/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	896D80460831	6/19/2012	Travelers
52891	4/12/2012	6/25/2012	$ 250.00	C&R Reading	$ 250.00	0094289682	4/12/2012	Gallagher Bassett
23532	5/16/2012	6/25/2012	$ 225.00	Diagn Study MRA-3hrs	$ 225.00	0033906108	6/21/2012	Sedgwick Claims
52907	5/8/2012	6/25/2012	$ 156.50	Depo Prep	$ 156.50	DA67906074	6/21/2012	ACE/ESIS
51840	5/22/2012	6/25/2012	$ 156.50	Depo Prep	$ 156.50	96871597	6/22/2012	Liberty Mutual
52546	4/2/12 - 4/3/12	6/25/2012	$ 855.00	Pre-op, Surgery (7 1/2 hrs)	$ 855.00	20074680	6/22/2012	Employers Comp.

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47222	8/9/11 - 5/7/12	6/25/2012	$ 2,545.00	Initial, Initial Acupunture, 2 Diagn Study, 2 F.C.E.'s 1 @ 2.5hrs, EMG/NCV, 7 PR-2's	$ 2,545.00	101806694	6/20/2012	CNA
52395	3/28/12 - 5/3/12	6/8/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	00076644	6/6/2012	Claim Quest
53407	10/15/2012	11/7/2012	$ 250.00	Depo Review	$ 250.00	40092265	10/28/2012	Risk Enterprise Mgmt.
50589	5/15/2012	6/11/2012	$ 156.50	Board Appearance	$ 156.50	530073	6/8/2012	Care west Ins./Pegasus
51370	1/25/2012	1/25/2012	$ 412.00	Diagn. Study - MRI&MRA 5.5hrs	$ 412.00	018447	6/7/2012	CCMSI
52622	4/6/2012	6/15/2012	$ 337.50	Diagn Study- MRI 4.5hrs	$ 337.50	21051312	4/6/2012	Chartis
38310	5/17/2012	6/15/2012	$ 156.50	Board Appearnace (MRD)	$ 156.50	21060612	6/12/2012	Chartis
51780	2/24/2012	6/15/2012	$ 697.50	Surgery (7hrs 45mins)	$ 697.50	21066746	6/12/2012	Chartis
53152	5/14/2012	6/18/2012	$ 156.50	Depo Prep	$ 156.50	32321455	6/14/2012	Fireman's Fund
52122	4/3/12 - 6/5/12	6/20/2012	$ 563.00	Depo Review, Board Appearance (Full Day)	$ 563.00	254040	6/19/2012	Illinois Midwest Insurance
47954	5/18/12 - 5/24/12	6/22/2012	$ 410.00	Post-op, P&S	$ 410.00	3000162761	6/20/2012	Republic Indemnity
52522	4/6/12 - 5/3/12	6/22/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	5000363697	6/20/2012	Preffered Employers
47993	8/22/11 - 4/11/12	9/1/2012	$ 786.50	V-SNCT, Initial, Depo Prep, C&R Reading	$ 786.50	0020408748	5/29/2012	Tower Group
50064	5/1/2012	6/4/2012	$ 250.00	Depo Review	$ 250.00	528877	5/29/2012	Care West, Ins/Pegasus
52524	4/2/12 - 5/16/12	6/6/2012	$ 563.00	Depo Prep, Depo Review & Board Appearance LBO	$ 563.00	0329290	6/4/2012	Berkshire Hathaway (Cypress)

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51466	2/2/2012	6/8/2012	$ 168.75	Diagn. Study - MRI 2hrs 15mins	$ 168.75	0093959748	6/3/2012	Gallagher Bassett
51618	2/7/12 - 4/19/12	5/15/2012	$ 563.00	2 Depo preps, Depo Review	$ 563.00	118322525 3	5/9/2012	The Hartford
52163	3/13/12 - 4/18/12	5/18/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	0324578	5/16/2012	Berkshire Hathaway (Cypress)
49686	10/11/11 - 2/28/12	5/21/2012	$ 1,330.00	Initial, 4 PR-2's, F.C.E., P&S	$ 1,330.00	118336044 4	5/11/2012	The Hartford
42160	2/6/2012	5/21/2012	$ 156.50	Board Appearance	$ 156.50	500968	5/17/2012	Tristar Risk Mgmt.
52454	3/23/2012	5/21/2012	$ 156.50	Depo Prep	$ 156.50	92190	5/21/2012	York Risk Svcs.
52169	3/22/2012	5/21/2012	$ 250.00	C&R Reading	$ 250.00	319519	5/17/2012	Berkshire Hathaway (Cypress)
52130	3/8/12- 4/16/12	5/25/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	DA67698722	5/25/2012	ACE/ESIS
47336	7/27/11 - 8/3/11	5/21/2012	$ 1,485.00	Pre-op(5hrs), Surgery (11.5 hrs)	$ 1,485.00	20847791	5/18/2012	Chartis
51409	2/1/2012	5/29/2012	$ 150.00	Diagn. Study EMG/NCV	$ 150.00	278056	5/25/2012	First Comp
49402	10/20/11 - 3/28/12	5/29/2012	$ 1,745.00	Initial, 4 PR-2's, F.C.E., P&S & 2 Diagn. 2 sleep studies.	$ 1,745.00	111564	5/25/2012	American Claims Mgmt.
51895	9/27/2012	11/5/2012	$ 250.00	Depo Review Vol II	$ 250.00	101848323	10/29/2012	CNA
53889	6/29/2012	9/7/2012	$ 187.50	Diagn. Study - Sleep study	$ 187.50	0095951634	6/29/2012	Gallagher Bassett
41517	3/14/2012	5/23/2012	$ 156.50	Board Appearance (LBO)	$ 156.50	2711213	5/18/2012	First Comp
46749	7/25/2011	10/25/2011	$ 150.00	Diagn. Study (MRI)	$ 150.00	7016215	10/19/2011	Chubb Group
42967	9/7/2011	10/26/2011	$180.00	PR-2	$ 180.00	318037	10/19/2011	Tristar Risk Mgmt.
47727	8/25/2011	10/21/2011	$ 156.50	Depo Prep	$ 156.50	908810	10/13/2011	Seabright Insurance Co.
48008	9/7/2011	10/20/2011	$ 156.50	Depo prep	$ 156.50	18787469	10/6/2011	Chartis

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48008	9/22/2011	10/20/2011	$ 250.00	Depo Review	$ 250.00	18856281	10/13/2011	Chartis
43049	3/15/11 - 4/4/11	10/20/2011	$ 406.50	Depo Prep, Depo Review	$ 406.50	5049489	10/11/2011	PSM Insurance Companies
42386	9/13/2011	10/21/2011	$ 250.00	Depo Review	$ 250.00	134262	10/13/2011	The PMA Insurance Group
46751	11/3/2011	12/30/2027	$ 250.00	Depo Review	$ 250.00	00071170	11/30/2011	Claim Quest
33092	10/27/2011	12/30/2011	$ 250.00	Depo Review	$ 250.00	2170007479	12/19/2011	Mainstay Business Solutions
42438	2/9/11- 2/18/11	6/1/2011	$ 437.75	MRI, Depo Prep	$ 434.75	0001829816	5/25/2011	Crum & Forster
42438	8/18/2011	10/25/2011	$ 250.00	Depo Review	$ 250.00	0001951014	10/15/2011	Crum & Forster
47458	8/18/11-9/12/11	10/25/2011	$ 406.50	Depo Prep, Depo Review	$ 406.50	71868	10/18/2011	Meadowbrook Insurance
48393	9/15/2011	10/25/2011	$ 250.00	C&R Reading	$ 250.00	BE-496371	10/18/2011	SCIF
45902	9/27/2011	10/18/2011	$ 250.00	Depo Review	$ 250.00	00005682	10/18/2011	Novapro Risk
44695	5/5/11 - 9/22/11	10/19/2011	$ 1,205.25	Initial, Depo Prep, 3 PR-2, Depo Review	$ 1,205.25	0269515	10/12/2011	Cypress Insurance
55920	10/18/12 - 12/07/12	1/24/2013	$ 406.50	Depo Prep, Depo Review	$ 406.50	909 547170	1/16/2013	Great American Alliance
41447	1/8/11 - 1/17/13	1/24/2013	$ 187.50	MRI	$ 187.50	1159708	1/17/2013	Seabright Insurance Co.
47207	8/10/2011	10/19/2011	$ 150.00	MRI	$ 150.00	0001946214	10/11/2011	Crum & Forster
47733	9/20/2011	10/19/2011	$ 250.00	C&R Reading	$ 250.00	2170005420	10/13/2011	Mainstay Business Solutions
41427	12/11/2012	1/22/2013	$ 156.50	Board Appearance (LB)	$ 156.50	8051789	1/14/2013	Chubb Group
40046	8/12/2011	10/19/2011	$ 316.25	Initial	$ 316.25	CU-847012	10/12/2011	SCIF
44803	4/26/11 - 9/27/11	10/19/2011	$ 386.50	Initial, Depo Prep, Depo Review	$ 386.50	0088632548	10/4/2011	Gallagher Bassett
43435	3/22/2011	10/18/2011	$ 150.00	MRI	$ 150.00	8813246509	10/11/2011	Farmers
52513	4/2/2012	5/31/2012	$ 250.00	C&R Reading	$ 250.00	CS-378775	5/29/2012	SCIF
52133	3/7/12 - 4/6/12	9/24/2042	$ 406.50	Depo Prep, Depo Review	$ 406.50	0033791695	5/29/2012	Sedgwick Claims
52171	3/13/2012	4/26/2012	$ 156.50	Board Appearance (LB)	$ 156.50	CP-574108	3/13/2012	SCIF

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51676	2/21/2012	4/25/2012	$ 156.50	Board Appearance (AHM) Half Day	$ 156.50	118227371 8	4/19/2012	The Hartford
51825	2/28/12 - 3/23/12	4/27/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	0000074448	4/23/2012	Gallagher Bassett
31158	4/2/2012	4/27/2012	$ 313.00	Board Appearance (LB) Full Day	$ 313.00	20624649	4/24/2012	Chartis
38490	3/22/2012	4/30/2012	$ 156.50	Board Appearance (LB)	$ 156.50	1000306	4/27/2012	Star Insurance
47207	3/7/2012	4/30/2012	$ 150.00	Ultrasound	$ 150.00	0002107996	4/26/2012	Crum & Forster
41228	4/19/2012	4/30/2012	$ 313.00	Board Appearance (LB) Full Day	$ 313.00	118249454 4	4/24/2012	The Hartford
40990	3/29/2012	4/30/2012	$ 156.50	Board Apperance (LBO) Half day	$ 156.50	00073957	4/25/2012	Claim Quest
51309	1/23/2012	4/13/2012	$ 150.00	Ultrasound	$ 150.00	896d 80039116	4/2/2012	Travelers
51309	3/1/2012	4/30/2012	$ 150.00	MRA	$ 150.00	896d80157035	4/25/2012	Travelers
51502	2/6/12 - 4/9/12	4/30/2012	$ 313.00	Board Appearance (LB) Half Day	$ 313.00	CU-898026	4/26/2012	SCIF
49919	4/3/2012	4/30/2012	$ 313.00	Board Appearance (LB) Full Day	$ 313.00	118241360 9	4/23/2012	The Hartford
50926	4/17/2012	4/26/2012	$ 250.00	Depo Review	$ 250.00	1000146825	4/26/2012	Republic Indemnity
33785	4/16/2012	5/3/2012	$ 156.50	Board Appearance	$ 156.50	0032776934	4/30/2012	Sedgwick Claims
50683	12/20/2011	5/4/2012	$ 787.50	Surgery (8h 45m)	$ 787.50	112649	5/1/2012	Bunch & Associates
51505	2/17/2012	5/4/2012	$ 250.00	C&R Reading	$ 250.00	201865334 2	4/27/2012	SRS
50999	3/29/2012	5/10/2012	$ 180.00	PR-2	$ 180.00	378559	5/9/2012	Tristar Risk Mgmt.
47954	8/25/11 - 3/22/12	5/10/2012	$ 3,350.00	2 Initial, 2 MRI, 9 PR-2, Pre-Op, Surgery (5h 30m), Post-op	$ 3,350.00	3000156458	5/3/2012	Republic Indemnity
43467	3/15/2012	5/10/2012	$ 945.00	Surgery (10h 30m)	$ 945.00	0404833628	5/1/2012	City of Los Angeles

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43376	3/15/11 - 3/21/12	10/3/2018	$ 450.00	2 MRI, Ultrasound	$ 450.00	7477569	5/7/2012	Chubb Group
22675	4/16/2012	5/11/2012	$ 156.50	Board Appearance (LB)	$ 156.50	63866	5/9/2012	AdminSure
20401	4/5/2012	5/11/2012	$ 156.50	Board Appearance (LB)	$ 156.50	20766005	5/9/2012	Chartis
52525	4/10/2012	5/11/2012	$ 250.00	C&R Reading	$ 250.00	CT-295708	5/9/2012	SCIF
47264	2/16/2012	5/11/2012	$ 180.00	PR-2	$ 180.00	CE-603908	5/9/2012	SCIF
52450	3/22/2012	5/15/2012	$ 150.00	MRI	$ 150.00	0033784148	5/9/2012	Sedgwick Claims
46271	1/31/2012	5/15/2012	$ 206.25	Ct Scann	$ 206.25	0000134571	5/8/2012	Insurance Company of the West
35695	4/26/2012	5/15/2012	$ 156.50	Board Appearance (LB)	$ 156.50	200719501	5/10/2012	Employers Comp.
45091	5/17/11 - 1/17/12	5/15/2012	$ 2,205.00	2 Surgery (9hrs), Surgery (6.5H)	$ 2,205.00	1290531	5/15/2012	Protective Insurance Company
51179	3/14/2012	3/30/2012	$ 156.50	Board Appearance (LB)	$ 156.50	0032010514	3/30/2012	Sedgwick Claims
51901	2/28/2012	3/30/2012	$ 156.50	Board Apperance (LBO) Half day	$ 156.50	CU-890710	2/28/2012	SCIF
49388	10/19/11 - 10/26/11	3/29/2012	$ 600.00	Ultrasound, MRI	$ 600.00	0317776	3/29/2012	National Liability & Fire Insurance
50921	1/5/12 - 1/31/12	4/3/2012	$ 300.00	2 MRI	$ 300.00	7383840	3/26/2012	Chubb Group
50798	3/1/2012	4/3/2012	$ 250.00	Depo Review	$ 250.00	8813544718	3/29/2012	Farmers
51090	1/11/12 - 2/7/12	4/3/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	8813544778	4/3/2012	Farmers
51617	2/9/2012	4/3/2012	$ 250.00	C&R Reading	$ 250.00	CU-891129	3/29/2012	SCIF
40834	3/5/2012	4/4/2012	$ 313.00	Board Appearance (LB) Full Day	$ 313.00	BT-242441	4/4/2012	SCIF
50999	2/22/12 - 3/15/12	4/5/2012	$ 486.50	EMG, PR-2, Board Appearance (LB)	$ 486.50	375971	3/29/2012	Tristar Risk Mgmt.
51900	3/1/2012	4/5/2012	$ 250.00	C&R Reading	$ 250.00	CK-530646	4/3/2012	SCIF
51879	2/22/2012	4/5/2012	$ 250.00	C&R Reading	$ 250.00	CE-598450	2/22/2012	SCIF
51187	1/16/12 - 2/7/12	4/9/2012	$ 406.50	Depo Prep, Derp Review	$ 406.50	0092616868	4/4/2012	Gallagher Bassett

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51677	2/17/2012	2/17/2012	$ 156.50	Depo Prep	$ 156.50	0033215561	4/9/2012	Sedgwick Claims
50732	12/27/11 - 12/28/11	4/6/2012	$ 1,237.50	Pre-Op, Surgery (11h 45m)	$ 1,237.50	24152	4/9/2012	LWP Claims
50758	12/23/2011	4/12/2012	$ 243.75	Ct Scann	$ 243.75	50758	4/12/2012	ESIS
52509	3/6/2012	4/19/2012	$ 156.50	Board Appearance (LB)	$ 156.50	CP-571977	3/6/2012	SCIF
46757	3/28/2012	4/19/2012	$ 156.50	Board Appearance (LB)	$ 156.50	43704789	4/13/2012	Sentry Insurance
46621	3/21/2012	4/23/2012	$ 156.50	Board Appearance (LB)	$ 156.50	201836232 1	4/17/2012	Sedwick/SRS
52126	3/12/12 - 3/15/12	4/23/2012	$ 406.50	2 C&R Reading	$ 406.50	200704953	4/20/2012	Employers Comp.
51680	2/13/2012	4/23/2012	$ 156.50	Board Appearance (LB)	$ 156.50	86776050	4/17/2012	MCS/ Marriott
51672	2/22/2012	4/23/2012	$ 156.50	Board Appearance (LB)	$ 156.50	CP-573053	4/19/2012	SCIF
50965	1/12/12 - 2/3/12	4/23/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	5092309	4/23/2012	PSM Insurance Companies
50477	12/9/2011	4/23/2012	$ 468.75	MRI	$ 468.75	160378	4/19/2012	Chubb Group
46963	1/23/12 - 3/9/12	4/20/2012	$ 300.00	2 CT Scan	$ 300.00	1101740411	4/20/2012	Zurich
51980	9/7/11 - 2/29/12	4/20/2012	$ 406.50	Board Appearance, C&R Reading	$ 406.50	CS-372802	4/18/2012	SCIF
51840	2/21/12 - 3/26/12	4/20/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	96576374	4/16/2012	Liberty Mutual
52703	4/23/2012	6/27/2012	$ 156.50	Depo Prep	$ 156.50	05573928	6/22/2012	The Hanover
42070	5/30/2012	6/28/2012	$ 180.00	PR-2	$ 180.00	0034058935	6/25/2012	Sedgwick Claims
52268	3/21/12 - 5/24/12	6/29/2012	$ 375.00	2 CT Scan	$ 375.00	0000152993	6/25/2012	Insurance Company of the West
48136	8/17/11 - 4/4/12	6/29/2012	$ 469.50	2 Board Appearances (LB), Stipulation	$ 469.50	0404854091	6/29/2012	City of Los Angeles
45563	6/7/11 - 5/14/12	6/29/2012	$ 374.87	2 MRI, P&I	$ 374.87	49201	6/27/2012	American Claims Mgmt.
53015	5/3/2012	7/2/2012	$ 150.00	Ultrasound	$ 150.00	0035492487	7/2/2012	Sedgwick Claims
52346	3/27/2012	7/2/2012	$ 337.50	Surgery (3hrs 45min)	$ 337.50	0035255792	6/28/2012	Sedgwick Claims

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
35813	6/18/2012	7/2/2012	$ 156.50	Board Appearance	$ 156.50	0033830811	7/2/2012	Sedgwick Claims
53415	6/1/2012	7/2/2012	$ 156.50	Depo Prep	$ 156.50	0034439034	6/29/2012	Sedgwick Claims
52202	3/13/12 - 3/19/12	7/2/2012	$ 300.00	Diagn Study, Ultrasound	$ 300.00	891A 82662152	7/2/2012	Travelers
50363	12/3/11 - 5/7/12	7/5/2012	$ 525.00	2 MRI	$ 525.00	21233921	7/5/2012	Chartis
52576	4/2/2012	7/5/2012	$ 230.00	Initial	$ 230.00	118503123	7/2/2012	CCMSI
53406	6/4/2012	7/5/2012	$ 156.50	Depo Prep	$ 156.50	0942302	7/3/2012	Walt Disney
51951	2/28/2012	7/6/2012	$ 168.75	Diagn Study (2h 20m)	$ 168.75	0002162911	6/30/2012	Crum & Forster
51958	2/29/2012	7/6/2012	$ 150.00	Ultrasound	$ 150.00	0002164246	7/3/2012	Crum & Forster
52630	4/18/12 - 5/22/12	7/10/2012	$ 406.50	Depo Prep, Depo Review	$ 406.50	143311	7/3/2012	Corvel
51748	2/23/2012	7/10/2012	$ 230.00	QME Eval	$ 230.00	143462	7/3/2012	Corvel
50793	12/28/11 - 3/12/12	4/9/2012	$ 313.00	2 Board Appearances (LB)	$ 313.00	896d 80053764	4/5/2012	Travelers
50793	6/12/2012	7/10/2012	$ 156.50	Board Appearance (LB)	$ 156.50	896D 80558279	7/6/2012	Travelers
36872	6/12/2012	7/10/2012	$ 250.00	C&R Reading	$ 250.00	118570167 2	7/3/2012	The Hartford
52544	4/3/12 - 5/16/12	6/29/2012	$ 855.00	2 Surgeries (7h 30m)(9h 33m), Prep Op	$ 855.00	200748669	6/25/2012	Employers Comp.
51680	9/4/2012	10/1/2012	$ 156.50	Board Appearance (LB)	$ 156.50	86835730	9/27/2012	MCS/ Marriott
54351	8/6/2012	9/6/2012	$ 156.50	Depo Prep	$ 156.50	21766860	9/1/2012	Chartis
54351	8/13/2012	10/1/2012	$ 156.50	Board Appearance (LB)	$ 156.50	21964587	9/27/2012	Chartis
52700	4/24/12 - 8/30/12	10/9/2012	$ 813.00	2 Depo Preps, 2 Depo Reviews	$ 813.00	0096624254	10/2/2012	Gallagher Bassett
46657	7/9/2012	10/9/2012	$ 168.75	Ct Scann	$ 168.75	6520245164	10/2/2012	Broadspire
52479	8/1/2012	10/15/2012	$ 206.25	MRA	$ 206.25	1101981481	10/11/2012	Zurich
51409	8/11/2012	10/15/2012	$ 150.00	MRI	$ 150.00	307463	10/9/2012	First Comp
53764	6/8/12 - 6/27/12	10/15/2012	$ 675.00	Prep-Op, Surgery (5h 30m)	$ 675.00	70684826	10/8/2012	Risk Enterprise Mgmt.
39575	8/28/2012	10/19/2012	$ 585.00	Surgery (6h 30m)	$ 585.00	891a 83079107	10/12/2012	Travelers

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
45413	1/14/2013	2/20/2013	$ 156.50	Board Appearance	$ 156.50	891A 83547988	2/20/2013	Travelers
47729	1/22/2013	2/20/2013	$ 156.50	Board Appearance	$ 156.50	CP-665634	2/15/2013	SCIF
50055	2/4/2013	2/26/2013	$ 156.50	Board Appearance	$ 156.50	119707264 0	2/21/2013	The Hartford
53838	1/9/2013	2/20/2013	$ 250.00	Depo Review	$ 250.00	0039101323	2/15/2013	Sedgwick Claims
50732	12/7/12 - 12/8/12	2/22/2013	$ 810.00	Pre-Op, Surgery (7hrs)	$ 810.00	26032	2/19/2013	Praetorian Insurance /LWP
52630	7/2/2013	2/21/2013	$ 156.50	Board Appearance (LB)	$ 156.50	7018428	2/18/2013	Corvel
56561	12/6/2012	2/6/2013	$ 156.50	Depo Prep	$ 156.50	325752	1/28/2013	First Comp
56561	12/26/2012	2/18/2013	$ 156.50	Board Appearance (LB)	$ 156.50	328382	2/12/2013	First Comp
50926	1/14/2013	2/18/2013	$ 313.00	Board Appearance (LB) Full Day	$ 313.00	1000188670	2/13/2013	Republic Indemnity
56236	11/20/12 - 1/9/13	2/13/2013	$ 563.00	Board Appearance (LB), Depo Prep, Depo Review	$ 563.00	0099346082	2/6/2013	Gallagher Bassett
46754	1/22/2013	2/8/2013	$ 313.00	Board Appearance (LB) Full Day	$ 313.00	CP-662754	2/6/2013	SCIF
46957	11/06/12 - 1/7/13	1/17/2013	$ 313.00	2 Board Appearance (SA)	$ 313.00	286033558	1/17/2013	Broadspire
45983	12/7/2012	2/11/2013	$ 375.00	MRA	$ 375.00	001778532	2/5/2013	Tokio Marine
55456	9/14/12 - 10/5/12	2/11/2013	$ 356.25	2 MRI'S	$ 356.25	314517	2/8/2013	Athens Admins.
52897	12/19/2012	2/11/2013	$ 313.00	Board Appearance (LB) Full Day	$ 313.00	0000251425	2/6/2013	Insurance Company of the West
53568	6/18/12 - 1/24/13	1/24/2013	$ 250.00	Depo Prep, P&I, Apearance Fee	$ 250.00	896D 81758999	2/4/2013	Travelers
45985	6/28/11 - 12/19/12	2/11/2013	$ 454.63	2 MRA'S, P&I	$ 454.63	0001188785	2/8/2013	Sedgwick Claims
56229	11/12/12 - 12/17/12	2/4/2013	$ 406.50	Depo Prep, Depo Review	$ 406.50	1102125299	2/4/2013	Zurich

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
42978	2/16/11 - 1/17/13	2/1/2013	$ 428.10	2 Board Appearance's (LB), P&I	$ 428.10	CU-983669	1/30/2013	SCIF
56227	11/6/12-12/4/12	1/28/2013	$ 406.50	Depo Prep, Depo Review	$ 406.50	0001182051	1/24/2013	Sedgwick Claims
56564	12/10/2012	1/28/2013	$ 156.50	Depo Prep	$ 156.50	200887712	1/23/2013	Employers Comp.
56552	12/3/2012	1/25/2013	$ 156.50	Depo Prep	$ 156.50	891a 83452529	1/21/2013	Travelers
56567	12/11/2012	1/24/2013	$ 156.50	Board Appearance (LB)	$ 156.50	1055273	1/17/2013	York Claims Svc.
40190	9/12/2011	10/19/2011	$ 180.00	PR-2	$ 180.00	CU-847012	10/12/2011	SCIF
42588	2/19/2011	10/19/2011	$ 150.00	MRI	$ 150.00	C7-708057	10/12/2011	Scif
42398	7/19/11 - 8/19/11	10/21/2011	$ 380.00	Initial, EMG	$ 380.00	0025538	10/13/2011	Amtrust North America
46384	7/14/2011	10/20/2011	$ 150.00	MRI	$ 150.00	896D 79095915	10/11/2011	Travelers
43776	8/22/2011	10/21/2011	$ 250.00	Depo Review	$ 250.00	896D 79101345	10/12/2011	Travelers
43872	4/1/2011	10/20/2011	$ 206.25	MRI	$ 206.25	896D 79090728	10/10/2011	Travelers
44666	9/13/2011	10/20/2011	$ 150.00	Diagnstudy	$ 150.00	8813251047	10/13/2011	Farmers
45121	5/16/2011	10/20/2011	$ 150.00	MRI	$ 150.00	8813250839	10/13/2011	Farmers
45241	5/20/2011	10/21/2011	$ 150.00	MRI	$ 150.00	00878800522	10/11/2011	Gallagher Bassett
42942	2/16/2011	10/21/2011	$ 150.00	Ct Scann	$ 150.00	896d 79090727	10/10/2011	Travelers
44615	11/3/2011	12/13/2011	$ 230.00	Initial	$ 230.00	FE43545083	12/5/2011	ESIS
34127	11/4/2011	12/9/2011	$ 150.00	MRI	$ 150.00	80908	12/8/2011	San Gabriel Valley School District/York Risk Services
43375	9/15/2011	10/25/2011	$ 150.00	MRI	$ 150.00	23122	9/15/2011	Praetorian Insurance /LWP
44557	4/25/2011	10/25/2011	$ 150.00	MRI	$ 150.00	44557	10/17/2011	Seabright Insurance Co.
37589	8/26/11 - 9/19/11	10/24/2011	$ 590.00	2 PR-2's, P&S	$ 590.00	0088756087	10/10/2011	Gallagher Bassett
40046	10/20/2011	10/31/2011	$ 180.00	PR-2	$ 180.00	CU-848351	10/17/2011	SCIF
47643	8/16/2011	10/25/2011	$ 230.00	P&S	$ 230.00	CE-573367	10/18/2011	SCIF
45804	6/14/2011	10/25/2011	$ 150.00	MRI	$ 150.00	8813256915	10/19/2011	Farmers

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

*** INVOICE ***

Date	NO#
01/09/13	53838

Claim # : 30120302032
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ROSS
Date Of Injury: CT 6/10-10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/12	DEPO PREP	@ THE L/O OF PRINDLE, AMARO & GOETZ	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
08/27/12	PMT BY CHECK	DOS 6/20/12 # 0035539691	-156.50
08/20/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/21/12	PMT BY CHECK	DOS 8/20/12 # 0036033964	-250.00
11/29/12	DEPO PREP	@ THE L/O OF PRINDLE AMARO	156.50
/ /	INTERPRETER:	GERARDO WOLFF # 100024	0.00
01/02/13	PMT BY CHECK	DOS 11/29/12 # 0037370613	-156.50

BALANCE 0.00

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

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMT	CHECK NO.
01/02/2013	156.50	0037370613

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

SCMS UNIT	PAGE
100 Sedgwick Claims Management Services	001

*006397 0037370613 00001 OF 00001 OAM 130102 1040

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

Claimant Name	Loss Date	Claim Number	SSN
	10/14/2011	30120302032-0001	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 53838 ICN: 301203020320001
Dates: 11/29/2012 - 11/29/2012 Comment: Inv#53838

PAID JAN 09 2013

Questions about other Sedgwick 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#
10/19/11	45087

Claim # : 10294633
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PRUDENTIAL OVERALL SUPPLY
Date Of Injury: 10/18/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/17/11	INITIAL EXAM	DR DOMARACKI @ WILLOW MED (2HRS 25MTS)	287.50
/ /	INTERPRETER:	GLADYS PINEDA # 100755	0.00
06/01/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/25/11	PR2/REEVAL	DR DOMARACKI* VINCENT MEJIA # 500309	180.00
08/17/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/08/11	INITIAL EXAM	DR GALLONI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
09/07/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
09/28/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/21/11	EMG TESTING	& NCV BY DR DIJULIO: LOWER EXTREM. @ WILLOW*	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/12/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/12/11	PMT BY CHECK	DOS 5/17/11-8/17/11 # 337982	-827.50

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#
10/19/11	45087

Claim # : 10294633
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PRUDENTIAL OVERALL SUPPLY
Date Of Injury: 10/18/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 920.00

* 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.

MR

Client: Prudential Overall Supply
Claimant/Employee:

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

Claim Number: 10294633
Incident Date: 10/18/2010

Check Number: 337982
Check Date: 10/12/2011
Check Total: $827.50
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 45087

From - To: 05/17/2011 - 08/17/2011
For:

Bill Tracking No: 3000104019TMC
Reviewed Date: 10/11/2011
Bill Type:

DRG Code: 000

Received Date: 09/26/2011
Primary ICD-9: 959.9 9599-Unspecified site
PPO Name: MEDATA SPECIALTY REVIEW

Date of Service	Billed Code/Mod	Paid Code/Mod	Service Description:	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)
05/17/2011	99199 00 00	99199 00 00	UNLISTED PROCEDURE	0	287.50	0.00	0.00	0.00	287.50	T250
06/01/2011	99199 00 00	99199 00 00	UNLISTED PROCEDURE	0	180.00	0.00	0.00	0.00	180.00	T250
07/25/2011	99199 00 00	99199 00 00	UNLISTED PROCEDURE	0	180.00	0.00	0.00	0.00	180.00	T250
08/17/2011	99199 00 00	99199 00 00	UNLISTED PROCEDURE	0	180.00	0.00	0.00	0.00	180.00	T250
			Totals:		827.50	0.00	0.00	0.00	827.50	

Reason Codes:
T250 Reviewed per clients instructions.

Charges in excess of the allowance are objected to for the above reasons. If you disagree with the reductions you may contact us at the address and phone number listed, or you may file an application or lien with the Workers' Compensation Appeals Board. California Labor Code Section 3751 (b) prohibits attempts to collect any balance due from the injured worker.

Please direct inquires to: Tristar Managed Care, Fax: (562) 495-6600, P.O. Box 10220, Santa Ana, CA 92711
Phone: (877) 287-4782

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

*** INVOICE ***

Date	NO#
01/09/13	53834

Claim # : TWLC5674
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs S C YAMAMOTO INC.
Date Of Injury: 6/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/04/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
09/14/12	PMT BY CHECK	DOS 6/25/12-9/4/12 # 958522	-406.50
11/13/12	WCAB LB	PRI-CONF - JOHANNA JORDAN # 100793	156.50
01/02/13	PMT BY CHECK	DOS 11/13/12 # 1045520	-156.50

BALANCE 0.00

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

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

PAID JAN 09 2013

Claim Number: TWLC-0674
Claimant:
Date of Loss: 06/17/2011

Check Number: 1045520
Check Date: 01/02/2013
Check Amount: $156.50
Type of Payment:
61 MISC. ALL OTHER

Location: 1403 Shinsuke Clifford Yamamoto, Inc 2031 Emery Avenue Suite 600

For Period: 06/25/2012 to 11/13/2012
InvoiceNo: 53834
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#
10/19/11	45781

Claim # : 624108037651
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs STAFF CHEX INC
Date Of Injury: 11/13/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/11	MRI	& MRA/REF BY DR RAHMAN:L/SHDL @ CAL IMG*	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA # 100741	0.00
10/09/11	PMT BY CHECK	DOS 6/14/11 # 497821	-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.

MP

Please Cash or Deposit the above check as soon as possible and retain this portion for your records

MP

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 #.: 777-624-108-0307651 CLAIMANT:

D/A.....: 11/13/09 Examiner : TL1 Terra Lambert

- - - -

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

*** INVOICE ***

Date	NO#
01/09/13	50602

Claim # : SAC0000113284
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs GARY LAWRENCE NELSON
Date Of Injury: 6/17/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
02/28/12	PMT BY CHECK	DOS 12/12/11 # 0045133664	-156.50
10/30/12	WCAB LB	MSC (FULL DAY)	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624 AM	0.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585 PM	0.00
12/31/12	PMT BY CHECK	DOS 10/30/12 # 0045193091	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VANLINER INSURANCE COMPANY

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CHECK NUMBER 0045193091
CHECK DATE 12/31/12
VENDOR CODE VLPOINT007627
CHECK AMOUNT $ 313.00

Invoice Date	Invoice No.	Description		Invoice Amt
12/28/12	01/00095278/0951362	DOS 10/30/12 TO 10/30/12. TLLW5 AL LIEN	FULL AND FIN	313.00

#50602

PAID JAN 09 2013

MEMO:

VANLINER INSURANCE COMPANY

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

CHECK NUMBER 0045193091
CHECK DATE 12/31/12
VENDOR CODE VLPOINT007627
CHECK AMOUNT $ 313.00

Invoice Date	Invoice No.	Description		Invoice Amt
12/28/12	01/00095278/0951362	DOS 10/30/12 TO 10/30/12. TLLW5 AL LIEN	FULL AND FIN	313.00

MEMO:

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

*** INVOICE ***

Date	NO#
10/19/11	46875

Claim # : 2010131389
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COMMON MED SPECIALIST
Date Of Injury: 9/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/11	MRI	REF BY DR RASHTI: C/SPINE @ CAL IMG *	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
10/10/11	PMT BY CHECK	DOS 7/16/11 # 200588754	-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: 200588754
Check Date: 10/10/2011

Claim Number: 2010131389
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: n/a
Service Period: 07/16/2011 through 07/16/2011
Invoice Number: 46875
Billed Amount: $150.00
Comments: INTERPRETING

Account Number: n/a
Document Number: n/a
Paid Amount: $150.00

Check 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#
01/09/13	52529

Claim # : 05173140
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/29/64
Terms : 45 days

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

Case: vs D.R.T. ELECTRIC COMPANY
Date Of Injury: 7/17/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/21/12	PMT BY CHECK	DOS 4/5/12 # CE-610458	-250.00
11/28/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/03/13	PMT BY CHECK	DOS 11/28/12 # BE-547474	-250.00

BALANCE 0.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
(888)782-8338

Provider Number: 330956713

Check #: **BE-547474**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/03/13
Doc #: 025989784

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05173140			
1	KNYGRE	11/28/12	11/28/12	Claimant Incurred Legal Expense	1		250.00
						Total Allowances:	**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05173140	250.00	.00	250.00

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

Notations:
05173140 C&R READING; CL $250.00; ;

#52529

PAID JAN 09 2013

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

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

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

*** INVOICE ***

Date	NO#
10/19/01	42917

Claim # : WC10027748
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs OPEN SESAME/OPTIMUS LABOR SVCS
Date Of Injury: 1/30/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/11	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/31/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/21/11	INITIAL EXAM	DR OTTO CHUM* ELIZABETH HERRERA # 301231	230.00
05/10/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
06/24/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/22/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/04/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/01/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/20/11	SURGERY	DR MILLER-EPIDURAL @ MONROVIA HOSP (6H 15M)	562.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
09/30/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/11/11	PMT BY CHECK	DOS 3/1/11-9/1/11 # 8813246281	-1540.00

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#
10/19/01	42917

Claim # : WC10027748
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs OPEN SESAME/OPTIMUS LABOR SVCS
Date Of Injury: 1/30/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 742.50

* 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.

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

October 11, 2011

TRUCK INSURANCE EXCHANGE

Check Number: 8813246281
Date: 10/11/2011
Amount: $1,540.00***

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

Claimant/Patient:			
Insured:	KOBEISSI INC		
Date of Loss:	01/30/2011	Claim Representative:	Melissa Alberto
Claim Number:	WC10027748	Office Phone Number:	8188741719
Correspondence Reference:	ZSBBBH1MN		

Additional Information:
3.1.11 TO 9.1.11 DR. DOMARACKI 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
03/01/11 - 09/01/11	Interpreter	$1540.00

#42917

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

*** INVOICE ***

Date	NO#
08/09/11	41482

Claim # : SAC0000116639
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: ANABEL BALIGOD
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs McDONALD'S
Date Of Injury: 9/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/11	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/14/11	PR2/REEVAL	DR RAMESHNI* JOSE LUGO # 500049	180.00
03/28/11	PR2/REEVAL	DR RAMESHNI* ROSA GREEN # 500292	180.00
04/18/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
05/03/11	P AND S	DR RAMESHNI* CLARA BONILLA # 500320	230.00
08/03/11	PMT BY CHECK	DOS 1/6/11-5/3/11 # 0028936448	-970.00

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
08/03/2011	970.00	0028936448

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

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*004276 0028936448 00001 OF 00001 OPM 110802 1427

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

Claimant Name	Loss Date	Claim Number	SSN
	09/27/2009	SAC0000116639	

Amt Paid: 970.00
Amt Billed: 970.00
Dates: 01/06/2011 - 05/03/2011

Description:
Invoice: 41482
Comment:

ICN: SAC0000116639

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#
01/08/13	51615

Claim # : 16000935
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PRESIDENTE MEXICAN RESTAURANT
Date Of Injury: 6/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/15/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/24/12	PMT BY CHECK	DOS 2/16/12 # 41822	-156.50
06/18/12	PMT BY CHECK	DOS 3/15/12 # 48082	-250.00
11/21/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/31/12	PMT BY CHECK	DOS 11/21/12 # 73336	-156.50

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

California Restaurant Mutual Benefit Corporation

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

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 73336

DATE
12/31/2012

California Workers' Compensation Payment

**********156.50

VOID AFTER 90 DAYS

Pay One Hundred Fifty Six Dollars And 50/100

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0073336⑈ ⑆122235821⑆ 153495850833⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XXX6713

Check Number: 73336

Check Date: 12/31/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
16000935		06/08/2011	Interpreting Fees	11/21/2012	11/21/2012	12/26/2012	51615	156.50

PAID

REORDER 901 • U.S. PATENT NO. 5538290, 5575508, 5641163, 5795353, 5984364, 6030000

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

*** INVOICE ***
Date NO#
01/08/13 35703

Claim # : 624-108-03006292
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs TAYLORED PERSONNEL
Date Of Injury: 5/19/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/29/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	ALEXANDER DIAMOND # 100817	0.00
05/24/10	PMT BY CHECK	DOS 11/13/09 THRU 12/29/09 # 0431721	-406.50
11/13/12	DEPO PREP	@ THE L/O OF PERSONAL COURT REPORTERS (VOL II)	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
12/26/12	PMT BY CHECK	DOS 11/13/12 # 554724	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Please Cash or Deposit the above check as soon as possible and retain this portion for your records

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: 765 TAYLORED PERSONNEL & PAYROLL, INC

CLAIM #.: 777-624-108-0306292 CLAIMANT:

D/A.....: 5/19/09 Examiner : MD1 Margarita Diaz

CHECK#.....: 554724

CHECK AMOUNT..: 156.50

CHECK DATE....: 12/26/12

PMT VAL 1.....: E5 INTERPRETER FEES

RESERVE.....: EX EXPENSE

PAYMENT PERIOD: 11/13/12 - 11/13/12 WEEKS/DAYS: 0 / 0

REMARKS

35703

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#
08/09/11	46656

Claim # : WC10011524
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs VILLAGE GREEN FOODS
Date Of Injury: 1/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/11	C&R READING	@ THE L/O OF MICHELLE GABRIEL	250.00
/ /	INTERPRETER:	MAYRA MAZARIEGOS # 100813	0.00
08/08/11	PMT BY CHECK	DOS 7/18/11 # 8813140248	-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.

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

August 8, 2011

MID-CENTURY INSURANCE COMPANY

Check Number: 8813140248
Date: 08/08/2011

Amount: $250.00******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

Claimant/Patient:
Insured: VILLAGE GREEN FOODS INC
Date of Loss: 01/11/2010
Claim Number: WC10011524
Correspondence Reference: VC44RS3BN
Claim Representative: MISTY BEUTLER
Office Phone Number: 8188741725

Additional Information: 46656

/C&R READING 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
07/18/11 - 07/18/11	Communications	$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#
08/08/11	45514

Claim # : 05415112
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FABGROW LANDSCAPE
Date Of Injury: 3/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
08/03/11	PMT BY CHECK	DOS 5/10/11 # CD-545819	-250.00

BALANCE 0.00

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

MR
CHR

State Compensation Insurance Fund
P O Box 65005
Pinedale, CA 93650-5005
(855)250-5678

Provider Number: 330956713

Check #: **CD-545819**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/03/11
Doc #: 023310899

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05415112		
1	45514	05/10/11	05/10/11	Interpreter fees	1		250.00
			Patient Name:		**Claim #:** 05134592		
2	37233	07/06/11	07/06/11	Interpreter fees	1		165.00
					Total Allowances:		**$415.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05134592	165.00	.00	165.00
05415112	250.00	.00	250.00

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

Notations:

05134592 INVOICE #37233;
05415112 INVOICE #45514;

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#
03/16/12	49886

Claim # : 05256306
W.C.A.B.:
ADJ # :
S.S.N. : --- --
D.O.B. :
Terms : 45 days

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

Case: vs SR COMERFORD CONSTRUCTORS
Date Of Injury: 2/13/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/11	INITIAL EXAM	MEDICAL /PSYCHE DR TOLEN @ SEAL BEACH (3H 30M)	402.50
/ /	INTERPRETER:	VIRGINIA DE CABRERA # 100591	0.00
03/14/12	PMT BY CHECK	DOS 11/9/11 # CU-886729	-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.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
Questions & Appeals: (951)697-7300

Provider Number: 330956713

Check #: **CU-886729**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/14/12
Doc #: 024443129

49886

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** 02361296		**Date of Injury:** 07/01/04		
SSN: XXX-XX	Employer name: VOLK DRYWALL			Employer ID: 0000001598922030					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-9684079	12/05/11	999Q2	Interpreter Treatmen	8	230.00	50.00	710 723 G5 G67	180.00
	Patient Name:				**Claim #:** 05256306		**Date of Injury:** 02/13/08		
SSN: XXX-XX	Employer name: S R COMERFORD CONSTRUCTORS CORP			Employer ID: 0007130007925070					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
2	SF1-SFCA-9684244	11/09/11	999Q2	Interpreter Treatmen	14	402.50	.00	723 G67	402.50
	Patient Name:				**Claim #:** 05637122		**Date of Injury:** 07/19/10		
SSN: XXX-XX	Employer name: COLOSSEUM ATHLETICS, INC			Employer ID: 0000001767714100					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
3	SF1-SFCA-9684170	10/03/11	999Q2	Interpreter Treatmen	1	412.50	322.50	710 G5	90.00
	Patient Name:				**Claim #:** 01047791		**Date of Injury:** 02/22/02		
SSN: XXX-XX	Employer name: R.S.V. SPORT, INC.			Employer ID: 0000001600441010					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
4	SF1-SFCA-9686540	08/31/11	999Q2	Interpreter Treatmen	1	150.00	.00	723 G67	150.00
	Patient Name:				**Claim #:** 05386044		**Date of Injury:** 12/19/08		
SSN: XXX-XX	Employer name: CUTTING EDGE			Employer ID: 0003510000799080					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
5	SF1-SFCA-9686582	08/22/11	999Q2	Interpreter Treatmen	1	150.00	.00	723 G67	150.00
	Patient Name:				**Claim #:** 05719892		**Date of Injury:** 07/18/11		
SSN: XXX-XX	Employer name: ROSALES MEAT DISTRIBUTORS			Employer ID: 0000001649870100					
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
6	SF1-SFCA-9686581	11/04/11	999Q2	Interpreter Treatmen	8	150.00	.00	710 723 G5 G67	150.00
	Patient Name:				**Claim #:** 05298582		**Date of Injury:** 06/04/08		
SSN: XXX-XX	Employer name: EDCO			Employer ID: 0000001814990080					

MAR 16 2012

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.

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

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

*** INVOICE ***

Date	NO#
07/30/12	52028

Claim # : 494C0300785
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MANAGEMENT & TRAINING CORP.
Date Of Injury: 2/25/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/12	SURGERY	DR GOLDEN: RT SHLDR @ MONROVI HOSPITAL (10 hrs)	900.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
07/24/12	PMT BY CHECK	DOS 3/8/12 # DA68093063	-900.00

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.

PDWLDMCD-003862-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 07/24/12

CHECK NO. **DA68093063**

STATEMENT

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

PAID
JUL 30 2012
BY: G

5900A11DA 00 01065 DA68093063
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C0300784

DOLLARS
$********900.00

*** NOT NEGOTIABLE ***

FOR
03/08/12 THRU 03/18/12 SX INTERPRETER

52028

CLAIMANT

DATE OF EVENT
02/25/08

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

PDWLDMCD-003862-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
03/19/12	27551

Claim # : BOA5521
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: LOIUSE LEON
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: , vs ROSS SWISS DIARIES
Date Of Injury: 1/6/02

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/07	PR2/REEVAL	DR FONSECA*	180.00
12/26/07	PR2/REEVAL	DR FONSECA*	180.00
04/09/08	PR2/REEVAL	DR FONSECA*	180.00
03/27/09	PMT BY CHECK	DOS 10/2/07 THRU 4/9/08 # 896D 74014540	-540.00
04/19/11	MRI	REF BY DR COHEN: L/S*	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ # 100741	0.00
06/20/11	PMT BY CHECK	DOS 4/19/11 # 896D 78476151	-150.00
01/10/12	MRI	REF BY DR COHEN: L/S (2H 15M) @ CALIF IMAGING	168.75
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/16/12	PMT BY CHECK	DOS 1/10/12 # 896D 79946538	-168.75

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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002787

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SB01329

896D 79946538

TRAVELERS

DATE: 03/16/12
LOSS DATE: 01/06/02
FILE NUMBER: 158 CB B0A5321 M

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

EMPLOYEE

ACCOUNT NAME:
ROSS SWISS DAIRIES

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/10/2012

TOTAL PAID: $168.75
TAX INFO: 330956713331748 1Y
PAY MISC: 27551
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MAR 19 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: DEBI BRUCE AT (925)945-4079

076011458
DETACH CHECK

UNSHMM-111311
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
08/09/11	44488

Claim # : 41596
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
APPLIED RISK SERVICES (NEBRAS)
W.C. DEPARTMENT
ATTN: LORI ROWAN
P.O. BOX # 3804
OMAHA, NE 68103

Case: vs A 1 ALLOYS
Date Of Injury: 5/7/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
08/05/11	PMT BY CHECK	DOS 5/9/11 # 0000381135	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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S2032B

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

Expense Payment

Check Date:	08/05/11
Service Begining:	05/09/11
Service Ending:	05/09/11

Claimant Name	Date Of Birth	Date Of Injury	Claim #
	N/A	05/07/09	41596

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
44488	05/09/11-05/09/11	250.00	N/A	N/A	250.00

Messages

Total 250.00

REMOVE DOCUMENT ALONG THIS PERFORATION

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

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

Union Bank of California, N.A.
716 Santa Cruz Ave , Menlo Park, CA 94025
11-49/1220

0000381135

Date: 08/05/11

Pay TWO HUNDRED FIFTY AND .00 DOLLARS $ 250.00

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

VOID AFTER 60 DAYS

Amy Robb

MOORE SECURITY MARK™ • MOORE SECURITY MARK™ • MOORE

⑈0000381135⑈ ⑆122000496⑆ 7000168038⑈

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

*** INVOICE ***

Date	NO#
10/18/11	47454

Claim # : 083-A00180/A00280/A00279
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
NOVAPRO RISK SOLUTIONS (TUST)
W.C. DEPARTMENT
ATTN: WENDY ADAMSON
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs CARDENAS MARKET'S
Date Of Injury: 1/4/11,3/10/11,3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/15/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/26/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	OSVALDO LOPEZ # 301367	0.00
09/27/11	PMT BY CHECK	DOS 8/15/11 # 00002877	-156.50
10/11/11	PMT BY CHECK	DOS 9/26/11 # 000002948	-250.00

BALANCE 0.00

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REORDER 801B - U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

Bank of America
San Diego, CA

16-66/1220

NOVAPRO RISK SOLUTIONS
AS AGENT FOR
FOOD PRODUCTS CA WC PROGRAM

BRANCH: S083 ORG
NOVAPRO RISK SOLUTIONS, LP
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLAIM#: 0995 AVT 0000191
CLAIMANT:
LOSS DATE: 1/04/2011

PAYMENT AMOUNT: *****250.00**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000002948
ISSUE DATE: 10/11/2011

PAYMENT SETTLEMENT: SERVICES ON #47454 09/26/2011-09/26/2011

PAID

BY:----------

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

*** INVOICE ***

Date	NO#
08/03/12	52986

Claim # : 391167
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
KEENAN & ASSOCIATES (TORRANCE)
W.C. DEPARTMENT
ATTN: DANIELA GRAHADA
P.O. BOX # 4328
TORRANCE, CA 90510

Case: vs PRESBYTERIAN INTERCOMMUNITY
Date Of Injury: 9/18/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR REYES @ CALIF SLP*	150.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
07/27/12	PMT BY CHECK	FDOS 4/20/12 # 49037	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P4056028005

Presbyterian InterCommunity Hospital
KEENAN & ASSOCIATES
P.O. BOX 4328
TORRANCE, CA 90510

201207300108

52986

Forwarding Service Requested

3-DIGIT 926
8104 0.3820 AT 0.371

Altman Interpreters Inc, Joyce 35
PO BOX 4165
TUSTIN, CA 92781-4165

Employer Name:	Presbyterian Intercommunity Hospital
Employer Address:	12401 Washington Blvd Whittier, CA 90602-
Provider Tax ID:	330956713
Patient Acct No.:	
Dates of Service:	04/20/2012-04/20/2012
Check Date:	07/27/2012
Check Number:	49037
Check Amount:	150.00
DOI:	09/18/2007
Claim #:	391167
Claimant Name:	
Office:	Keenan Healthcare - Torrance

Stub Note Comment:

EMPLOYEE NAME:	**TOTAL AMOUNT:**
	150.00

PAID
AUG 03 2012
BY: a

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

*** INVOICE ***

Date	NO#
03/19/12	47456

Claim # : 450454
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
KEENAN & ASSOCIATES (TORRANCE)
W.C. DEPARTMENT
ATTN: MARK DIAMOND EXT 2362
P.O. BOX # 4328
TORRANCE, CA 90510

Case: vs HOAG MEMORIAL HOSP
Date Of Injury: CT 5/2010-2/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/11	DEPO PREP	@ THE L/O OF SCHLOSSBERY	156.50
/ /	INTERPRETER:	NANCY SILVA # 22056879	0.00
09/21/11	PMT BY CHECK	DOS 9/21/11 # 89115	-156.50
09/26/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
10/21/11	PMT BY CHECK	DOS 9/26/11 # 89428 AMENEDED	-250.00
11/02/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
11/28/11	PMT BY CHECK	DOS 11/2/11 # 89763	-156.50
01/04/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/06/12	WCAB LB	TRIAL	156.50
03/14/12	PMT BY CHECK	DOS 1/4/12-2/6/12 # 91067	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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P4056028005

HOAG MEM HOSP PRESBYTERIAN W/C
KEENAN & ASSOCIATES
P.O. BOX 4328
TORRANCE, CA 90510

97456

20120315010

Forwarding Service Requested

3-DIGIT 926
8806 0.3820 AT 0.371

Altman Interpreters Inc, Joyce
PO BOX 4165
TUSTIN, CA 92781-4165

43

Employer Name:	Hoag Hospital Newport Beach
Employer Address:	One Hoag Drive; P O Box 6100 Newport Beach, CA 92658-6100
Provider Tax ID:	330956713
Patient Acct No.:	
Dates of Service:	01/04/2012-02/06/2012
Check Date:	03/14/2012
Check Number:	91067
Check Amount:	406.50
DOI:	02/28/2011
Claim #:	450454
Claimant Name:	
Office:	Keenan Healthcare - Torrance

Stub Note Comment:

ENV 8806 1 OF 1

EMPLOYEE NAME:	**TOTAL AMOUNT:**
	406.50

MAR 19 2012

BY:

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

*** INVOICE ***

Date	NO#
01/08/13	54802

Claim # : 111W12135630
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TOWER SELECT INS (IRV-17059)
W.C. DEPARTMENT
ATTN: RONALD FUENTES
P.O. BOX 17059
IRVINE, CA 92623

Case: vs RAVEN GENRAL CONTRACTORS
Date Of Injury: 11/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/09/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/22/12	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624 AM	0.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793 PM	0.00
12/27/12	PMT BY CHECK	DOS 8/20/12-10/22/12 # 2015130403	-719.50

BALANCE 0.00

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

FM #8009080 092010

E

TICNYTWSCA

TOWER GROUP
COMPANIES

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

Check Number: 2015130403
Date: 12/27/2012
Amount: $719.50

000 0002093 00000000 001 002 00896 INS: 0 0
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781-4165

896

Claim Number 111W12135630
Joyce Altman Interpreters

PAID

Claim#	Invoice#	FromDate	To Date	Insured Name	Claimant Name	Amount
Inv Date	Reason					
111W12135630	54802	08/20/12	11/09/12			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#
08/02/11	43024

Claim # : YLRC55263
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14154)
W.C. DEPARTMENT
ATTN: DENA JASTROCH
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs MONDALE SECURITY
Date Of Injury: 12/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/11	PR2/REEVAL	DR HARRIS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	SONJA HICKMON # 500402	0.00
02/28/11	PR2/REEVAL	DR GOTZ @ ADVANCE CARE (2 HRS 20 MINS)	202.50
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/08/11	PR2/REEVAL	DR GHODS* ROSARIO BONILLA # 500276	180.00
03/17/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
05/19/11	PR2/REEVAL	DR GOTZ* MARIA BARBOSA # 500267	180.00
06/20/11	PR2/REEVAL	DR GOHDS @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
07/28/11	PMT BY CHECK	DOS 2/2/11-6/20/11 # 200935962 3	-1072.50

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

FCE

SRS
SPECIALTY RISK SERVICES

PAID

001743
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01744

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*100012 2009359623

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
43024 12-03-10	72WN R31501 YLRC 55263	MANDEL SECURITY, INC	$1,072.50
Nature of Payment: Other Medical		Service Dates 02-02-2011 06-20-2011	$1,072.50
Claim Handler: Dena M. Jastroch 800/221-5473 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: 5120110719135142	

Issue Date	07-28-2011	Check Number	2009359623	Total Amount of Check	$1,072.50

Please keep the above information for your records.

097668088

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#
03/19/12	00908

Claim # : YCN28911
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs THE STANLEY WORK DOORS
Date Of Injury: 3/14/03

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/03	INITIAL EXAM	DR AMERI	150.00
06/20/03	INITIAL EXAM	DR ALAPOUR	150.00
07/02/03	PMT BY CHECK	DOS 05/14/03 # 01900346-0	-150.00
08/06/03	PMT BY CHECK	DOS 06/20/03 # 00944472-4	-150.00
11/19/03	RE-EVAL	DR AMERI	120.00
12/30/03	PMT BY CHECK	DOS 11/19/03 # 37807969-3	-120.00
02/04/04	RE-EVAL	DR AMERI	120.00
02/11/04	P AND S	DR AMERI	150.00
03/08/04	PMT BY CHECK	DOS 2/4/04 # 38240760-5	-120.00
03/18/04	PMT BY CHECK	DOS 2/11/04 # 38316363-1	-150.00
05/05/04	RE-EVAL	DR AMERI	120.00
07/16/04	RE-EVAL	DR AMERI	120.00
10/18/04	PMT BY CHECK	DOS 05/05/04 THRU 07/16/04 # 28909508-5	-240.00
09/20/05	FOLLOW-UP	DR AMERI	120.00
01/06/06	PMT BY CHECK	DOS 9/20/05 # 96476400-6	-120.00
01/18/12	DIAGN STUDY	UGI/KUB REF BY DR TOWNSEND*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/14/12	PMT BY CHECK	DOS 1/18/12 # 0033397812	-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.

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

DATE	CHECK AMT	CHECK NO.
03/14/2012	150.00	0033397812

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

*004525 0033397812 00001 OF 00001 OPM 120313 1440

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

Claimant Name	Loss Date	Claim Number	SSN
	03/14/2003	YCN C 28911	

Amt Paid: 150.00
Amt Billed: 150.00
Dates: 01/18/2012 - 01/18/2012

Description: Miscellaneous Medical
Invoice: 00908
ICN: 30358526.6
Comment:

MAR 19 2012

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#
07/30/12	05714

Claim # : 2C014582W7
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs INTERCOMMUNITY NURSING CTR.
Date Of Injury: 1/15/98

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/03	WCAB LB	MSC	147.00
01/26/04	WCAB LB	MSC	147.00
03/03/04	PMT BY CHECK	DOS 11/17/03 & 1/26/04 # 102236620	-294.00
07/11/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/24/12	PMT BY CHECK	DOS 7/11/12 # 104643367	-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.

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000560

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

PAID
JUL 30 2012
BY:

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

Claim Number *
2C 014582N8

Insured/Client	Claimant	ATT
INTERCOMMUNITY NURSING CENTER		07/24/12

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
01/15/98		07/11/12-07/11/12	IND	26	TR		$156.50
							$156.50

Reason
INV 05714 INTER/WCAB-LB MSC

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 01.28.11

PLEASE DETACH BEFORE CASHING

CNA

UNDERWRITTEN BY:
CONTINENTAL CASUALTY COMPANY

104643367
Date Issued
07/24/12

66-156
531
Bank Acct.
4759628183

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.
2C 014582	N8	INTERCOMMUNITY NURSING CENTER	No. 2C
Prefix & Contract No. WC 188900132		Claimant	Date of Loss 01/15/98
From-thru (Dates) 07/11/12	In Payment of 07/11/12	INV 05714 INTER/WCAB-LB MSC	

PAY ONE HUNDRED FIFTYSIX AND 50/100THS ---------- Dollars

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

********$156.50

Wells Fargo Bank, N.A.

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0104643367⑈ ⑆053101561⑆ 4759628183⑈

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

*** INVOICE ***

Date	NO#
08/02/11	44303

Claim # : 000731-030781-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs GLEN ABBEY MEMORIAL PARK
Date Of Injury: 6/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/11	DEPO PREP	@ THE L/O OF DENNIS FUSI*	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
06/01/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
06/09/11	PMT BY CHECK	DOS 5/5/11 # 0086182511	-200.00
06/27/11	PMT BY CHECK	DOS 6/1/11 # 0086553023	-250.00
07/06/11	WCAB LB	MSC - MICHAEL JANUSEK #100808	165.00
07/26/11	PMT BY CHECK	DOS 7/6/11 # 0087148276	-165.00

BALANCE 0.00

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

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE CO

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

CLAIM NO.: 000731 030781 WC 01 (0224)
CLAIMANT:
DESCRIPTION: LEGAL INTERP.SERVS. INV, # 44303 DATED 07/14/11
DATES OF SERVICE: 05May2011 **THRU** 06Jul2011
BENEFIT PERIOD: **THRU**

BRANCH NO.: 164
ACC DATE: 01Jun09

NO.: 0087148276
VN: 0000501021
DATE: 26Jul11
AMOUNT: 165.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004793 005576 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#
07/30/12	53567

Claim # : W2851786
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs NESTOR L AQUINO DMDA
Date Of Injury: CT 7/1/11 - 3/7/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100785	0.00
07/24/12	PMT BY CHECK	DOS 6/15/12 # 104643511	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000783

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

0000020E2008517861046435110000000783

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

Claim Number * E2 851786W4

Insured/Client , A PROFESSION

Claimant

ATT

Date of Loss 03/07/12

Total WC Ind to Date

From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
06/15/12-06/15/12	IND	26	TR		$156.50
					$156.50

07/24/12

Reason
53567

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

PAID
JUL 30 2012

ACRMWF 01.28.11

PLEASE DETACH BEFORE CASHING

BY:

CNA

UNDERWRITTEN BY:
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVAN

104643511
Date Issued
07/24/12

66-156
531
Bank Acct.
4759628183

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

Claim Number	Desk Code	Insured/Client	Issuing Off.
E2 851786	W4	NESTOR L. AQUINO, A PROFESSION	No. 2H
Prefix & Contract No. WC -4024193185		Claimant	Date of Loss 03/07/12
From-thru (Dates) 06/15/12	In Payment of 06/15/12	53567	

PAY ONE HUNDRED FIFTYSIX AND 50/100THS ---------- Dollars

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

********$156.50

Wells Fargo Bank, N.A.

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0104643511⑈ ⑆053101561⑆ 4759628183⑈

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

*** INVOICE ***

Date	NO#
07/30/12	53404

Claim # : LB0008658571;LB0008969677
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEABRIGHT INSURANCE (ORANGE)
W.C. DEPARTMENT
ATTN: KATHY HEINS
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs NORMANDIE CLUB
Date Of Injury: 1/3/12; 3/13/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/30/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
06/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/05/12	PMT BY CHECK	DOS 5/30/12 # 1053288	-156.50
07/25/12	PMT BY CHECK	DOS 6/27/12 # 1064706	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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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 1064706

7/25/12
LB000865857

void void void void void

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

733

AN AGENT OF SeaBright Insurance Company

void void v

⑈1064706⑈ ⑆041203824⑆9600094909⑈

CLAIM ID: LB000865857 DATE OF LOSS: 1/3/12 ACCOUNT: D2
CLAIMANT:
INSURED: Normandie Club, LP
PAYEE: Joyce Altman Interpreting

INVOICE NO.: INV#53404
MEMO:

CHECK NO.: 1064706
DATE: 7/25/12
AMOUNT: ********250.00
REF. NO.: 007831070
USER-ID: 24636/LB

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAI
1	05/30/12-07/05/12	CA	INV#53404	1	1	250.00	250.

PAID
JUL 30 2012
BY:

TOTAL 250.00 250.

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

*** INVOICE ***
Date NO#
08/16/11 41083

Claim # : CA313250
W.C.A.B.:
ADJ # :
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 EMPLOYER RESOURCE/D HOLM RANCH
Date Of Injury: 10/15/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/10	WCAB LB	STATUS CONFERENCE - JOYCE ALTMAN # 300624	156.50
11/30/10	WCAB LB	STATUS CONFERENCE - SABINE SKELTON # 300884	156.50
02/03/11	PMT BY CHECK	DOS 9/1/10 THRU 11/30/10 # 2608470 LUMBERMANS	-313.00
03/22/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/18/11	C&R READING	@ THE L/O OF DENNIS FUSI (AMENDED)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/09/11	PMT BY CHECK	DOS 3/22/11 # 2659521	-250.00
06/22/11	PMT BY CHECK	DOS 5/18/11 # 26600578	-250.00
07/01/11	C&R READING	@ THE L/O OF DENNIS FUSI (AMENDED)	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
08/12/11	PMT BY CHECK	DOS 7/1/11 # 2693796 LUMBERMEN'S	-250.00

BALANCE 0.00

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WP CHK

63-4
630

LUMBERMEN'S UNDERWRITING ALLIANCE
BOCA RATON, FLORIDA 33431

2693796
ISSUE DATE

DATE INCURRED	ACCOUNT NO.	POLICY NO	CLAIM NO.
10/01/05	57204-0328	273606	WC-CA-313250 FROM 07/01/11 TO 07/01/11

AUGUST 12, 2011

INSURED: HOLM D RANCH
CLAIMANT
PAYEE TAX ID: 330956713
NATURE OF PAYMENT: TRANSLATOR INV#41083

PAY TWO HUNDRED FIFTY AND 00/100 DOLLARS

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

BANK OF AMERICA, N.A.
ENDORSEMENT REQUIRED
$ ****250.00
Security features included. Details on back.
VOID IF NOT CASHED WITHIN 6 MONTHS
AUTHORIZED SIGNATURE
COUNTERSIGNATURE MAY BE REQUIRED

:44
⑈0002693796⑈ ⑆063000047⑆ 00360118?388⑈

2nd inv#
40477-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#
08/08/11	37233

Claim # : 05134592
W.C.A.B.:
ADJ # :
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: [redacted] 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
07/06/11	WCAB SD	MSC - MICHAEL JANUSEK #100808	165.00
08/03/11	PMT BY CHECK	DOS 7/6/11 # CD-545819	-165.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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BIF
SD

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(855)250-5678

Provider Number: 330956713

Check #: **CD-545819**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/03/11
Doc #: 023310899

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05415112			
1	45514	05/10/11	05/10/11	Interpreter fees	1		250.00
			Patient Name:	**Claim #:** 05134592			
2	37233	07/06/11	07/06/11	Interpreter fees	1		165.00
					Total Allowances:		**$415.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05134592	165.00	.00	165.00
05415112	250.00	.00	250.00

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

Notations:

05134592 INVOICE #37233;
05415112 INVOICE #45514;

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!

0726952602331089901 2

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

16885468

State Compensation Insurance Fund

Medical
SD

San Diego District Office
P.O. Box 65005
Pinedale, CA 93650-5005

CD-545819
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: 330956713

VOID After 365 Days

Check Date	Check Amount
August 03, 2011	**$*******415.00**

PAY ****Four Hundred Fifteen and 00/100 Dollars****ONLY

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

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

*** INVOICE ***

Date	NO#
03/09/12	50052

Claim # : 30100919754
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CLAIM JUMPER RESTAURANT
Date Of Injury: 8/31/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/11	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
12/05/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/23/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/06/12	PMT BY CHECK	DOS 11/2/11-1/23/12 # 0028724717	-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.

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

DATE	CHECK AMT	CHECK NO.
03/06/2012	563.00	0028724717

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

SCMS UNIT	PAGE
527 Sedgwick Claims Management Services	001

*001750 0028724717 00001 OF 00001 OAM 120306 1003

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

Claimant Name	Loss Date	Claim Number	SSN
	08/31/2010	30100919754-0001	

Amt Paid: 563.00 Description:
Amt Billed: 563.00 Invoice: 50052 ICN: 30100919754 0001
Dates: 11/02/2011 - 01/23/2012 Comment: interpreter depo

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#
07/30/12	53144

Claim # : 003372-000822-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W.C. DEPARTMENT
ATTN: NICHELLE GREEN
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs D M DISTRIBUTIONS
Date Of Injury: 8/15/10 -12/29/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/18/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/19/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100785	0.00
07/24/12	PMT BY CHECK	DOS 5/21/12-6/19/12 # 0095098053	-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-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

0103594 01 RE 0.401 **AUTO T0 0 5842 92781 -P03597

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

PAID
JUL 30 2012
BY:

DIRECT INQUIRIES TO:

PHONE: 1-619-471-1219
GALLAGHER BASSETT-SAN DIE
P.O. BOX 85013
SAN DIEGO CA 92186-5013

ARROWHEAD GENERAL INSURANCE
PROGRAM/ SPARTA INSURANCE CO.

CLAIM NO. 003372 000822 WC 01

CLAIMANT:

DESCRIPTION: INVOICE #53144

DATE OF SERVICE: 21-May-2012 TO 19-Jun-2012

BRANCH NO. 187

ACC. DATE 29-Dec-2010

CHECK NO. 0095098053

VN. 0000041550

DATE: 24-Jul-2012

PAYMENT AMOUNT: $563.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0095098053 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
03/12/12	51500

Claim # : 02666570
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PERFECT INK INC.
Date Of Injury: 5/10/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/12	WCAB LB	MSC	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/08/12	PMT BY CHECK	DOS 2/6/12 # CU-885450	-156.50
		# CU-885450	

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

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-885450**

Issue Date: 03/08/12
Doc #: 024418636

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 02666570			
1	51500	02/06/12	02/06/12	Interpreter fees	1		156.50
			Patient Name:	**Claim #:** 04868388			
2	43791	12/02/11	01/12/12	Interpreter fees	1		406.50
						Total Allowances:	**$563.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
02666570	156.50	.00	156.50
04868388	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:

04868388 REMAINDER FOR INVOICE; 43791;
02666570 INVOICE #51500;

PAID
MAR 12 2012
BY:

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

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

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

*** INVOICE ***
Date NO#
07/30/12 53409

Claim # : WA161962
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MITSUI SUMITOMO (UNIV CITY)
W.C. DEPARTMENT
ATTN: MLEANIE LORENZO
10 UNIVERSAL CITY PLAZA # 1700
UNIVERSAL CITY, CA 91608

Case: vs MBK SENIOR LIVING
Date Of Injury: 10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/15/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100785	0.00
07/24/12	PMT BY CHECK	DOS 5/22/12-6/15/12 # 1039869	-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.

Check Amount: $406.50 **Check Number:** 1039869 **Check Date:** 07/24/2012

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	WCP911010	WA161962	01	49

PAID
JUL 30 2012
BY:

HIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTO

MSIG
MITSUI SUMITOMO INSURANCE CO. OF AMERICA
MITSUI SUMITOMO INSURANCE USA INC.
15 INDEPENDENCE BLVD
WARREN, NJ 07059

BANK OF AMERICA
1990 WASHINGTON VALLEY
MARTINSVILLE, NJ 08836

55/33 212

Check Date 07/24/2012

Check No. 1039869

0004

Pay FOUR HUNDRED SIX DOLLARS AND FIFTY CENTS

Check Amount $406.50

To The Order Of: JOYCE ALTMAN INTERPRETERS INC

In Payment Of DOS: 05/22/2012 TO 06/15/2012
INV#:53409/INV DATE:6/26/12/CLMT:
ATION

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

Amounts over $10,000 Require 2 Signatures

⑈001039869⑈ ⑆021200339⑆ 381266263 3⑈

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

*** INVOICE ***

Date	NO#
07/31/12	53149

Claim # : 0211048290
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs 99 CENT ONLY STORES
Date Of Injury: 7/1/09 - 7/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/16/12	WCAB AHM	TRIAL - LAURA SALAS # 100471	156.50
07/26/12	PMT BY CHECK	DOS 5/16/12 # 0000082776	-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.

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

DATE	CHECK AMT	CHECK NO.
07/26/2012	156.50	0000082776

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

SCMS UNIT	PAGE
528 Sedgwick Claims Management Services	001

*002078 0000082776 00001 OF 00001 OAM 120726 1019

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

Claimant Name	Loss Date	Claim Number	SSN
	07/08/2010	B052802785-0001-01	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 53149 ICN: B052802785000101
Dates: 05/16/2012 - 05/16/2012 Comment:

PAID
JUL 31 2012
BY:

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

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

*** INVOICE ***

Date	NO#
08/03/12	35617

Claim # : 0211769-TSIWD7
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs EL POLLO LOCO
Date Of Injury: 4/19/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/09	DEPO PREP	@ THE L/O OF GRANCELL & LIEBOVITZ	156.50
11/17/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/22/09	DEPO PREP	@ THE L/O OF GRANCELL @ LIEBOVITZ	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
02/02/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
06/24/10	PENALTIES	FOR DATE OF SERVICE 10/14/09	23.48
06/24/10	INTEREST	FOR DATE OF SERVICE 10/14/09	13.46
06/24/10	PENALTIES	FOR DATE OF SERVICE 11/17/09	37.50
06/24/10	INTEREST	FOR DATE OF SERVICE 11/17/09	18.83
06/24/10	PENALTIES	FOR DATE OF SERVICE 12/22/09	23.48
06/24/10	INTEREST	FOR DATE OF SERVICE 12/22/09	10.06
06/24/10	PENALTIES	FOR DATE OF SERVICE 02/02/10	37.50
06/24/10	INTEREST	FOR DATE OF SERVICE 02/02/10	12.76
12/27/10	PMT BY CHECK	DOS 10/14/09 THRU 2/2/10 # 163776	-813.00
04/12/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
08/18/11	WCAB LB	TRIAL-JOHANNA JORDAN #100793	156.50
06/19/12	WCAB LB	MSC JOHANNA JORDAN #100793	156.50
07/30/12	PMT BY CHECK	DOS 6/24/10-6/19/12 # 196398	-646.57

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

*** INVOICE ***

Date	NO#
08/03/12	35617

Claim # : 0211769-TSIWD7
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs EL POLLO LOCO
Date Of Injury: 4/19/09

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.

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Pollo Mills, LLC; Inland Empire Mexican
Claimant

Check No:	196398
Check Amt:	$646.57
Check Date:	07/30/2012
Claimant:	
Soc. Sec. No:	
Claim No:	0211769-TSIWD7
Date of Loss:	04/19/2009
Adjuster:	Thain, Max
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	06/24/2010 To: 06/19/2012
Invoice No:	35617

PAID
AUG 02 2012
BY:

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Pollo Mills, LLC; Inland Empire Mexican
Claimant

Check No:	196398
Check Amt:	$646.57
Check Date:	07/30/2012
Claimant:	
Soc. Sec. No:	
Claim No:	0211769-TSIWD7
Date of Loss:	04/19/2009
Adjuster:	Thain, Max
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	06/24/2010 To: 06/19/2012
Invoice No:	35617

Payable Comment

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

*** INVOICE ***

Date	NO#
03/15/12	51107

Claim # : 25802
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
COMPWEST (NEWPORT B)
W.C. DEPARTMENT
ATTN: MICHAEL CHOVAN
P.O. BOX 12859
NEWPORT BEACH, CA 92658

Case: vs INTERLIFT
Date Of Injury: 9/28/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/17/12	WCAB LB	MSC - CARMEN GUZMAN #100585	156.50
03/13/12	PMT BY CHECK	DOS 1/17/12 # 2727634	-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.

DR0814

EXPLANATION OF MEDICAL BENEFITS

CompWest Insurance Company
PO Box 12859
Newport Beach, CA 92658

Check Date: 03/13/2012
Chk #: 2727634

000107 RKDN1S1A
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

Group: CompWest Insurance Company
Employer: Interlift Inc
Injured Worker:
Dates of Svc: 2012-01-17 - 2012-01-17
Pat Acct#:
Claim#: 0000025802
Prov ID#:
Diagnosis:
Comments:

DOI: 2008-09-25

PmtID: 2727634
Invoice #: 51107
Bill Recvd:
Review Date:
Print Date: 2012-03-13
Recon Date:
License#:

Service	Modifiers	POS	Diag CD	Billed	MRA Reduct	Netwrk Red	Payment

PAID
MAR 15 2012
BY:

RM1S1073 000107 07365035310 NNNNNN NNNNNN NNNNNNNN 000001

PLEASE DETACH BEFORE DEPOSITING CHECK
SHADED AREA MUST GRADUALLY CHANGE FROM BLUE AT TOP TO GREEN AT BOTTOM

CompWest Insurance Company
PO Box 12859
Newport Beach, CA 92658

11-24/1210

Date: 03/13/2012
Check #: 2727634

CLAIM NUMBER	DATE OF INJURY	INJURED WORKER
0000025802	2008-09-25	

Amount
$*****156.50

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

VOID AFTER 180 DAYS

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

Authorized Signer

WELLS FARGO BANK, N.A.

$5,000 or greater require two signatures

Security Details on Back

⑈000 2727634⑈ ⑆121000248⑆ 4122249 0⑈

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

*** INVOICE ***

Date	NO#
03/16/12	51179

Claim # : SAC0000107353;B152302012
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: CHRIS TIPTON
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs McDONALD'S
Date Of Injury: 5/08;5/10;11/11;10/1

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/02/12	MRI	REF BY DR RODRIGUEZ: C/S, L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
02/10/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/13/12	PMT BY CHECK	DOS 1/20/12-2/10/12 # 0032009918	-556.50

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
P O Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
03/13/2012	556.50	0032009918

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

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*005145 0032009918 00001 OF 00002 OPM 120312 1432

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

Claimant Name	Loss Date	Claim Number	SSN
	10/15/2011	301111153338-0001	

Amt Paid: 556.50 Description:
Amt Billed: 556.50 Invoice: 51179 ICN: 301111533380001
Dates: 01/20/2012 - 02/10/2012 Comment:

MAR 16 2012
BY:

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
08/01/12	53913

Claim # : 0000041670
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
COMPWEST (NEWPORT B)
W.C. DEPARTMENT
ATTN: ED LOW
P.O. BOX 12859
NEWPORT BEACH, CA 92658

Case: vs RAINBOW RANCH LLC
Date Of Injury: 7/28/06

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/12	WCAB LB	STATUS-CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/26/12	PMT BY CHECK	DOS 7/11/12 # 2767708	-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.

DR0814

CompWest Insurance Company
PO Box 12859
Newport Beach, CA 92658

EXPLANATION OF MEDICAL BENEFITS

53915

Check Date: 07/26/2012
Chk #: 2767708
Check Amount: 156.50

000257 R3N1S1A
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID
AUG 01 2012
BY: _____

Group:	CompWest Insurance Company		
Employer:	Rainbow Ranch LLC		
Injured Worker:			
Dates of Svc:	2012-07-11 - 2012-07-11		
Pat Acct#:			
Claim#:	0000041670	DOI: 2006-07-28	
Prov ID#:			
Diagnosis:			
Comments:			
PPO Name:			
PPO ID:			
Provider:			
Rendering Provider:			
Rendering Provider ID:			
DRG:			

PmtID:	2767708
Invoice #:	
Bill Recvd:	
Review Date:	
Print Date:	
Recon Date:	
License#:	
Payment Status Code:	
Bill Frequency Type:	
Insurer:	
Carrier TIN:	201117107
CompWest Insurance Company PO Box 12859 Newport Beach, CA 92658	

Service	Modifiers	POS	Diag CD	Billed	MRA Reduct	Netwrk Red	Payment

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#
03/16/12	45358

Claim # : 2080189912
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HIXON METAL FINISH
Date Of Injury: 3/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/11	WCAB LB	MSC - JOHANNA JORDAN #100793	156.50
08/01/11	PMT BY CHECK	DOS 6/6/11 # 1101385108	-156.50
02/01/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
03/13/12	PMT BY CHECK	DOS 2/1/12 # 1101692638	-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.

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

00811

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0189912 001 NG	WC 3757053	45358		03/14/08	02/01/12-02/01/12

Check Number	1101692638	Date Issued	03/13/12	Amount	$****156.50
Insured	Hixson Metal Finishing Inc				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Santosh CG-Kesavan				
File Supervisor	Nicole Corey	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	156.50		
TOTAL	$156.50		

MAR 16 2012

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

*** INVOICE ***

Date	NO#
08/01/12	51839

Claim # : R00016719
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/12	DEPO PREP	@ THE L/O OF JACK DAVIDSON	156.50
/ /	INTERPRETER:	MARIA TERESA PEREZ # 100630	0.00
06/08/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
07/13/12	PMT BY CHECK	DOS 2/22/12-6/8/12 # 1000157685	-406.50
07/06/12	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/30/12	PMT BY CHECK	DPS 7/6/12 # 1000159948	-156.50

BALANCE 0.00

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

Republic Indemnity

Date: 07/30/2012
Check #: 1000159948
Payment Amount: 156.50

000702 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00016721		51839	07/19/2012	07/06/12	07/06/12	156.50	156.50	
	Interpreter For Medical/WCAB							
						Total	156.50	

PAID
AUG 01 2012
BY:

PLEASE DETACH BEFORE DEPOSITING CHECK

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

*** INVOICE ***

Date	NO#
03/19/12	51510

Claim # : 111W11131208
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TOWER SELECT INS (IRV-17059)
W.C. DEPARTMENT
ATTN: JEFF WILLIAMS
P.O. BOX 17059
IRVINE, CA 92623

Case: vs STAFF IT EMPLOYMENT RESOURCES
Date Of Injury: 9/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/12	DEPO PREP	@ THE L/O OF CIPOLLA & CALABA	156.50
/ /	INTERPRETER:	MARIANA DEMARZIANI # 100816	0.00
03/16/12	PMT BY CHECK	DOS 2/7/12 # 0020388345	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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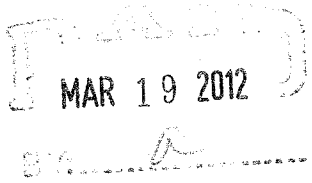
SUA Insurance Company
Chicago, IL

Check # 0020388345

Payee: **Joyce Altman Interpreters**

Check Date 03/16/2012

Bill Id	Invoice #	Policy #	Claim #	Claimant Name	Service From-To	Amount Paid
	51510	WSLTHC001896403	111W11131208		02/07/12-02/07/12	156.50



Net Check Amount $ 156.50

ADVERTENCIA
Este cheque es de beneficios relacionados con compensación de trabajadores. Mientras reciba estos beneficios, y antes de cobrar el cheque, debe informarle a su empleador y a SUA Insurance Company sobre cualquier otro ingreso que reciba o gane por trabajo durante el tiempo cubierto por este cheque, incluyendo ingresos por trabajo por cuenta propia. Si no lo hace, puede resultar en responsabilidad civil y/o penal. Si usted no sigue estos reglamentos, podría est en violación de la ley y el castigo puede ser la cárcel o la prisión, una multa pérdida de los beneficios. Su aceptación de este cheque es una representación suya que indica que tiene derecho legal a dicho pago y que las circunstancias que afectarían el derecho a recibir el pago no han cambiado. El fraude de seguro de compensación de trabajadores y la representación falsa son delitos sancionables según las leyes federales y estatales.

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

*** INVOICE ***

Date	NO#
12/17/12	52704

Claim # : 29409; 29419
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs SWEET LADY JANE
Date Of Injury: 12/28/11; 1/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/25/12	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/01/12	WCAB LB	MSC - JOHANNA JORDAN #100793	156.50
08/27/12	PMT BY CHECK	DOS 4/23/12-8/1/12 # 5000370119	-469.50
12/04/12	WCAB LB	PRI-CONFERENCE - CARMEN GUZMAN # 100585	156.50
12/13/12	PMT BY CHECK	DOS 12/4/12 # 5000380663	-156.50

BALANCE 0.00

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

PREFERRED EMPLOYERS
INSURANCE COMPANY
A BERKLEY COMPANY

DEC 17 2012

BY:

December 13,2012
5000380663

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

Re: I . C. MR (S L J DESSERTS, L L C) **D.O.I.** 12/28/2011
Claim Number: 29409

From	To	Amount	Invoice Number	Payment Type
12/04/12	12/04/12	156.50	52704	INTERPRETER FEES - LEGAL

Check Amount: $156.50

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#
12/17/12 42023

Claim # : 002086-008496-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: PATTY GOMEZ
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs VOLT TELECOM GROUP
Date Of Injury: 6/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/11	MRI	REF BY DR NGUYEN: LT FOOT*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
08/01/11	PMT BY CHECK	DOS 1/18/11 # 0087265206	-150.00
08/30/12	DIAGN STUDY	REF BY DR SCOTT: UGI & KUB @ CALIF IMAG (2H 10M)	168.75
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/11/12	PMT BY CHECK	DOS 1/18/11-8/30/12 # 0098130356	-168.75

BALANCE 0.00

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

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

002086 PAGE 1 OF 1 004608

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

PAID
DEC 17 2012
BY:

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

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

CLAIM NO.: 002086 008496 WC 01 (42143)
CLAIMANT: ***
DESCRIPTION: INVOICE# 42023

BRANCH NO.: 170
ACC DATE: 03Jun09

NO.: 0098130356
VN: 0000334178
DATE: 11Dec12

DATES OF SERVICE: 11Dec2012 **THRU** 30-Aug-20
BENEFIT PERIOD: **THRU**

AMOUNT: 168.75

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004714 005373 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#
08/31/12	51344

Claim # : 2080247107
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INS.(SCHAUMBURG-968002)
W.C. DEPARTMENT
ATTN: VICKY ALLISON X 1300
P.O. BOX 968002
SCHAUMBURG, IL 60196

Case: [redacted] vs CALFORNIA PIZZA KITCHEN (CPK)
Date Of Injury: 3/23/11 - 1/21/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/12	INITIAL EXAM	DR RAMESHNI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/09/12	INITIAL EXAM	DR BLUSH @ ADVANCE CARE* JOSE LUGO # 500267	230.00
03/08/12	PR2/REEVAL	DR RAMESHNI* JOSE LUGO # 500049	180.00
03/13/12	INITIAL EXAM	DR MARANS @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/16/12	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
04/05/12	PR2/REEVAL	DR RAMESHNI* FRANCISCO SOMOANO # 500263	180.00
08/28/12	PMT BY CHECK	DOS 1/27/12-4/5/12 # 1101920299	-1200.00

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 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

00788

RAD
AUG 31 2012
BY:

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0247107 001 VA	WC 2347032	51344		03/23/11	01/27/12-04/05/12

Check Number	1101920299	Date Issued	08/28/12	Amount	$**1,200.00
Insured	California Pizza Kitchen				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Jothi CG-Mani				
File Supervisor	Vickie Alison	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,200.00		
TOTAL	$1,200.00		

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#
08/27/12	52012

Claim # : 005341189
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SCHICK MOVING & STORAGE
Date Of Injury: 12/17/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/12	PRE-OP	DR JARCHI @ MONRVIA HOSPITAL (2HR 45MINS)	247.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
03/19/12	PRE-OP	DR MULVANIA @ MONROVIA HOSP* TITO SLIVA # 500272	180.00
03/20/12	SURGERY	DR MULVANIA: T/S @ MONROVIA HOSPITAL (12.5 HRS)	1125.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
08/23/12	PMT BY CHECK	DOS 3/9/12-3/20/12 # 3000171741	-1552.50

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.

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

Republic Indemnity

Date: 08/23/2012
Check #: 3000171741
Payment Amount: 1,552.50

001487 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID
AUG 27 2012
BY:.....

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
005341189		52012	08/16/2012	03/09/12	03/20/12	1,552.50	1,552.50	
	Interpreter For Medical/WCAB							
						Total	1,552.50	

PLEASE DETACH BEFORE DEPOSITING CHECK

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

*** INVOICE ***

Date	NO#
07/24/12	52724

Claim # : 11-98869
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BARRETT BUSINESS SVC (SACRAM)
W.C. DEPARTMENT
ATTN: QUANDY HARMS
P.O. BOX # 277550
SACRAMENTO, CA 95827

Case: vs MANNING BEEF LLC
Date Of Injury: 8/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR VU @ CA SLP APNEA*	150.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500214	0.00
07/18/12	PMT BY CHECK	DOS 4/13/12 # 146278	-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.

CORVEL CORPORATION
MEDCHECK DEPARTMENT
2355 GOLD MEADOW WAY, STE 100
GOLD RIVER, CA 95670

CORVEL

Bank Code= BBWC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
146278	07/18/12

*******$150.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

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

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000146278⑈ ⑆121000248⑆ 4121 514012⑈

\CH HERE

CORVEL

DETACH HERE

Explanation of Review

Employer
Patient:

Patient DOB: 11/17/1972

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Business Unit: BBSI/San Bernardino
Corvel Corporation
PO Box 277550
Sacramento, CA 95827

LOB: Workers' Compensation
Site/Bill #: 48/1452664 - 1
Reprice: CA, 92780
Billed Date: 06/21/2012
Business Rcvd: 07/03/2012
MBR Rcvd: 07/05/2012
MBR Date: 07/11/2012
Date Approved: 07/18/2012
DOS From - To: 04/13/2012 - 04/13/2012

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Amy Maze

Treating Provider:
Referring Physician: VU
Patient Control #: 52724
Provider Tax Id: 33-0956713

Claim #: 11-98869
Processor Initials: EB
DOI: 08/03/2011
RX Number:

Vendor #: 37865
PIN:
Payee Vendor Number :

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/13/12	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$150.00		1	$0.00	$150.00
Sub-Totals for Bill: 1452664					$150.00			$0.00	$150.00

PAID
JUL 24 2012
BY:

Totals for Bill:1452664 $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#
07/24/12 42637

Claim # : SP601030
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BRUCE JACKSON RACING STABLE
Date Of Injury: 10/02/02

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/29/11	PMT BY CHECK	DOS 2/16/11 # CP-497791	-156.50
01/19/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
03/02/12	PMT BY CHECK	DOS 2/16/11 # CP-560315	-156.50
06/28/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/20/12	PMT BY CHECK	DOS 6/28/12 # CP-596951	-156.50

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)697-7300

Provider Number: 330956713

Check #: **CP-596951**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/20/12
Doc #: 025066691

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:			**Claim #:** SP601030		
1	42637	06/28/12	06/28/12	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SP601030	156.50	.00	156.50

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

Notations:
SP601030 INV NO 42637;

PAID
JUL 24 2012
BY:.....

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

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

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

*** INVOICE ***
Date NO#
07/26/12 16871

Claim # : 227692-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZENITH INSURANCE (VAN NUYS)
W.C. DEPARTMENT
ATTN: MARIA PEREZ
P.O. BOX # 9055
VAN NUYS, CA 91409-9055

Case: vs ATLAS CARPET MILLS
Date Of Injury: 12/3/04

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/05	DEPO PREP	@ THE L/O OF DENNIS FUSI (Rosa Guzman - wife)	147.00
08/31/05	PMT BY CHECK	DOS 8/4/05 # 234151	-147.00
09/12/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (Rosa Guzman - wife)	147.00
10/12/05	PMT BY CHECK	DOS 9/12/05 # 300436	-90.00
11/11/05	PMT BY CHECK	DOS 9/12/05 # 351868	-57.00
11/01/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100885	0.00
12/13/10	PMT BY CHECK	DOS 11/1/10 # 339208	-156.50
09/26/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/17/11	PMT BY CHECK	DOS 8/4/05 # BR 707609	-156.50
05/24/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
07/21/12	PMT BY CHECK	DOS 5/24/12 # 183590	-250.00

BALANCE 0.00

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JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

July 21, 2012
Our Ref : 227692
Your Ref : INV#16871

RE: (ATLAS CARPET MILLS INC) DOI:12/03/04

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
05/24/12	FEE	250.00	250.00	0.00	
	TOTAL $	250.00	250.00	0.00	

Please find attached our check # 183590 for $250.00.
This check covers bills from May 24, 2012 through May 24, 2012.

If you have any questions, please address them to the undersigned.

Sincerely,
Leticia Fernando
Claims Examiner

PAID
JUL 26 2012
BY:

ZENITH P.O. Box 9055, Van Nuys, CA 91409 (818) 713-1000

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

*** INVOICE ***

Date	NO#
07/26/12	49627

Claim # : 33025488
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CLASSIC TILE AND MOSAIC
Date Of Injury: 10/24/10-10/24/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/11	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH CENTER *	230.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
12/07/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
12/22/11	INITIAL EXAM	DR PHILLIPS @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
01/25/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
03/16/12	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/23/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
05/18/12	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/06/12	MRI	REF BY DR KATTAR: L/S @ CALIF IMAGING (2H 25M)	187.50
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/21/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	0.00
07/24/12	PMT BY CHECK	DOS 11/2/11-6/21/12 # 343828	-1597.50

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

*** INVOICE ***

Date	NO#
07/26/12	49627

Claim # : 33025488
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CLASSIC TILE AND MOSAIC
Date Of Injury: 10/24/10-10/24/11

DOS	SERVICE	DESCRIPTION	AMOUNT

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

Wells Fargo
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 343828

DATE
07/24/2012

California Workers' Compensation Payment

**********1,597.50

Pay One Thousand Five Hundred Ninety Seven Dollars And 50/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈0343828⑈ ⑆121000248⑆ 4121450365⑈

Payee: JOYCE ALTMAN INTERPRETERS,INC.

Check Number: 343828

IRS/SSN: XX-XXX713

Check Date: 07/24/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
33025488		10/24/2011	Interpreter Fees - Medical	11/02/2011	06/21/2012	07/23/2012	49627	1,597.50

PAID
JUL 26 2012
BY:

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

*** INVOICE ***
Date NO#
07/25/12 53052

Claim # : 000824000360-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: RICHARD FLORES
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs ATHERTON BAPTIST HOMES
Date Of Injury: 3/19/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR LUCERO @ CA SLP CTR*	150.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
07/18/12	PMT BY CHECK	DOS 5/14/12 # 0094960610	-150.00

BALANCE 0.00

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

000824 PAGE 1 OF 1 008030

MDG2009 00004406 1 MB 0404 1

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

PAID
JUL 25 2012
BY:

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.: 000824 000360 WC 01 (80001001)
CLAIMANT:
DESCRIPTION: INV#53052 INVDATE07/03/12 DOS05/14/12

DATES OF SERVICE: 14May2012 **THRU** 14May2012
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 19Mar11

NO.: 0094960610
VN: 0000027174
DATE: 18Jul12

AMOUNT: 150.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004406 005077 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#
08/09/12 53077

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

BILL TO:
SEDGWICK/SRS INS (LEX14154)
W.C. DEPARTMENT
ATTN: WENDY JORDON
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs FIRST TRANSIT
Date Of Injury: 6/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/11	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
10/28/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/02/11	PMT BY CHECK	DOS 10/18/11-10/28/11 # 5620706433	-313.00
12/16/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES #100761	0.00
03/13/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/09/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
06/05/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/06/12	PMT BY CHECK	DOS 10/18/11-6/5/12 # 0000653881	-813.00

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

DATE	CHECK AMT	CHECK NO.
08/06/2012	813.00	0000653881

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****671:

SCMS UNIT	PAGE
234 Sedgwick Claims Management Services	001

*002934 0000653881 00001 OF 00001 OPM 120803 1434

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

Claimant Name	Loss Date	Claim Number	SSN

Amt Paid: 813.00 Description: 09/17/2010
Amt Billed: 813.00 Invoice: 53077 ICN: 118103445.338
Dates: 06/25/2012 - 06/25/2012 Comment: 49417

PAID
AUG 09 2012
BY: dc

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

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

*** INVOICE ***

Date	NO#
08/10/12	53564

Claim # : 2080248189
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs PBMS INC.
Date Of Injury: 11/10 - 4/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/13/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100785	0.00
07/02/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/07/12	PMT BY CHECK	DOS 6/13/12-7/2/12 # 1101891042	-406.50

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 your claim office. Please use the above address for any future correspondence.

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

00415

PAID
AUG 10 2012
BY:

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0248189 001 SR	WC 6548130	53564		04/13/11	06/13/12-07/02/12

Check Number	1101891042	Date Issued	08/07/12	Amount	$****406.50
Insured	PBMS INC.				
Claimant					
Nature of Payment	OTHER LEGAL EXPENSE				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Naveen CG-Kumar				
File Supervisor	Sid Rodriguez	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	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#
08/10/12	53156

Claim # : E2850003
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ADM BROTHERS,INC dba SUBWAY
Date Of Injury: 6/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/13/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAEYES # 100785	0.00
08/01/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
08/03/12	PMT BY CHECK	DOS 5/7/12-8/1/12 # 101821171	-563.00

BALANCE 0.00

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CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000831

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

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

Claim Number * E2 850003WK

Insured/Client: ADM BROTHERS INC.

Claimant:

ATT: 08/03/12

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
06/01/10		05/07/12-06/13/12	MED	21		DR	$563.00
							$563.00

Reason: 53156

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

PAID
AUG 10 2012
BY:

ACCIWF 01.28.11 PLEASE DETACH BEFORE CASHING

CNA

UNDERWRITTEN BY:
VALLEY FORGE INSURANCE COMPANY

101821171
Date Issued 08/03/12

66-156
531
Bank Acct. 4759628092

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E2 850003	WK	ADM BROTHERS INC.	48
Prefix & Contract No. WC -3011035954		Claimant	Date of Loss 06/01/10
From-thru (Dates) 05/07/12	In Payment of 06/13/12	53156	

PAY FIVE HUNDRED SIXTYTHREE AND NO/100THS ---------- Dollars

********$563.00

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

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈010182117⑈ ⑆053101561⑆ 4759628092⑈

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

*** INVOICE ***

Date	NO#
08/13/12	52583

Claim # : PZC00454705
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MADER NEWS INC.
Date Of Injury: 12/15/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR ANDALIB @ CALIF SLP*	150.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
04/25/12	ULTRASOUND	REF BY DR BURNSTIEN: ECHO @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/09/12	PMT BY CHECK	DOS 4/4/12-4/25/12 # 0002194608	-300.00

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: 0002194608

Vendor Number: 408696962

Issuing Location: Orange County Claims

Check Date: 08/09/2012

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
52583	PZC00454705	MC	52583	12/15/2009	$300.00

PAID
AUG 13 2012
BY: a

TOTAL: $300.00

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

Processor: U. Mora

Please Detach Before Depositing

Internal Reference No: 52583

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

*** INVOICE ***

Date	NO#
08/13/12	47098

Claim # : 30110437949-0001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ROSS STORES
Date Of Injury: 2/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 100755	0.00
08/29/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/27/11	PMT BY CHECK	DOS 8/5/11 # 0030217261	-156.50
12/13/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES #100761	0.00
01/11/12	PMT BY CHECK	DOS 8/29/11-12/13/11 # 0031815589	-406.50
05/07/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
05/29/12	PMT BY CHECK	DOS 5/7/12 # 0034540526	-156.50
07/16/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/09/12	PMT BY CHECK	DOS 7/16/12 # 0029399514	-156.50

BALANCE 0.00

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

DATE	CHECK AMT	CHECK NO.
08/09/2012	156.50	0029399514

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****671

SCMS UNIT	PAGE
100 Sedgwick Claims Management Services	001

*003061 0029399514 00001 OF 00001 0PM 120808 1435

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

Claimant Name	Loss Date	Claim Number	SSN
	06/18/2009	30110551275-0001	

Amt Paid: 156.50
Amt Billed: 156.50
Dates: 08/29/2011 - 07/16/2012

Description:
Invoice: 47098
Comment:

ICN: 301105512750001

PAID
AUG 13 2012
BY:

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

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

*** INVOICE ***

Date	NO#
08/17/12	52913

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

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

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

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

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 #: **CU-925415**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/13/12
Doc #: 025172992

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name		**Claim #:** 04890680		
1	52913	07/18/12	07/18/12	Interpreter fees	1		313.00

Total Allowances: **$313.00**

Claim Number	**Allowances**	**Penalty & Interest**	**Invoice Totals**
04890680	313.00	.00	313.00

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:
04890680 INV 52913;

PAID
AUG 17 2012
BY:

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

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

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

*** INVOICE ***

Date	NO#
08/20/12	53597

Claim # : 152CBA4A2273H
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: MICHAEL GONZALEZ
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs NATIONAL RETAIL TRANSPORT
Date Of Injury: 9/17/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/12	MRI	REF BY DR NEWTON: C/S, L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
08/14/12	PMT BY CHECK	DOS 6/7/12 # 896D 80779286	-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.

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

SB00884

896D 80779276

TRAVELERS

DATE: 08/14/12
LOSS DATE: 10/26/09
FILE NUMBER: 152 CB A4A2273 H

EMPLOYEE

ACCOUNT NAME:
NATIONAL RETAIL SYSTEMS INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 06/07/2012

TOTAL PAID: $150.00
TAX INFO: 330956713331748 1Y
PAY MISC: 53597
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
AUG 20 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: ERIC A COOPER AT (909)612-3041

!27010971
DETACH CHECK

UNSUMM-11131
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#
08/20/12	50580

Claim # : CH00021421WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TOWER SELECT INS (IRV-17059)
W.C. DEPARTMENT
ATTN: JOHN WHITEHOUSE
P.O. BOX 17059
IRVINE, CA 92623

Case: vs Y&R FASHIONS, INC
Date Of Injury: CT 11/15/10-7/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/11	MRI	REF BY DR AUN: C/S, L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA #500106	0.00
05/03/12	PMT BY CHECK	DOS 12/17/11 # 2015031548	-150.00
07/25/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
08/15/12	PMT BY CHECK	DOS 7/25/12 # 2015053727	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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8009080

PICCLP

TOWER GROUP COMPANIES

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

Check Number: 2015053727
Date: 08/15/2012
Amount: 156.50

238

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

PAID
AUG 20 2012
BY:

Claim Number 111W11130054
Joyce Altman Interpreters

Claim#	Invoice#	FromDate	To Date	Insured Name	Claimant Name	Amount
Inv Date	Reason					
111W11130054	50580	07/25/12	07/25/12	Y AND R FASHION, INC.		156.50

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

*** INVOICE ***

Date	NO#
08/20/12	52847

Claim # : 2010160928
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MT. ST. MARY'S COLLEGE
Date Of Injury: 5/29/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/12	MRA	& MRI REF BY DR KADABA: LT KNEE (2HRS 40MINS)	206.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/16/12	PMT BY CHECK	DOS 4/27/12 # 1100200782	-206.25

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

ZURICH SERVICES CORPORATION

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

06931

PAID
AUG 20 2012
BY:

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0160928 001 MA	WC 9377758	52847		05/29/07	04/27/12-04/27/12

Check Number	1100200782	Date Issued	08/16/12	Amount	$****206.25
Customer	Mount Saint Mary's				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Tamil CG-Ilakkia				
File Supervisor	Martille Blackwell	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	206.25		
TOTAL	$206.25		

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#
08/20/12	50298

Claim # : 2080189162
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : , ,
Terms : 45 days

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

Case: vs ABLE BUILDING MAINTENANCE
Date Of Injury: 01/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/11	EMG TESTING	& NCV BY DR PETRUSZKA: UPPER EXT. @ CALIF IMG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/05/12	MRI	& MRA REF BY DR PIETRUSZKA: R/SHOULDER @ CA IMG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
08/16/12	PMT BY CHECK	DOS 11/30/11-7/5/12 # 1100200828	-300.00

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORPORATION

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

06977

RECEIVED
AUG 20 2012
BY:

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0189162 001 HL	WC 8298257	50298		06/09/08	11/30/11-07/05/12

Check Number	1100200828	**Date Issued**	08/16/12	**Amount**	$*****300.00
Customer	Able Building Maintenance				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Naveen CG-Kumar				
File Supervisor	Laura Hershey	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	300.00		
TOTAL	$300.00		

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#
08/20/12	48556

Claim # : ENR4403
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MGM AUTO BODY
Date Of Injury: CT 7/1/10-4/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/11	PR2/REEVAL	DR ZARRINI @ PAIN RELIEF *	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/20/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/23/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/16/12	PMT BY CHECK	DOS 9/15/11-7/23/12 # 891A 82855174	-586.50

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

SB00796

891A 82855174

TRAVELERS

DATE: 08/16/12
LOSS DATE: 04/13/11
FILE NUMBER: 480 CB ENR4403 E

EMPLOYEE

ACCOUNT NAME:
MGM AUTO BODY

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 09/15/2011 TO: 07/23/2012

TOTAL PAID: $586.50
TAX INFO: 330956713331748 1Y
PAY MISC: 48556
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
AUG 20 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: MONICA C SHRIVER AT (916)638-6604

229010869
DETACH CHECK

UNSUMM
OVRPUNS2-1212
DETACH CHECK

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

*** INVOICE ***

Date	NO#
08/24/12	43793

Claim # : 05142768
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BEAUTY IN BALLOONS
Date Of Injury: 5/06 -8/22/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
05/03/11	PMT BY CHECK	DOS 4/5/11 # CN-474105	-156.50
07/31/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
08/21/12	PMT BY CHECK	DOS 7/31/12 # BP-449008	-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.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(888)782-8338

Provider Number: 330956713

Check #: **BP-449008**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/21/12
Doc #: 025214316

43793

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Nam	**Claim #:** 05142768			
1	WCHEUN	07/31/12	07/31/12	Claimant Incurred Legal Expense	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05142768	156.50	.00	156.50

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

Notations:
05142768 INV #43793; CL $156.50;

PAID
AUG 24 2012
BY: a

0118525402521431601 2

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

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

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

*** INVOICE ***

Date	NO#
08/24/12	38331

Claim # : 30100105649001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RALPHS GROCERY COMPANY
Date Of Injury: 1/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/10	WCAB LB	STATUS CONFERENCE (OTOC)	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/11/10	DEPO PREP	@ THE L/O OF RICHARD POWELL	156.50
/ /	INTERPRETER:	GABRIELA PUELLES # 100616	0.00
11/09/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/27/11	CT SCAN	REF BY DR SUUTARI: L/S*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/16/11	WCAB LB	EXP. HEARING (FULL DAY)	313.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
05/14/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
06/13/12	PMT BY CHECK	DOS 8/9/10-5/14/12 # 0001496545	-1182.50
07/23/12	WCAB LB	MSC - CAMREN GUZMAN # 100585	156.50
08/20/12	PMT BY CHECK	DOS 7/23/12 # 0002246300	-156.50

BALANCE 0.00

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

DATE	CHECK AMT	CHECK NO.
08/20/2012	156.00	0002246300

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

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services	001

*004710 0002246300 00001 OF 00001 OPM 120817 1435

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

38331

Claimant Name	Loss Date	Claim Number	SSN
	01/03/2010	30100105649-0001	

Amt Paid: 156.00
Amt Billed: 156.00
Dates: 07/23/2012 - 07/23/2012

Description:
Invoice:
Comment:

ICN: 301001056490001

PAID
AUG 24 2012
BY:

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

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

*** INVOICE ***

Date	NO#
08/22/12	52621

Claim # : 221CBABM55177
W.C.A.B.:
ADJ # : 1
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PARAGON SCHMID PRODUCTS
Date Of Injury: 11/8/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/12	MRI	REF BY DR SILVER: L/S W/CONT-RAST @ CA IMG (3H)	225.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/17/12	PMT BY CHECK	-=DOS 4/6/12 # 896D 80802659	-225.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SB01702

896D 80802659

TRAVELERS

DATE: 08/17/12
LOSS DATE: 11/08/05
FILE NUMBER: 152 CB ABM5517 P

EMPLOYEE

ACCOUNT NAME:
MASCO CORP

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 04/06/2012

TOTAL PAID: $225.00
TAX INFO: 330956713331748 1Y
PAY MISC: 52621
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
AUG 23 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: VALERIE NORMINTON AT (909)612-3335

230011820
DETACH CHECK

UNSUMM-11
OVRPUNS2-12
DETACH CHECK

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

*** INVOICE ***

Date	NO#
08/22/12	52601

Claim # : SAC0000106014
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (JANESVILLE)
W.C. DEPARTMENT
ATTN: RICHARD CORTEZ
P.O. BOX 5228
JANESVILLE, WI 53547

Case: vs PILGRIM PLACE
Date Of Injury: 3/08/08; 9/20/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/12	ULTRASOUND	DIAG STUDY REF BY DR AHMED: ABDOMEN @ CALIF IMG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320 DOI: 3/08/08	0.00
06/26/12	CT SCAN	REF BY DR ENGLANOFF: ABDOMEN @ CALIF IMAG(2H 50M)	206.25
/ /	INTERPRETER:	BLANCA MEJIA # 100741 DOI: 9/20/08	0.00
08/20/12	PMT BY CHECK	DOS 4/5/12-6/26/12 # 529805	-356.25

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Client: PILGRIM PLACE IN CLAREMONT, INC.

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

Check Number: 529805
Check Date: 08/20/2012
Check Amount: $356.25

Claim Number: 00106014
Claimant/Employee:
From - To: 04/05/2012 - 06/26/2012
For:
625 Mayflower Road

Amount: $356.25
Incident Date: 03/08/2008
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 52601
Invoice Date:

PAID
AUG 23 2012
BY:

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

*** INVOICE ***

Date	NO#
08/27/12	54227

Claim # : 16000870
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RW FORSUM ENT/JACK IN THE BOX
Date Of Injury: 5/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
08/24/12	PMT BY CHECK	DOS 7/25/12 # 57438	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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California Restaurant Mutual Benefit Corporation

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

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 57438

DATE
08/24/2012

California Workers' Compensation Payment

**********156.50

Pay One Hundred Fifty Six Dollars And 50/100

VOID

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0057438⑈ ⑆122235821⑆ 153495850833⑈

Payee: Joyce Altman Interpreters, Inc.

Check Number: 57438

IRS/SSN: XX-XXX6713

Check Date: 08/24/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
16000870		05/06/2011	Interpreting Fees	07/25/2012	07/25/2012	08/15/2012	54227	156.50

PAID
AUG 27 2012
BY:

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

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

*** INVOICE ***

Date	NO#
08/27/12	53404

Claim # : LB0008658571;LB0008969677
W.C.A.B.:
ADJ # :
S.S.N.
D.O.B. :
Terms : 45 days

BILL TO:
SEABRIGHT INSURANCE (ORANGE)
W.C. DEPARTMENT
ATTN: KATHY HEINS
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs NORMANDIE CLUB
Date Of Injury: 1/3/12; 3/13/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/30/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
06/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/05/12	PMT BY CHECK	DOS 5/30/12 # 1053288	-156.50
07/25/12	PMT BY CHECK	DOS 6/27/12 # 1064706	-250.00
07/25/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
08/24/12	PMT BY CHECK	DOS 7/25/12 # 1080308	-156.50

BALANCE 0.00

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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 1080308

8/24/12
LB000865857

VOID VOID VOID VOID VOID

PAY One Hundred Fifty-Six And 50/100 Dollars ********156.50

TO THE ORDER OF:

VOID AFTER SIX MONTHS

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

1248

AN AGENT OF SeaBright Insurance Company

VOID VOID VOID

⑈1080308⑈ ⑆041203824⑆960009490 9⑈

CLAIM ID: LB000865857 DATE OF LOSS: 1/3/12 ACCOUNT: D2
CLAIMANT:
INSURED: Normandie Club, LP
PAYEE: Joyce Altman Interpreting

INVOICE NO.: INV#53404
MEMO:

CHECK NO.: 1080308
DATE: 8/24/12
AMOUNT: ********156.50
REF. NO.: 007986561
USER-ID: 24636/LB

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	07/25/12	MA	INV#53404	1	1	156.50	156.50

PAID
AUG 27 2012
BY:

TOTAL 156.50 156.50

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

*** INVOICE ***

Date	NO#
08/27/12	50057

Claim # : ECA900058426
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: EVA LINDA PINA
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs CA AUTO BODY & PAINT EXPERT
Date Of Injury: 8/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
11/23/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR SADIGHPOUR*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
02/23/12	PMT BY CHECK	DOS 11/30/11-11/23/11 # 2697148	-306.50
07/31/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/22/12	PMT BY CHECK	DOS 7/31/12 # 2726234	-156.50

BALANCE 0.00

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FIRST COMP
Insuring America's Small Business®
A MARKEL® Company

PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: ECA900058426
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2726234
Check Date: 08/22/2012
Check Amount: 156.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0015860
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 50057wcab
Invoice Date: 08/10/2012

Service From: 07/31/2012 **Service To:** 07/31/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 07/31/2012 07/31/2012

FAX
AUG 27 2012
BY:

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

*** INVOICE ***

Date	NO#
08/28/12	54232

Claim # : WC10071857
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SANDERS & WOHRMAN CORP.
Date Of Injury: 8/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/26/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
08/24/12	PMT BY CHECK	DOS 7/26/12 # 8813796927	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Farmers Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

August 24, 2012

'RUCK INSURANCE EXCHANGE

Check Number: 8813796927
Date: 08/24/2012

Amount: $156.50******

01 01 001034 JF1WSB3MN1 CE0824P2 02 [ ] 001267

'AY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

54232

To the order of
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 00000

Claimant/Patient:
Insured: SANDERS WOHRMAN CORPORATION
Date of Loss: 08/11/2010
Claim Number: WC10071857
Correspondence Reference: JF1WSB3MN
Claim Representative: Christine McCarthy
Office Phone Number: 7143853721

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

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
07/26/12 - 07/26/12	Other Specified Indemnity	$156.50		$156.50

TOTAL Benefits Paid To Date : Other Specified Indemnity $156.50

PAID
AUG 28 2012
BY:

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

*** INVOICE ***

Date	NO#
08/30/12	51892

Claim # : YLR59423
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs GABRIEL CONTAINER CO.
Date Of Injury: 6/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/12	WCAB LB	EXP HEARING	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
07/26/12	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
08/22/12	PMT BY CHECK	DOS 2/27/12-7/26/12 # 202084174 6	-313.00

BALANCE 0.00

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

SRS
SPECIALTY RISK SERVICES

000510
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID
AUG 28 2012
BY:

00511 *

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
51892 06-28-11	72HMC TG1091 YLRC 59423	GABRIEL CONTAINER, INC., A & LAUNDRY	$313.00
Nature of Payment: Other Medical		Service Dates 02-27-2012 07-26-2012	$313.00
Claim Handler: Marina Sambrano 800/221-5473 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: DCN 5120120810162335	

Issue Date	08-22-2012	Check Number	2020841746	Total Amount of Check	$313.00

Please keep the above information for your records.

099553201

400012 2020841746

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#
10/31/11	36376

Claim # : LBO00490831
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEABRIGHT INSURANCE (ORANGE)
W.C. DEPARTMENT
ATTN: MARYANNE KOSTAGE
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs ROYAL CABINETS
Date Of Injury: 1/21/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
02/23/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/23/10	PMT BY CHECK	DOS 1/4/0 # 596111	-156.50
04/22/10	PMT BY CHECK	DOS 2/23/10 # 611791	-250.00
05/17/10	DEPO PREP	@ THE L/O OF DENNIS FUIS VOL II	156.50
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
04/22/10	PMT BY CHECK	DOA 5/17/10 # 611791	-156.50
07/21/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/15/10	PMT BY CHECK	DOA 7/21/10 # 699955	-250.00
10/04/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
10/26/11	PMT BY CHECK	DOS 10/4/11 # 916891	-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.

VOID VOID 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 916891

10/26/11
LB000490831

PAY One Hundred Fifty-Six And 50/100 Dollars ********156.50

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

⑈916891⑈ ⑆041203824⑆960009490 9⑈

CLAIM ID: LB000490831 DATE OF LOSS: 1/21/09 ACCOUNT: D2
CLAIMANT:
INSURED: Royal Industries Inc
PAYEE: Joyce Altman Interpreting

INVOICE NO.: 36376
MEMO:

CHECK NO.: 916891
DATE: 10/26/11
AMOUNT: ********156.50
REF. NO.: 006157955
USER-ID: 21067/LB

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	10/04/11	MI	Inv # 36376	1	Box	156.50	156.50

PAID
OCT 31 2011
BY:

TOTAL	156.50	156.50

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

*** INVOICE ***

Date	NO#
11/04/11	43733

Claim # : 04883206
W.C.A.B. :
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ATS TIRES MOTORSPORTS/BIG-O
Date Of Injury: 8/15/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/11	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
05/31/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/10/11	PMT BY CHECK	DOS 3/14/11 # CN-474912	-156.56
07/13/11	PEN & INT	PER LABOR CODE Ï4622	0.06
07/13/11	PMT BY CHECK	DOS 5/31/11 # CN-482000	-250.00
10/14/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/01/11	PMT BY CHECK	DOS 10/14/11 # CP-530668	-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.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(855)250-5678

Provider Number: 330956713

Check #: **CP-530668**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/01/11
Doc #: 023820555

43733

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 04883206		
1	FULL&FINAL	10/14/11	10/14/11	Interpreter fees	1		250.00
						Total Allowances:	**$250.00**

2nd inv# 23031

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04883206	250.00	.00	250.00

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

Notations:
04883206 FULL AND FINAL;

PAID
NOV 04 2011
BY:.....

0127409202382055501 2

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.

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

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

*** INVOICE ***

Date	NO#
11/04/11	46518

Claim # : 05524646
W.C.A.B.:
ADJ # : -
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs R. SANDOVAL dba JZ PARTY CHARM
Date Of Injury: 12/12/07

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
10/26/11	WCAB LB	MSC - JOYCE ALTMAN # 300624 (FULL DAY)	313.00
11/02/11	PMT BY CHECK	DOS 7/6/11-10/26/11 # CP-531063	-469.50

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 65005
Pinedale, CA 93650-5005
(855)250-5678

Provider Number: 330956713

Check #: **CP-531063**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/02/11
Doc #: 023829186

46518

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05524646			
1		07/06/11	10/26/11	Interpreter fees	1		469.50
						Total Allowances:	**$469.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05524646	469.50	.00	469.50

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.

RECEIVED
NOV 04 2011
BY:

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!

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

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

*** INVOICE ***

Date	NO#
11/08/11	48391

Claim # : ENR5823
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TWENTY FOUR/SEVEN COMMERCIAL
Date Of Injury: 4/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/05/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/24/11	PMT BY CHECK	DOS 9/13/11 # 891a 81766215	-156.50
11/01/11	PMT BY CHECK	DOS 10/5/11 # 891A 81796985	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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001927

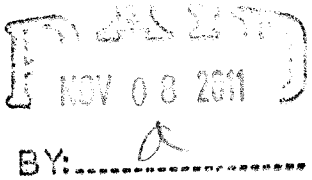
THE TRAVELERS - RANCHO CORDOVA CL C
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089

SB01927

891A 81796985

TRAVELERS

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



DATE: 11/01/11
LOSS DATE: 04/04/11
FILE NUMBER: 480 CB ENR5823 F

EMPLOYEE

ACCOUNT NAME:
TWENTY-FOUR/ SEVEN COMMERCIAL

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/05/2011

TOTAL PAID: $250.00
TAX INFO: 330956713372147 6Y
PAY MISC: #48391
PAYEE:
JOYCE ALMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT: SANDY L DISMUKE AT (916)638-6568

305011927
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#
06/24/11	39118

Claim # : 2080229997
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TVI/TIERRA VERDE INDUSTRIES
Date Of Injury: CT 5/06 -5/24/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/10	DEPO PREP	@ THE L/O OF TOBIN & LUCKS	156.50
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
11/01/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/24/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
12/08/10	INITIAL EXAM	DR SANJIV JAIN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/13/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL W/ DR GHODS*	150.00
/ /	INTERPRETER:	CONSUELO GONZALEZ # 500288	0.00
05/12/11	C&R READING	@ THE L/O OF DENNIS FUSI (BLOCK SETTLEMENT)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/20/11	PMT BY CHECK	DOS 10/18/10 THRU 5/12/11 # 1101329137	-1099.50

BALANCE 0.00

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

American Zurich Ins. Co.

lease Note:
/e have a new mailing address for
ır claim office. Please use the above
ddress for any future correspondence.

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

01586

BY:

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0229997 001 SR	WC 9306564	39118		05/24/10	10/18/10-05/12/11

Check Number	1101329137	**Date Issued**	06/20/11	**Amount**	$**1,099.50
Insured	CalMet Services Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Nalini CG-S				
File Supervisor	Sid Rodriguez	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,099.50		
TOTAL	$1,099.50		

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#
06/20/11	43823

Claim # : 03059832
W.C.A.B.: LBO
ADJ # :
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 FULLMAR CATTLE CO./WORFORCE
Date Of Injury: 10/5/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/11	WCAB LB	MSC (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/23/11	PMT BY CHECK	DOS 4/12/11 # CS-339436	-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 #: **CS-339436**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/23/11
Doc #: 022856127

43823

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	03059832	**Date of Injury:**	10/05/05	
		ICD-9 Code:999.9	COMPLIC MED CARE NEC/NOS						
1	SF1-SFCA-8380074	04/12/11	999Q3	Interpreter Med-Lega	1	313.00	.00	723	313.00
							Total Allowances:		**$313.00**

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

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

0136558202285612701 2

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

*** INVOICE ***

Date	NO#
05/09/11	38128

Claim # : YMH41963C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
THE HARTFORD (LEXINGTON-14187)
W.C. DEPARTMENT
ATTN: TRISHA HERMON
P.O. BOX 14187
LEXINGTON, KY 40512

Case: vs SHAKEY'S PIZZA
Date Of Injury: 7/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/26/10	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/31/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
09/28/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
11/02/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
01/11/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
02/12/11	INITIAL EXAM	DR GALLONI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/14/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
03/04/11	PMT BY CHECK	DOS 7/26/10 THRU 2/14/11 # 116349886 6	-1360.00
03/21/11	P AND S	DR KATTAR (2 HRS 15 MINS)	258.75
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
05/03/11	PMT BY CHECK	DOS 3/21/11 # 116612819 9	-258.75
		BALANCE	0.00

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

THE HARTFORD

000243
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00246

*400012 116612819 9

Attention: This remittance incorporates 1 claim payments

PAID
MAY 09 2011
BY:

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
38128 07-22-10	72WE LM4082 YMHC 41963	SHAKEYS RESTAURANT	$258.75
Nature of Payment: Miscellaneous Medical		Service Dates 07-26-2010 03-21-2011	$258.75

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

Additional Comments:

Issue Date	05-03-2011	Check Number	116612819 9	Total Amount of Check	$258.75

Please keep the above information for your records

RECEIVED MAY 09 2011

093605290

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

*** INVOICE ***

Date	NO#
09/04/12	49605

Claim # : 000682000126-WC-01
W.C.A.B.:
ADJ # :
S.S.N. : [redacted]
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs PARAMOUNT CONVALESENT
Date Of Injury: 5/3/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/11	MRI	REF BY DR PAQUETTE: L/S & CT: L/SP @ CA IMAG *	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/10/12	MRI	REF BY DR PAQUETTE: PELVIS @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/13/12	PRE-OP	DR PAQUETTE @ MONROVIA MEDICA HOSPITAL (3H 15M)	292.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/14/12	SURGERY	DR PAQUETTE @ MONROVIA MEDICA HOSPITAL (13H 30M)	1215.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
08/29/12	PMT BY CHECK	DOS 10/27/11-2/14/12 # 0095890861	-1807.50

BALANCE 0.00

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GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

0103852 01 RE 0.401 **AUTO T1 2 5868 92781 -P03855

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

PAID
SEP 04 2012
BY:

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

SUN MAR HEALTHCARE

CLAIM NO. 000682 000126 WC 01

CLAIMANT:

DESCRIPTION: INVOICE #49605

DATE OF SERVICE: 27-Oct-2011 TO 14-Feb-2012

BRANCH NO. 164

ACC. DATE 03-May-2007

CHECK NO. 0095890861

VN. 0000024868

DATE: 29-Aug-2012

PAYMENT AMOUNT: $1,807.50

REV 103852-0001_01_0001 5868-0004803 (F26D)

DETACH AND RETAIN THIS STUB 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#
09/07/12	53665

Claim # : 16001654
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DENNY'S RESTARURANT
Date Of Injury: 8/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/12	MRI	REF BY DR BAZEL: BIL/HIPS, L/KNEE, R/SHLDER*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
07/30/12	PMT BY CHECK	DOS 6/5/12 # 53968	-150.00
08/02/12	MRI	REF BY DR BAZEL: T/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
09/05/12	PMT BY CHECK	DOS 8/2/12 # 59174	-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.

California Restaurant Mutual Benefit Corporation

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

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 59174

DATE
09/05/2012

California Workers' Compensation Payment

**********150.00

Pay One Hundred Fifty Dollars And 00/100

VOID

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0059174⑈ ⑆122235821⑆ 153495850833⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XXX6713

Check Number: 59174

Check Date: 09/05/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
16001654		08/10/2011	Interpreting Fees	08/02/2012	08/02/2012	08/30/2012	53665	150.00

PAID
SEP 07 2012
BY:

REORDER 601 - U.S. PATENT NO. 5538280, 5575508, 5641183, 5765353, 5984364, 6030000

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

*** INVOICE ***

Date	NO#
09/10/12	50595

Claim # : 2009153556
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ZION CITY, INC.
Date Of Injury: 10/30/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/11	DEPO PREP	@ HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	MARIA T PEREZ # 100630	0.00
01/10/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/22/12	PMT BY CHECK	DOS 12/7/11-1/10/12 # 200670717	-406.50
07/12/12	DEPO PREP	@ HUTCHING COURT REPORTES VOL II	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/10/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/05/12	PMT BY CHECK	DOS 7/12/12-8/10/102 # 200794418	-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.

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: 200794418
Check Date: 09/05/2012

Claim Number: 2009153556
Injured Employee:

Payment Description: Intrepreter
Billed Date: n/a
Service Period: 12/07/2011 through 08/10/2012
Invoice Number: 50595
Billed Amount: $406.50
Comments: n/a

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

Claim Number: 2010140563
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: n/a
Service Period: 07/23/2012 through 07/23/2012
Invoice Number: 50188
Billed Amount: $180.00
Comments: n/a

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

Claim Number: 80700158180
Injured Employee:

PAID
SEP 10 2012
BY:

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

*** INVOICE ***

Date	NO#
09/10/12	43557

Claim # : 0224161/0224159-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PRETECH ENGINEERING, INC.
Date Of Injury: 12/14/09; 12/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/11	DEPO PREP	@ THE L/O OF MULLEN & FILIPPI	156.50
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
06/17/11	PMT BY CHECK	DOS 3/11/11 # 170379	-156.50
04/20/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (3.5 HRS)	312.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/22/11	PMT BY CHECK	DOS 4/20/11 # 177056	-312.50
07/25/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/05/12	PMT BY CHECK	DOS 7/25/12 # 273048	-156.50

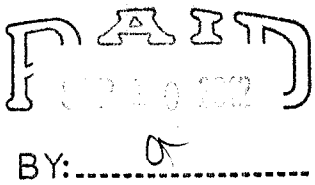
BALANCE 0.00

* 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.

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
PRETECH ENGINEERING INC
Claimant

Check No:	273048
Check Amt:	$156.50
Check Date:	09/05/2012
Claimant:	
Soc. Sec. No:	
Claim No:	0224161-WCMSTR
Date of Loss:	12/07/2010
Adjuster:	Lawrence, Crickette
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	07/25/2012 To: 07/25/2012
Invoice No:	43557



Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
PRETECH ENGINEERING INC
Claimant

Check No:	273048
Check Amt:	$156.50
Check Date:	09/05/2012
Claimant:	
Soc. Sec. No:	
Claim No:	0224161-WCMSTR
Date of Loss:	12/07/2010
Adjuster:	Lawrence, Crickette
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	07/25/2012 To: 07/25/2012
Invoice No:	43557

Payable Comment

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

*** INVOICE ***

Date	NO#
09/10/12	54345

Claim # : 05775140
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: _ vs CANTER BORY LOTS
Date Of Injury: 10/26/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
09/07/12	PMT BY CHECK	DOS 8/1/12 # CS-394371	-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.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **CS-394371**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/07/12
Doc #: 025300343

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05775140		
1	54345	08/01/12	08/01/12	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05775140	156.50	.00	156.50

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

Notations:
05775140 INVOICE# 54345;

PAID
SEP 10 2012
BY:

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

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

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

*** INVOICE ***

Date	NO#
09/10/12	53875

Claim # : 12300793
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BARRETT BUSINESS SERVICES
Date Of Injury: 2/20/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
07/05/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/10/12	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/05/12	PMT BY CHECK	DOS 6/6/12-8/10/12 # 152562	-563.00

BALANCE 0.00

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VOID VOID VOID

CORVEL CORPORATION
BANK CODE = BBWC
2355 GOLD MEADOW WAY, STE 100
GOLD RIVER, CA 95670

CORVEL

Bank Code= BBWC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
152562	09/05/12

PAY EXACTLY: *Five hundred sixty three and 00/100 Dollars*

*******$563.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000152562⑈ ⑆121000248⑆ 4121 514012⑈

ETACH HERE

CORVEL

DETACH HEI

5388

Explanation of Review

Employer
Patient:

Business Unit: BBSI/Santa Ana
Corvel Corporation
PO Box 277550
Sacramento, CA 95827

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB:	Workers' Compensation
Site/Bill #:	48/1491075 - 1
Reprice:	CA, 92780
Billed Date:	08/25/2012
Business Rcvd:	08/27/2012
MBR Rcvd:	08/29/2012
MBR Date:	09/04/2012
Date Approved:	09/04/2012
DOS From - To:	06/06/2012 - 08/10/2012

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Claudia Schiller
Vendor #: 37865
PIN:
Payee Vendor Number :

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

RECEIVED
SEP 10 2012
BY:

Claim #: 12-00793
Processor Initials: KK
DOI: 02/20/2012
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
06/06/12	T1013 523, G1 , G4	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
07/05/12	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$250.00		1	$0.00	$250.00
08/10/12	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$156.50		1	$0.00	$156.50
Sub-Totals for Bill: 1491075					$563.00			$0.00	$563.00

Totals for Bill:1491075 $563.00

Line Item Reason Codes and Descriptions
523 Reduced per administrative rules

Line Item Reason Codes and Descriptions

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

*** INVOICE ***

Date	NO#
09/14/12	47563

Claim # : 6330-083-A00032
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
NOVAPRO RISK SOLUTIONS (TUST)
W.C. DEPARTMENT
ATTN: LORENA CUEVAS
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs WORKFORCE OUTSOURCING
Date Of Injury: 2/15/10-2/15/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/11	MRI	REF BY DR PENN DC: L/S @ CAL IMG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
09/10/12	PMT BY CHECK	DOS 8/17/11 # 000007002	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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REORDER 801B • U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

Bank of America
Costa Mesa, CA

16-66/1220

CARL WARREN & COMPANY
ATF
WORKFORCE OUTSOURCING

BRANCH: S083 ORG
NOVAPRO RISK SOLUTIONS, LP
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLAIM#: 6330 WFO 0000048
CLAIMANT: [redacted]
LOSS DATE: 2/15/2010

PAYMENT AMOUNT: ******150.00**
PAYEE NAME: JOYCE ~~ALIMAN~~ INTERPRETERS

CHECK#: 000007002
ISSUE DATE: 9/10/2012

PAYMENT SETTLEMENT: INV 47563 08/17/2011-08/17/2011

PAID
SEP 14 2012
BY:

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

*** INVOICE ***

Date	NO#
09/14/12	48213

Claim # : HACY-000992
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HOUSING AUTHORITY OF L.A.
Date Of Injury: 1/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/11	PR2/REEVAL	DR ZARRINI @ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/01/12	INITIAL EXAM	@ COAST CITY MEDICAL GROUP (2H 30M)	287.50
/ /	INTERPRETER:	ALBERTO VILLLAGOMEZ # 500341	0.00
05/15/12	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/29/12	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/12/12	PR2/REEVAL	@ COAST CITY MEDICAL*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/26/12	INITIAL EXAM	W/ ACUPUNCTURIST J. KIM @ COAST CITY MEDICAL*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/10/12	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/19/12	P AND S	@ COAST CITY MEDICAL GROUP*	230.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
09/12/12	PMT BY CHECK	DOS 9/1/11-7/19/12 # 37679	-1647.50
		BALANCE	0.00

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Mailing Information:

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

Claim Number : HACY-000992
Claimant : –
Date of Loss : 01/01/2000
Check Number : 37679
Check Date : 09/12/2012
Check Amount : $1,647.50
Type of Payment :
61 MISC. ALL OTHER

Location : 4005241 Section 8 Administration - 800 2600 Wilshire Blvd 5th Floor
For Period : 09/01/2011 to 07/19/2012
InvoiceNo : 48213
IRS # : 33-0956713

PAID
SEP 14 2012
BY:

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

HACLA
administered by York Risk Services Group, Inc.
313 E. Foothill Blvd.
Upland, CA 91786

Bank of America
12747 Central Ave
Chino, CA 91710
16-66/1220

REF. NUMBER	
HACY-000992	
DATE	CHECK NO
9/12/2012	37679
AMOUNT	
***$1,647.50	

PAY ONE THOUSAND SIX HUNDRED FORTY-SEVEN AND 50/100

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

Not negotiable after 90 days

⑈0037679⑈ ⑆122000661⑆ 0969680201⑈

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

*** INVOICE ***

Date	NO#
09/14/12	47726

Claim # : 494C1639110
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs KRAFT FOODS INC
Date Of Injury: 7/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/22/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/30/11	PMT BY CHECK	DOS 8/25/11 # DA66262046	-156.50
10/27/11	PMT BY CHECK	DOS 9/22/11 # DA66437646	-250.00
08/03/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/10/12	PMT BY CHECK	DOS 8/3/12 # DA68363718	-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.

PDWLDMCD-001748-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 09/10/12

CHECK NO. **DA68363718**

STATEMENT

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

5900A11DA 00 00512 DA68363718
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C1639110

DOLLARS
$********250.00

*** NOT NEGOTIABLE ***

FOR
08/03/12 THRU 08/03/12 47726

47726

CLAIMANT

DATE OF EVENT
07/07/10

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

PAID
SEP 14 2012
BY: D

PDWLDMCD-001748-01-01-00

BOA18B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
09/14/12	54446

Claim # : 2009115230
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MICRO WEST, INC
Date Of Injury: 6/1/08-6/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/12	PRE-OP	DR PAQUETTE @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
07/17/12	SURGERY	DR PAQUETTE: C/S @ MONROVIA HOSPITAL (7H 30M)	675.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
09/11/12	PMT BY CHECK	DOS 7/16/12-7/17/12 # 200798274	-855.00

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: 200798274
Check Date: 09/11/2012

Claim Number: 2009115230
Injured Employee: [redacted]

Payment Description: Medical Interpreter
Billed Date: 09/06/2012
Service Period: 07/16/2012 through 07/17/2012
Invoice Number: 54446
Billed Amount: $855.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $855.00

Check Total: **$855.00**

PAID
SEP 1 - 2012
BY: [redacted]

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

*** INVOICE ***

Date	NO#
09/14/12	53405

Claim # : 0234258-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CHA DARA PICO RESTAURANT
Date Of Injury: CT 1/1/05- 2/29/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/12	DEPO PREP	@ THE L/O OF FLOYDM, SKEREN & KELLY	156.50
/ /	INTERPRETER:	ROSARIO LINAREZ # 300580	0.00
06/29/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/30/12	PMT BY CHECK	DOS 6/2/12 # 271762	-156.50
09/11/12	PMT BY CHECK	DOS 6/29/12 # 274733	-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
BV & Y, INC.
Claimant
ROMERO, MARTIN
240 W MANCHESTER BLVD
INGLEWOOD, CA 90301

Check No:	274733
Check Amt:	$250.00
Check Date:	09/11/2012
Claimant:	
Soc. Sec. No:	
Claim No:	0234258-WCMSTR
Date of Loss:	02/29/2012
Adjuster:	Stice, Tami
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	06/01/2012 To: 06/29/2012
Invoice No:	53405

Payable Comment

PAID
SEP 14 2012
BY:

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
BV & Y, INC.
Claimant
ROMERO, MARTIN
240 W MANCHESTER BLVD
INGLEWOOD, CA 90301

Check No:	274733
Check Amt:	$250.00
Check Date:	09/11/2012
Claimant:	
Soc. Sec. No:	
Claim No:	0234258-WCMSTR
Date of Loss:	02/29/2012
Adjuster:	Stice, Tami
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	06/01/2012 To: 06/29/2012
Invoice No:	53405

Payable Comment

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

*** INVOICE ***

Date	NO#
09/17/12	43462

Claim # : LB000600819
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEABRIGHT INSURANCE (ORANGE)
W.C. DEPARTMENT
ATTN: TERESA RODRIGUEZ
P.O. BOX # 11027
ORANGE, CA 92856

Case: _ vs S&J PLASTERING
Date Of Injury: 4/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	ESTELLA BALCARCEL # 100020	0.00
04/28/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/13/11	PMT BY CHECK	DOS 3/21/11 THRU 4/28/11 # 819138	-313.00
11/01/11	PENALTIES	FOR DATE OF SERVICE 4/28/11	14.03
11/01/11	INTEREST	FOR DATE OF SERVICE 4/28/11	6.10
05/16/12	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/06/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/13/12	PMT BY CHECK	DOS 11/1/11-7/6/12 # 1087853	-520.13

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 1087853

9/13/12
LB000600815

PAY Five Hundred Twenty And 13/100 Dollars ********520.13

VOID AFTER SIX MONTHS

TO THE ORDER OF:

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

595

AN AGENT OF SeaBright Insurance Company

⑈1087853⑈ ⑆041203824⑆9600094909⑈

CLAIM ID: LB000600815 DATE OF LOSS: 4/21/10 ACCOUNT: D2
CLAIMANT:
INSURED: S&J Plastering Contractors Inc
PAYEE: JOYCE ALTMAN INTERPRETERS INC.

INVOICE NO.: 43462
MEMO:

CHECK NO.: 1087853
DATE: 9/13/12
AMOUNT: ********520.13
REF. NO.: 008074479
USER-ID: 21067/LB

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	11/01/11-07/06/12	MM	Inv # 43462	1	Box	520.13	520.13

PAID
SEP 17 2012
BY:

TOTAL	520.13	520.13

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

*** INVOICE ***

Date	NO#
09/17/12	54222

Claim # : 30111268874
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: JESSELYN ADALE
PO BOX 14442
LEXINGTON, KY 40512-4442

Case: vs ORMCO
Date Of Injury: 1/15/11-12/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/12	DEPO PREP	@ THE L/O OF SIOUS & ASSOC.	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
09/12/12	PMT BY CHECK	DOS 7/31/12 # 0034480247	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

DATE	CHECK AMT	CHECK NO.
09/12/2012	156.00	0034480247

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

SCMS UNIT	PAGE
331 Sedgwick Claims Management Services	001

*007402 0034480247 00001 OF 00001 0AM 120912 1017

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

Claimant Name	Loss Date	Claim Number	SSN
	01/01/2011	30111268874-0001	

Amt Paid: 156.00
Amt Billed: 156.00
Dates: 07/31/2012 - 07/31/2012

Description:
Invoice: 54222
Comment: ICN: 301112688740001

PAID
SEP 17 2012
BY:

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

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

*** INVOICE ***

Date	NO#
09/17/12	44293

Claim # : 022909000433
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: KELLY IOUYE
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: vs TERRANEA RESORT
Date Of Injury: 9/30/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/11	SURGERY	DR GALLONI: LT KNEE @ MONROVI HOSPITAL (13 HRS)	1245.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
09/12/12	PMT BY CHECK	DOS 4/6/11 # 7767813	-1245.00

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.

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 4th Floor
Los Angeles, CA 90071

Payment Summary

Claim Ref #: 022909000433
Policy: 000071737154
Occurence: 000273
Date of Loss: 09/30/2009

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

Insured: Lowe Enterprises, Inc.

Page: 1 of 1
Check Number: 7767813
Print Date: 09/12/2012
Issue Date: 09/11/2012
Invoice Number: 44293
Invoice Date:

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
04/06/2011-	:	Translator	1,245.00	0.00	1,245.00

PAID
SEP 17 2012
BY:

CHECK TOTAL:	1,245.00	0.00	1,245.00

Comments: dos 4/6/11 inv# 44293 invdate 8/31/12

Claim Representative: KELLY INOUYE Phone:

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

*** INVOICE ***

Date	NO#
09/17/12	43672

Claim # : TWPR-0314
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PAN AMERICAN BANANA
Date Of Injury: 5/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/11	SURGERY	DR PELTON: LT KNEE @ MONROVIA HOSPITAL (8 HRS)	720.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
08/08/12	SURGERY	DR PELTON: RT KNEE @ MONROVIA HOSPTIAL (9.5 HRS)	855.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
09/12/12	PMT BY CHECK	DOS 3/23/11-8/8/12 # 955467	-1575.00

BALANCE 0.00

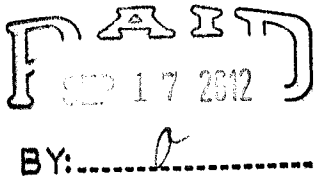
* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 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: TWPR-0314
Claimant:
Date of Loss: 05/14/2010

Check Number: 955467
Check Date: 09/12/2012
Check Amount: $1,575.00
Type of Payment:
61 MISC. ALL OTHER

Location: 132 Unified Ltd Corp. Dba Pan American Banana Po Box 21366

For Period: 03/23/2011 to 08/08/2012
InvoiceNo: 43672
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#
09/17/12	53836

Claim # : ESB1952
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

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

Case: vs MAID EXPERTS
Date Of Injury: 11/2/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/12	DEPO PREP	@ THE L/O OF LAGUNAS & ASSOC.	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
08/01/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/11/12	PMT BY CHECK	DOS 6/22/12-8/1/12 # 891A 82954387	-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.

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

891A 82954387

TRAVELERS

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

PAID
SEP 17 2012
BY: a

DATE: 09/11/12
LOSS DATE: 11/02/11
FILE NUMBER: 480 CB ESB1952 J

EMPLOYEE

ACCOUNT NAME:
MAID EXPERTS

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL DISBURSEMENTS/COURT COSTS

SERVICE DATE: 06/22/2012 TO: 08/01/2012

TOTAL PAID: $406.50
TAX INFO: 330956713331748 1Y
PAY MISC: 53836
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: HEATHER L JONES AT (916)638-6365

:55011007
DETACH CHECK

UNSUMM
OVRPUNS2-12126
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#
09/21/12	54611

Claim # : 2012-122838
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AVIZENT (ANAHEIM)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
2400 E. Katella Ave., Ste 650
ANAHEIM, CA 92806

Case: vs M&M DISTRIBUTORS
Date Of Injury: 5/19/12

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/12	MRI	REF BY DR KOMBERG: R/SHULDER @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
09/17/12	PMT BY CHECK	DOS 7/5/12 # 6263	-150.00

BALANCE 0.00

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

Date of Issue: 09/17/2012

Explanation of Review

Employer		Check No: 6263
Client: 29777 Employer: 7403-40 Location: 1 Claim Office: CA/Anaheim Adjuster: lhamiprodj	United Captive Program Wiemar Distributors, Inc. 1953 S Almeda Street 29777/342608/CA/1 Jur. State: CA	Claim #: 20120010122838 Injury Date: 05/19/2012 SSN: XXX-XX-

Payee Tax ID: XXXXX6713		Payment Type
Joyce Altman Interpreting PO Box 4165 Tustin, CA 92781-4165		Misc Other Medical
Patient # Invoice #		54611
	DOS From: 07/05/2012 To: 07/05/2012	
	DEMAND MEDICAL PAYMENT	

** Reasons

Refer to Workers' Compensation jurisdiction disclaimer; paragraph (5) on reverse.

PAID
SEP 2 - 2012
BY:

AV042111IND

THIS CHECK IS VOID WITHOUT A RED BACKGROUND WITH AN ARTIFICIAL FINGERPRINT SEAL ON THE BACK THAT DISAPPEARS WHEN HEAT IS APPLIED

AVIZENT RISK MANAGEMENT
As Agents for Hartford Fire Insurance Company
United Agency Captive
1-800-777-4283

JPMorgan Chase Bank, N.A.
Syracuse, NY

6263

50-937
213

INV 54611

DATE OF ISSUE
09/17/2012

One Hundred Fifty and xx / 100 Dollars

****$150.00****

Void if not cashed within 180 days

Pay to the order of

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

Authorized Signature

"6263" :021309379: 952122117"

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

*** INVOICE ***

Date	NO#
09/19/12	54807

Claim # : 01496252
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CLEUGH'S FROZEN FOODS
Date Of Injury: 7/7/04

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/17/12	PMT BY CHECK	DOS 8/21/12 # CP-612515	-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 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **CP-612515**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/17/12
Doc #: 025350643

Medical

54807

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 01496252			
1		08/21/12	08/21/12	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01496252	156.50	.00	156.50

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

PAID
SEP 19 2012
BY:

0128612302535064301 2

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

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

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

*** INVOICE ***

Date	NO#
09/25/12	50702

Claim # : 710648970
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: KATHY DEGUPIS
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs SOUTH COAST GARDENING, INC.
Date Of Injury: 8/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/22/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/18/12	PMT BY CHECK	DOS 12/22/11 # 20028043	-156.50
07/25/12	MRI	REF BY DR JOHNSON: RT KNEE & L/S @ CALIF IMAG*	150.00
/ /	INTERPRETER:	BRENDA TRUJILLO	0.00
09/19/12	PMT BY CHECK	DOS 7/25/12 # 21898112	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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AIGC

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7102189811200194497

PAID
SEP 2[illegible] 2012
BY: O

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

50702

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 21898112
RFP No.: 00194497
09/19/2012

Insured: SOUTH COAST GARDENING, INC.
Claimant:
Producer:
ACT: 50702

Claim Office: 710

072512--072512

Policy	Claim	Sym.	DOL	Typ	S	Amount
000004228355	00648970	01	08/18/2009	MED	O	$150.00

Use file # 710-00648970 **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#
09/25/12	54801

Claim # : CPPB0690
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CPP (CONSOLIDATED PRECISION PR
Date Of Injury: 3/2/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/12	DEPO PREP	@ THE L/O OF MULLEN & FILIPPI	156.50
/ /	INTERPRETER:	LETTY JULIAO GREEN # 100569	0.00
09/19/12	PMT BY CHECK	DOS 8/16/12 # 962398	-156.50

BALANCE 0.00

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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:

PAID
SEP 25 2012
BY:

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

Claim Number: CPPB0690
Claimant:
Date of Loss: 03/02/2012

Check Number: 962398
Check Date: 09/19/2012
Check Amount: $156.50
Type of Payment:
176 INTERPRETER MED

Location: 5 City Of Industry 16800 Chestnut Street

For Period: 08/16/2012 to 08/16/2012
InvoiceNo: 54801
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#
09/25/12	52703

Claim # : 03920860; 47-092708
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
HANOVER INS (WORCESTER 15144)
W.C. DEPARTMENT
ATTN: JULIE HALL
PO BOX 15144
WORCESTER, MA 01615

Case: vs SAN PEDRO CAR WASH
Date Of Injury: 1/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/22/12	PMT BY CHECK	DOS 4/23/12 # 05573928	-156.50
08/16/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/06/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/20/12	PMT BY CHECK	DOS 8/16/12 # 05684985	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE HANOVER INSURANCE COMPANY
P O BOX 15149
WORCESTER, MA 01615-0149

05684985

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Notes:

PAID
SEP 25 2012
BY:

DETACH AND RETAIN TOP SECTION FOR YOUR RECORDS

THE ORIGINAL DOCUMENT CONTAINS A VOID PANTOGRAPH AND A MICROPRINT BORDER.

09457 (11/05)

THE HANOVER AMERICAN INSURANCE CO
Deutsche Bank Trust Company Delaware, Wilmington, Delaware

62-38
311

Date Issued: 09192012

155

Insured: WOOIL INTERNATIONAL INC

CHECK 05684985

For: INVOICE: 52703
RELATED SUIT COSTS

Not Valid After 6 MONTHS
Pay: *****406.50

Authorized By: Ann K. Lipp

Pay To:
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Claim Number 4709270801
Adjuster OKP
Policy Number WZF 9098169
Claimant

4954/18

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

⑈05684985⑈ ⑆031100380⑆ 005353 20⑈

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

*** INVOICE ***

Date	NO#
09/25/12	54193

Claim # : 80700158180
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CUENCA ENTERPRISES
Date Of Injury: 8/9/06

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/12	WCAB LB	TRIAL - JOYCE ALTMAN # 300624 (FULL DAY)	313.00
08/16/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
09/05/12	PMT BY CHECK	DOS 6/6/12 # 200794418	-313.00
09/20/12	PMT BY CHECK	DOS 8/16/12 # 200804621	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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THE FACE OF THIS DOCUMENT HAS A MICROPRINT BORDER. THIS PAPER IS ALTERATION PROTECTED

EMPLOYERS

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

WELLS FARGO BANK
200804621

11-24
1210

DATE: 09/20/2012

AMOUNT
**********$156.50

Pay One Hundred Fifty Six Dollars And 50/100

TO THE ORDER OF:

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

TWO SIGNATURES REQUIRED IF IN EXCESS OF $25,000

VOID AFTER 6 MONTHS

⑈200804621⑈ ⑆121000248⑆ 4945003911⑈

#54193

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: 200804621
Check Date: 09/20/2012

Claim Number: 80700158180
Injured Employee:

Payment Description: Intrepreter
Billed Date: 09/13/2012
Service Period: 08/16/2012 through 08/16/2012
Invoice Number: 54193
Billed Amount: $156.50
Comments: n/a

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

Check Total: $156.50

PAID
SEP 25 2012
BY:

Page 1 of 1

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

*** INVOICE ***

Date	NO#
09/25/12	53838

Claim # : 30120302032
W.C.A.B. :
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case:
vs ROSS
Date Of Injury: CT 6/10-10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/12	DEPO PREP	@ THE L/O OF PRINDLE, AMARO & GOETZ	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	
08/27/12	PMT BY CHECK	DOS 6/20/12 # 0035539691	0.00
08/20/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	-156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	250.00
09/21/12	PMT BY CHECK	DOS 8/20/12 # 0036033964	0.00
			-250.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS
TE: Any and all partial paymtents received have been aknowledged and clearly flected in the enclosed statement. However, payments received do not present full and final satisfaction. In accordance with CCR Section 10770 en claimant is hereby seeking recovery of the balance. Demand is hereby made r all medical reports per CCR Section 10608, Current Print Out of Benefits, N Notices, Completed DWC-1, Application of Adjudication, 4600 Election etter, Depo Transcript and any and all documentary evidence to be utilized in

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMT	CHECK NO.
09/21/2012	250.00	0036033964

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

SCMS UNIT	PAGE
100 Sedgwick Claims Management Services	001

*002363 0036033964 00001 OF 00001 OAM 120921 1031

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

Claimant Name	Loss Date	Claim Number	SSN
	10/14/2011	30120302032-0001	

Amt Paid: 250.00
Amt Billed: 250.00
Dates: 06/20/2012 - 08/20/2012

Description:
Invoice: 53838
Comment:

ICN: 301203020320001

PAID

BY:

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

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

*** INVOICE ***

Date	NO#
09/21/12	54352

Claim # : PZC00515204
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AM TRUST NORTH AMERICA
Date Of Injury: CT 6/1/11-4/13/12

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/18/12	PMT BY CHECK	DOS 8/6/12 # 0002227196	-156.50

BALANCE 0.00

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CRUM&FORSTER

Number: 0002227196

Vendor Number: 408702291 Issuing Location: Orange County Claims Check Date: 09/18/2012

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
54352	PZC00515204	EXP	54352	04/12/2012	$156.50

PAID
SEP 21 2012
BY:

TOTAL: $156.50

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

Processor: **U. Mora**

Internal Reference No: 54352

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#
09/26/12	54811

Claim # : E2032255
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DC AUTO CRAFT
Date Of Injury: 11/5/05-10/15/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/24/12	PMT BY CHECK	DOS 8/29/12 # 8813843263	-250.00

BALANCE 0.00

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

September 24, 2012

TRUCK INSURANCE EXCHANGE

Check Number: 8813843263
Date: 09/24/2012

Amount: $250.00******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

Claimant/Patient:
Insured: BEAR INDUSTRIES, INC.
Date of Loss: 04/03/2006
Claim Number: E2032255
Correspondence Reference: DH$P4R60N

Claim Representative: Kirsten Hoffman
Office Phone Number: 8185402228

Additional Information:
invoice 54811 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
08/29/12 - 08/29/12	Interpreter	$250.00

PAID
SEP 2 ? 2012
BY:

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

*** INVOICE ***

Date	NO#
10/01/12	54179

Claim # : 30120344200
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs UCLA
Date Of Injury: CT 1/1/04-6/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/12	DIAGN STUDY	DR CRONFORD: UGI-ESOPHAGRAM @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/25/12	PMT BY CHECK	DOS 7/6/12 # 50485139	-150.00

BALANCE 0.00

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Payee: JOYCE ALTMAN INTERPRETER
Company Name: Sedgwick CMS
Facility: UC Los Angeles

Administrator: CFLOREZ
Check Total: $150.00
Check Date: 09/25/2012

Check Number: 50485139

Injury	From Account Number	Through	Claim Number Invoice	Claimant Name	Description
07/01/2009	07/06/2012	07/06/2012	2010098591 54179		Other - Medical

Document Number:
Bill Type:
Pharmacy#:
DRG Code:
Received Date: 08/31/2012
Reviewed Date:
Primary ICD9:
PPO Name:

Sedgwick CMS

PAID
OCT 01 2012
BY: D

Sedgwick CMS

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

*** INVOICE ***

Date	NO#
09/28/12	23860

Claim # : DWC00340453
W.C.A.B.: LBO
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRUM & FOSTER (TEXAS)
W.C. DEPARTMENT
ATTN: C. Bachran
6404 INT'L PKWY, STE # 1000
PLANO, TX 75093

Case: vs PARKING CONCEPTS
Date Of Injury: CT 6/15/06 - 7/27/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/06	WCAB LB	MSC	147.00
12/03/06	MRI	REF BY DR CHANIN: C/S, L/S*	150.00
01/08/07	DEPO PREP	@ THE L/O OF BRADFORD & BARTHEL	147.00
03/14/07	PMT BY CHECK	DOS 12/5/06 THRU 1/8/07 # 0000505513	-444.00
03/29/07	DEPO PREP	@ THE L/O OF BRADFORD & BARTHEL	147.00
05/29/07	PMT BY CHECK	DOS 3/29/07 # 0000572410	-147.00
07/19/12	ULTRASOUND	DIAG STUDY REF BY ZLOTOLOW: ECHO, ABDOMEN*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/25/12	PMT BY CHECK	DOS 7/19/12 # 0002232321	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CRUM&FORSTER

Number: 0002232321

Vendor Number: 406680194 Issuing Location: Dallas Claims Check Date: 09/25/2012

Payee:

Joyce Altman Interpreters Inc
Po Box 4165
Tustin, CA 92781

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	DWC00340453	MC	406500922808800	07/27/2006	$150.00

Invoice # 23860Date: 08/23/2012

PAID
SEP 28 2012
BY: a

TOTAL: $150.00

Send Inquiries to:
6404 International Parkway Suite 1000
Plano, TX 75093

Processor: **C. Bachran**

Internal Reference No: 40650

Please Detach Before Depositing

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

*** INVOICE ***

Date	NO#
08/28/12	53636

Claim # : 2127-003823-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: CARMEN GUTIERREZ
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs UNIVERSAL TRUSS
Date Of Injury: 3/25/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/12	MRI	REF BY DR KHAN: R/SHULDR, T/S L/S, BIL/KNEES *	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/25/12	CT SCAN	REF BY DR KHAN: ABDOMEN @ CALIF IAMGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/24/12	PMT BY CHECK	DOS 6/14/12-7/25/12 # 0095793136	-300.00

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

002127 PAGE 1 OF 1 004821

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

PAID
AUG 28 2012
BY: _____

GALLAGHER BASSETT SERVICES INC
FOR UFP INSURANCE

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

53634

CLAIM NO.: 002127 003823 WC 01 (306) **BRANCH NO.:** 170 **NO.:** 0095793136

CLAIMANT: **ACC DATE:** 17Jul09 **VN:** 0000083698

DESCRIPTION: NO INTERPRETING IS AUTHORIZED FOR DR. KHAN AFTER 07/25/12 **DATE:** 24Aug12

DATES OF SERVICE: 24Aug2012 **THRU** 25-Jul-20 **AMOUNT:** 300.00

BENEFIT PERIOD: **THRU**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006702 007602 003 004

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#
08/28/12	42721

Claim # : 000577-028633-WC01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : / /
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: PAULIN LULE X 210
P.O. BOX # 9875
CALABASAS, CA 91372

Case: vs WHOLE FOODS
Date Of Injury: 11/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/11	MRI	REF BY DR REY: RT ELBOW*	150.00
/ /	INTERPRETER:	TITO SILVA # 500273	0.00
03/11/11	MRI	REF BY DR FERNANDO: RT HAND*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
05/31/11	MRI	REF BY DR REY: L/S*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/21/11	PMT BY CHECK	DOS 2/24/11 AND 3/11/11 # 0086429702	-300.00
08/22/11	MRI	REF BY DR REY: C/S*	150.00
/ /	INTERPRETER:	ODALYS DOMINGUEZ # 500014	0.00
10/05/11	PMT BY CHECK	DOS 5/31/11-8/22/11 # 0088658862	-300.00
04/23/12	MRI	REF BY DR REY: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/19/12	PMT BY CHECK	DOS 4/23/12 # 0094988276	-150.00
07/05/12	MRI	REF BY DR REY: BIL/SHOULDERS @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/24/12	PMT BY CHECK	DOS 7/5/12 # 0095789922	-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.

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

000577 PAGE 1 OF 1 004822

PAID
AUG 28 2012
BY:

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 028633 WC 01 (SP30008220)
CLAIMANT:
DESCRIPTION: INV# 42721

BRANCH NO.: 165
ACC DATE: 27Nov07

NO.: 0095789922
VN: 0000965281
DATE: 24Aug12
AMOUNT: 150.00

DATES OF SERVICE: 24Aug2012 **THRU** 05-Jul-20
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006702 007603 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#
03/23/12	51154

Claim # : WC608A15362
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MARY COLE
P.O. BOX 4025
BEAVERTON, OR 97076

Case: vs CORE-MARK INT'L
Date Of Injury: 5/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/12	DEPO PREP	@ THE L/O OF OWEN MILLER	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
02/16/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/20/12	PMT BY CHECK	DOS 1/24/12-2/16/12 # 96458084	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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BRANCH OFFICE ADDRESS:
PO BOX 989000
W SACRAMENTO, CA 95798
916-564-1792

Liberty Mutual

B. CODE	CHECK NUMBER	CHECK DATE
189	96458084	03/20/12
	CHECK AMOUNT ****$406.50	BLOCK NUMBER 004681

OSN: EE2801032003-003003

CLAIM #: WC 608-A15362
CONTRACT #: WA7-69D-436369-131-92

CONTROL #: 000000713 ID: C608B40

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 05/27/11
EMPLOYEE:

EMPLOYER: CORE-MARK HOLDING COMPANY
DATES OF SERVICE 01/24/12-02/16/12
LOCATION CODE: 02160

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
01/24/12	02/16/12	EXPENSE		.00	406.50	406.50	

NOTE: PAYS INV#51154

TOTAL CHARGES	406.50
TOTAL PAYABLE:	406.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	406.50

FAXED
MAR 23 2012
BY:

Adj 5980310; Adj 6083536

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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#
03/26/12	44288

Claim # : EHJ5470
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: NATHANIEL ARIZABAL
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case vs EUROSTAR WSS
Date Of Injury: 8/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/11	SURGERY	DR GALLONI: RT HAND CYST @ MONROVIA HOSP (11HR)	990.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
09/06/11	PMT BY CHECK	DOS 4/6/11 # 891A 81586208	-990.00
02/08/12	SURGERY	DR GALLONI: RT WRIST @ MONROV HOSPITAL (5.5 hrs)	495.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
01/31/12	PRE-OP	DR JARCHI @ MONROVIA HOSPITAL *	180.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
03/21/12	PMT BY CHECK	DOS 1/31/12 - 2/8/12 # 891A 82306738	-675.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

000820

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

SB00392

891A 82306738

TRAVELERS

DATE: 03/21/12
LOSS DATE: 08/10/10
FILE NUMBER: 152 CB EHJ5470 N

EMPLOYEE

ACCOUNT NAME:
EUROSTAR INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/31/2012 TO: 02/08/2012

TOTAL PAID: $675.00
TAX INFO: 330956713331748 1Y
PAY MISC: 44288
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

RECEIVED
MAR 26 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: KATHLEEN A ULRICH AT (909)612-3034

081010428
DETACH CHECK

UNSHMM-111311
OVRPUNS2-121293
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#
01/23/12	40706

Claim # : 002620-000570
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DCH AUTO GRP dba TOYOTA OF TOR
Date Of Injury: 8/20/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/10	DEPO PREP	@ THE L/O OF KEGEL, TOBIN & TRUCE	156.50
/ /	INTERPRETER:	AIDA WEIR # 600107 & # 98-049	0.00
01/20/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/09/11	PMT BY CHECK	DOS 12/21/10 THRU 1/20/11 # 0085543708	-406.50
11/10/11	SURGERY	DR WILKER: C/S @ MONROVIA HOSP (7H 50M)	720.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/19/12	PMT BY CHECK	DOS 12/21/10-11/10/11 # 0090965483	-720.00

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/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

0103686 01 RE 0.387 **AUTO T1 0 5712 92781 -P03689

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

PAID
JAN 23 2012
BY:

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

DCH AUTO GROUP

CLAIM NO. 002620 000570 WC 01

CLAIMANT:

DESCRIPTION: INV # 40706 DOS 12/21/10-11/10/11

DATE OF SERVICE: 21-Dec-2010 TO 10-Nov-2011

BRANCH NO. 164

ACC. DATE 20-Aug-2010

CHECK NO. 0090965483

VN. 0000021751

DATE: 19-Jan-2012

PAYMENT AMOUNT: $720.00

RE0103686-0002_of_0003 5712-0004658 (F26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0090965483 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#
01/23/12	49682

Claim # : 003795-000235-WC01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BCBG MAX AZRIA GROUP
Date Of Injury: 11/18/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/22/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/19/12	PMT BY CHECK	DOS 11/1/11-11/22/11 # 0090970994	-406.50

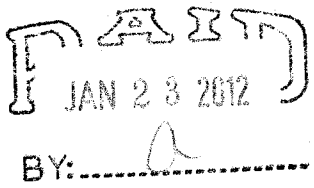
BALANCE 0.00

* 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.

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

0103686 01 RE 0.367 **AUTO T1 0 5712 92781 -P03689

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

BCBG MAX AZRIA GROUP, INC

CLAIM NO. 003795 000238 WC 01

CLAIMANT:

DESCRIPTION: INVOICE# 49682 DOS 11-1-11 TO 11-22-11

DATE OF SERVICE: 01-Nov-2011 TO 22-Nov-2011

BRANCH NO. 138

ACC. DATE 18-Nov-2010

CHECK NO. 0090970994

VN. 0000014045

DATE: 19-Jan-2012

PAYMENT AMOUNT: $406.50

RE0103686-0001_of_0003 5712-0004659 (F26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0090970994 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#
08/03/12	52770

Claim # : 91X003585
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BCBG MAX AZRIA GROUP
Date Of Injury: 02/01/09 - 09/22/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/12	DIAGN STUDY	REF BY DR ZLOTOLOW: ECHO @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
06/11/12	MRI	REF BY DR JAIN SANJIV: C/S @ CA IMG (3hrs 10mins)	225.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
08/01/12	PMT BY CHECK	DOS 3/15/12-6/11/12 # 4068559	-375.00

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.

Argonaut Claims Services, Ltd
On Behalf Of: XL Specialty Insurance Company
PO Box 469010
San Antonio, TX 78246

JPMorgan Chase Bank, N.A.
Dallas, TX

Check Number: **4068559**

32-61
1110

Issued By: AXB

Policy/Certificate:
Insured: RIVER RANCH FRESH FOODS, LLC
Period Covered: 03/15/2012-06/11/2012
CLM ROLE: RRR

Claim Number: 91-003585
Date of Loss: 08/30/2009
Claimant:

Date 08/01/12
Void After 180 Days

Amount $375.00

Pay: Three Hund[illegible] Five Dollars **

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

PAID
AUG 03 2012
HEAT SENSITIVE RUB AREA TO VERIFY
BY: a

AUTHORIZED REPRESENTATIVE

For : INTERPRETING SERVICES

⑈0004068559⑈ ⑆111000614⑆ 707875217⑈

DETACH BEFORE CASHING (Retain stub for your records.)

Pay To: JOYCE ALTMAN INTERPRETERS, INC.

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

Argonaut Claims Services, Ltd
On Behalf Of: XL Specialty Insurance Company
PO Box 469010
San Antonio, TX 78246

52770

For: INTERPRETING SERVICES

Check Number: **4068559**
Issued: **08/01/12**
Route:
Bank: 002021

Claim Number / Type Pay Cd	Claim Name / Pymt Desc	Tax Id / Adjuster	Invoice / Issued By		Paid Amt / CO/ML/TP/SX	Billed Amt / FEIN	Policy/Certificate / Insured Name	Dt of Loss / Status	Period Covered / Treaty Name	Role / STS
91-003585		33095671	52770	3	375.00	375.00	91-721-212228	08/30/200	03/15/2012-06/11/2012	RRR
			AXB		1/4/2/0		RIVER RANCH FRESH FO			
		Total			375.00	375.00				

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

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

*** INVOICE ***

Date	NO#
01/31/12	40819

Claim # : 494C1910337;1910425
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs J.M. EAGLE
Date Of Injury: 4/1/10; 8/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/10	MRI	REF BY DR WESSIES: BIL SHLDRS & KNEES (4.5 HRS)	337.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
12/10/10	MRI	REF BY DR WESSIES: C/S, L/S, RT WRIST*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
11/04/11	PMT BY CHECK	DOS 12/10/10 # DA66490388	-150.00
11/23/11	PMT BY CHECK	DOS 10/8/10-12/8/10 # DA 66612504	-337.50
12/23/11	DIAGN STUDY	REF BY DR EATON: UPPER GI @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
01/25/12	PMT BY CHECK	DOS 12/23/11 # DA66987904	-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.

PDWLDMBD-002676-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 01/25/12

CHECK NO. DA66987904

STATEMENT

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

5900A11DA 00 00823 DA66987904
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
494C1910425

DOLLARS
$*******150.00

* NOT NEGOTIABLE *

FOR
12/23/10 THRU 12/23/11 40819

CLAIMANT

DATE OF EVENT
08/01/10

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

JAN 31 2012
BY:

PDWLDMBD-002676-01-01-00

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#
08/03/12	51441

Claim # : 16002482
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: MARRY LU FISHER
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs WOOD RANCH BBQ GRILL
Date Of Injury: 8/12/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/27/12	PMT BY CHECK	DOS 2/1/12 # 38933	-156.50
07/09/12	DEPO PREP	@ THE L/O OF NAKAMOTO/CHOU	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
07/31/12	PMT BY CHECK	DOS 7/9/12 # 54089	-156.50

BALANCE 0.00

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

California Restaurant Mutual Benefit Corporation

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

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 54089

DATE
07/31/2012

California Workers' Compensation Payment

**********156.50

Pay One Hundred Fifty Six Dollars And 50/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0054089⑈ ⑆122235821⑆ 153495850833⑈

Payee: Joyce Altman Interpreters, Inc.

Check Number: 54089

IRS/SSN: XX-XXX6713

Check Date: 07/31/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
16002482		08/12/2011	Interpreter Fees - Depo / WCAB Only	02/01/2012	07/09/2012	07/24/2012	51441	156.50

PAID
AUG 03 2012
BY: a

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

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

*** INVOICE ***

Date	NO#
01/31/12	50046

Claim # : 445698
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZENITH INSURANCE (VAN NUYS)
W.C. DEPARTMENT
ATTN: MARK ULLOA
P.O. BOX # 9055
VAN NUYS, CA 91409-9055

Case: vs AMERICA BERRY FARM
Date Of Injury: 7/31/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA #100741	0.00
12/09/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/26/12	PMT BY CHECK	DOS 11/3/11-12/9/11 # 164382	-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.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

January 26, 2012
Our Ref : 445698
Your Ref : 50046

RE: I (AMERICA BERRY FARMS INC) DOI:07/31/10

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
11/03/11	FEE	156.50	156.50	0.00	
12/09/11	FEE	250.00	250.00	0.00	
	TOTAL $	406.50	406.50	0.00	

Please find attached our check # 164382 for $406.50.
This check covers bills from November 3, 2011 through December 9, 2011.

If you have any questions, please address them to the undersigned.

Sincerely,
Mark Ulloa
Claims Examiner

RECEIVED
JAN 31 2012
BY:

ZENITH P.O. Box 9055, Van Nuys, CA 91409 (818) 713-1000

THIS CHECK IS ISSUED WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW

TheZenith

DEKALB COUNTY OFFICE
BANK OF AMERICA, N.A.
Atlanta, Dekalb County, GA, 30345

BR 164382

64-1278
611

DATE OF CHECK	CLAIM NUMBER	DATE OF INJURY	PAYMENT FROM	PAYMENT THRU
January 26, 2012	445698	July 31, 2010	November 3, 2011	December 9, 2011

CLAIMANT

PAYMENT TYPE: Language Translation/All Other Spec

AMOUNT
$ 406.50

PAY ** Four Hundred and Six Dollars and 50 Cents **

VOID AFTER 180 DAYS
All Checks Require Two Signatures

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

SIGNATURE HAS EMBOSSED BACKGROUND - BORDER CONTAINS MICROPRINTING

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

*** INVOICE ***

Date	NO#
08/06/12	52130

Claim # : 494C254505
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs KOOSHAREM dba SELECT STAFFING
Date Of Injury: 7/22/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/16/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/21/12	PMT BY CHECK	DOS 3/8/12-4/16/12 # DA67698722	-406.50
06/29/12	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/31/12	PMT BY CHECK	DOS 6/29/12 # DA68122764	-156.50

BALANCE 0.00

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

DATE 07/31/12

CHECK NO. **DA68122764**

STATEMENT

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

5900A11DA 00 00020 DA68122764
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C2540505

DOLLARS
$********156.50

* NOT NEGOTIABLE *

FOR
06/29/12 THRU 06/29/12 52130

CLAIMANT

DATE OF EVENT
07/22/11

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

PDWLDMCD-002761-01-01-00

PAID
AUG 06 2012
BY:

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
01/31/12	45591

Claim # : 494C2240975
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PENNY SAVER BREA
Date Of Injury: 5/22/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/06/11	INITIAL EXAM	DR DOMORACKI @ WILLOW MED *	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
06/30/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
07/18/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/18/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/16/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/28/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
10/05/11	PMT BY CHECK	DOS 6/6/11-8/18/11 # DA66290382	-770.00
10/31/11	PMT BY CHECK	DOS 9/16/11-9/28/11 # DA66449124	-360.00
11/22/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
12/13/11	PMT BY CHECK	DOS 11/22/11 # DA66722633	-180.00
01/04/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
01/24/12	PMT BY CHECK	DOS 1/4/12 # DA66968147	-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#
01/31/12	45591

Claim # : 494C2240975
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PENNY SAVER BREA
Date Of Injury: 5/22/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMBD-002690-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 01/24/12

CHECK NO. DA66968147

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

STATEMENT

5900A11DA 00 00027 DA66968147
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C2240975

DOLLARS
$*********180.00

* NOT NEGOTIABLE *

FOR
01/04/12 THRU 01/04/12 INV#45591

CLAIMANT

DATE OF EVENT
05/22/11

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
JUN 31 2012
BY:

PDWLDMBD-002690-01-01-00

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#
08/06/12	53294

Claim # : 00133801109610C01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HON COMPANY
Date Of Injury: 1/1/06-4/21/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/17/12	MRI	REF BY DR CHODAKIEWITZ: BIL/ WRISTS @ CALIF IMG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/31/12	PMT BY CHECK	DOS 5/17/12 # 0095251980	-150.00

BALANCE 0.00

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

0101988 01 RE 0.401 **AUTO T7 0 5847 92781 -P01989

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

PAID
AUG 06 2012
BY:

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

HNI CORPORATION

CLAIM NO. 011338 011096 WC 01

CLAIMANT:

DESCRIPTION: INVOICE# 53294 DOS 5-17-12

DATE OF SERVICE: 17-May-2012 TO 17-May-2012

BRANCH NO. 164

ACC. DATE 21-Apr-2009

CHECK NO. 0095251980

VN. 0000234285

DATE: 31-Jul-2012

PAYMENT AMOUNT: $150.00

DETACH AND RETAIN THIS STUB 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#
08/06/12	53655

Claim # : 25080238998
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PATINA RESTAURANT
Date Of Injury: 5/16/09-5/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/12	CT SCAN	REF BY DR TEPPER: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/01/12	PMT BY CHECK	DOS 6/5/12 # 1101883312	-150.00

BALANCE 0.00

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

American Zurich Ins. Co.

PAID
AUG 06 2012
BY:

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781

00672

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
208-0238993 001 IN	WC 3036760	53655		05/16/10	06/05/12-06/05/12

Check Number	1101883312	Date Issued	08/01/12	Amount	$****150.00
Insured	Patina Restaurants Group				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Jothi CG-Mani				
File Supervisor	Imelda Nicolas	Phone Number	818 227-1700		

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#
08/06/12	53986

Claim # : SL194611
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: _____ vs ROBERTS FIVE POINTS APPLIANCE
Date Of Injury: 7/11/04

DOS	SERVICE	DESCRIPTION	AMOUNT
07/19/12	WCAB OXN	MSC - ANTONIO VERDIN # 100684	156.50
08/02/12	PMT BY CHECK	DOS 7/19/12 # CU-922753	-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 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **CU-922753**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/02/12
Doc #: 025124670

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** SL194611		
1	53986	07/19/12	07/19/12	Interpreter fees	1		156.50

Total Allowances: **$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SL194611	156.50	.00	156.50

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

Notations:

SL194611 INTERPRETER AT WCAB;

PAID
AUG 06 2012
BY: D

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

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

0125461102512467001 2

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

*** INVOICE ***

Date	NO#
02/13/12	50617

Claim # : 5874148
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AVIZENT (ARKANSAS)
W.C. DEPARTMENT
ATTN: PHILAPINO MADRINAL
P.O. BOX # 1288
BENTONVILLE, AR 72712

Case: _____ vs WALMART - SANTA CLARITA
Date Of Injury: 7/29/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/11	SURGERY	DR PELTON: RT SHLDR @ MONROVI HOSPITAL (10.5 HRS)	922.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/09/12	PMT BY CHECK	DOS 12/14/11 # 10543067	-922.50

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.

Avizent - Wal-Mart WC
P.O. Box 1288
Bentonville, AR 72712-1288

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

2-9-12

Claim Number: 5874148
Claimant Name:
Service/Indemnity From: 12/14/2011 **Thru:** 12/14/2011
Insurance Company: National Union Fire
Comments:

Check Amount Coverage: $ 922.50

Check No.: 10543067
Invoice No.: 50617
Vendor Tax ID No.: 330956713
Invoice Comments:

PAID
FEB 16 2012
BY:

↓ DETACH AT PERFORATION ↓

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

*** INVOICE ***

Date	NO#
02/13/12	49740

Claim # : 01197505582
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : , ,
Terms : 45 days

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

Case: vs G 3 HOTEL
Date Of Injury: CT 3/06 - 8/9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/11	SURGERY	DR PELTON: L/SHLDR @ MONROVIA HOSP (7 HRS 15 MIN)	652.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/08/12	PMT BY CHECK	DOS 11/2/11 # 0091375161	-652.50

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.

MDG2009 00004631 1 MB 0404 1

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

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 011975 055823 WC 01 (1795293P)
CLAIMANT:
DESCRIPTION: INV #49740 DOS 11/02/11

DATES OF SERVICE: 02Nov2011 **THRU** 02Nov2011
BENEFIT PERIOD: **THRU**

BRANCH NO.: 176
ACC DATE: 02Aug09

NO.: 0091375161
VN: 0001377944
DATE: 08Feb12
AMOUNT: 652.50

FEB 13 2012

BY:

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004631 005390 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#
02/21/12	50702

Claim # : 710648970
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: KATHY DEGUPIS
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs SOUTH COAST GARDENING, INC.
Date Of Injury: 8/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/22/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/18/12	PMT BY CHECK	DOS 12/22/11 # 20028043	-156.50

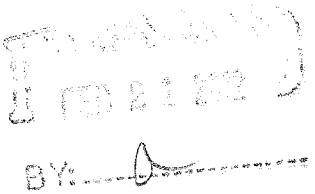
BALANCE 0.00

* 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.

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7102002804300486854

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



Remittance – JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 20028043
RFP No.: 00486854
02/18/2012

Insured: SOUTH COAST GARDENING, INC.
Claimant:
Producer:
ACT: 50702

Claim Office: 710

122211-122211

Policy	Claim	Sym.	DOL	Typ	S	Amount
000004228355	00648970	01	08/18/2009	EXP	O	$156.50

Use file # 710-00648970 **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#
08/06/12	53537

Claim # : 152CBERU0300N
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: BRANDON ROJAS
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs C BREWER
Date Of Injury: 12/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/30/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/29/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON #100802	0.00
08/01/12	PMT BY CHECK	DOS 5/30/12-6/29/12 # 891A 82797264	-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.

001602

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933

SB00723

891A 82797264

TRAVELERS

DATE: 08/01/12
LOSS DATE: 12/19/11
FILE NUMBER: 158 CB ERU0300 N

EMPLOYEE

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

PAID
AUG 06 2012
BY:

ACCOUNT NAME:
CHARLES BREWER EDM, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL DISBURSEMENTS/COURT COSTS

SERVICE DATE: 05/30/2012 TO: 06/29/2012

TOTAL PAID: $406.50
TAX INFO: 330956713331748 1Y
PAY MISC: 53537
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: LYNN N MUSIC AT (925)945-4392

214010779
DETACH CHECK

UNSUMM OVRPUNS2-11131 12128
DETACH CHECK

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

*** INVOICE ***

Date	NO#
02/21/12	42476

Claim # : 2010193448; 2010198134
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HOMESTEAD STUDIO SUITES
Date Of Injury: 5/5/10;5/19/107-3/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/11	MRI	REF BY DR GUMB: C/S, L/S*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/15/11	MRI	REF BY DR PAQUETTE: L/S W/CONTRAST*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
01/19/12	MRI	REF BY DR PAQUETTE: L/S (2H 35M)	206.25
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/17/12	PMT BY CHECK	DOS 1/10/11-1/19/12 # 1101660167	-506.25

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.

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

01511

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0193448 001 ES	WC 9301785	42476		05/05/10	01/10/11-01/19/12

Check Number	1101660167	**Date Issued**	02/17/12	**Amount**	$****506.25
Insured	Homestead Hotel				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Jothi CG-Mani				
File Supervisor	Eric Shaw	**Phone Number**	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	506.25		

TOTAL $506.25

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#
08/06/12	53140

Claim # : 1211400C3
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TOWER SELECT INS (IRV-17059)
W.C. DEPARTMENT
ATTN: LAURA TELLEZ
P.O. BOX 17059
IRVINE, CA 92623

Case: vs EINFLATABLES
Date Of Injury: 4/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/12	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
08/02/12	PMT BY CHECK	DOS 5/8/12 # 0020427560	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CastlePoint National Insurance Co
New York, NY

Check # 0020427560

Payee: **Joyce Altman Interpreters**

Check Date 08/02/2012

Bill Id	Invoice #	Policy #	Claim #	Claimant Name	Service From-To	Amount Paid
	53140	WSLTHPE90243601	111W12136260		05/08/12-05/08/12	230.00

PAID
AUG 06 2012
BY:

Net Check Amount $ 230.00

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

*** INVOICE ***

Date	NO#
02/28/12	50877

Claim # : 494C246938
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MARIE CALLENDER'S
Date Of Injury: 10/7/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/03/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
01/20/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/17/12	PMT BY CHECK	DOS 1/3/12 # DA67124315	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDMLDMCD-002960-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 02/17/12

CHECK NO. **DA67124315**

STATEMENT

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

5900A11DA 00 00065 DA67124315
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C246938X

DOLLARS
$*******406.50

*** NOT NEGOTIABLE ***

FOR
01/03/12 THRU 01/20/12 50877

CLAIMANT

DATE OF EVENT
10/07/11

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

FEB 21 2012

BY:

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
02/21/12	49235

Claim # : 35984941124145
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CROCKETT CONTAINER
Date Of Injury: 4/1/09 - 1/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/11	MRI	& MRA/REF BY DR POSPISIL: R/ KNEE@CAL IMG(3H 30M)	262.50
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
11/11/11	MRI	& MRA REF BY DR POSPISIL: LT KNEE (2H 25M)	187.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/16/12	PMT BY CHECK	DOS 10/12/11-11/11/11 # FE4382713	-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.

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 02/16/12

CHECK NO. **FE43802713**

STATEMENT

Paid by ESIS, Inc. on behalf of
National Union Fire Insurance Company Of
Pittsburgh, PA. and its Affiliated Insurance Companies.

5900H1IFE 00 00020 FE43802713
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
3593494112414

DOLLARS
$*********450.00

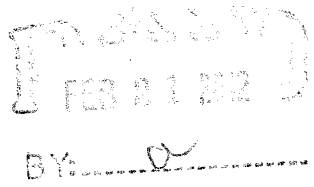
* NOT NEGOTIABLE *

FOR
10/12/11 THRU 11/11/11 49235

CLAIMANT

DATE OF EVENT
01/14/11

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



PDWLDMCD-000060-01-01-00

BOA04B (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#
08/06/12	51200

Claim # : 7190231959
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
RISK ENTERPRISE SVCS (BRE2307)
W.C. DEPARTMENT
ATTN: MICHELLE BENIVEDAS
P.O. BOX # 2307
BREA, CA 92822-2307

Case: vs SADDLEBACK WATERPROOFING
Date Of Injury: 3/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/12	CT SCAN	REF BY DR PIETRSZKA: CHEST, SINUS @ CA IMAG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
08/01/12	PMT BY CHECK	DOS 1/16/12 # 40079710	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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RISK ENTERPRISE MANAGEMENT LIMITED
P.O. Box 9801
Cranbury, NJ 08512-9801

8

Joyce Altman Interpreters, Inc 1431
PO Box 4165
Tustin CA 92781-4165

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

Name		**Telephone#**	714-579-2725
Check#	40079710	**Claim Number**	7190231959
Check Date	08/01/2012	**Date of Loss**	04/07/2010
Check amount	$ 150.00	**Claimant**	
Invoice	51200	**Client/Insured**	SADDLE CORPORATION
Services/period	**From** 01/16/2012	**To**	01/16/2012
Payee	Joyce Altman Interpreters, Inc		
For	51200		

PAID
AUG 06 2012
BY:

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

*** INVOICE ***

Date	NO#
08/06/12	51434

Claim # : 011975-071251-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HOSPITALITY STAFFING SOLUTIONS
Date Of Injury: 8/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
02/22/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/23/12	PMT BY CHECK	DOS 2/2/12-2/22/12 # 0093033706	-406.50
06/04/12	WCAB LB	PRI-CONF - JOHANNA JORDAN #100793	156.50
07/31/12	PMT BY CHECK	DOS 6/4/12 # 0095245783	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

011975 PAGE 1 OF 1 003995

MDG2009 00004699 1 MB 0404 1

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

PAID
AUG 06 2012
BY:

GALLAGHER BASSETT SERVICES INC
FOR PENNSYLVANIA MANUFACTURERS
ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 011975 071251 WC 01 (3389715P)
CLAIMANT:
DESCRIPTION: INV 51434

DATES OF SERVICE: 31Jul2012 **THRU** 04-Jun-20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 176
ACC DATE: 29Aug11

NO.: 0095245783
VN: 0001450596
DATE: 31Jul12

AMOUNT: 156.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004699 005382 001 001

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

*** INVOICE ***

Date	NO#
02/21/12	33444

Claim # : 2080165988
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SMART CARTE
Date Of Injury: 6/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/09	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
10/21/09	PMT BY CHECK	DOS 3/19/09 # 1620322695	-180.00
01/19/12	MRI	REF BY DR POSPISIL: RT SHLDR (2H 45M)	206.25
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/16/12	PMT BY CHECK	DOS 3/19/09-1/19/12 # 1101658268	-206.25

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.

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

01507

FEB 21 2012

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0165988 001 DB	WC 3036779	33444		06/14/07	01/19/12-01/19/12

Check Number	1101658268	Date Issued	02/16/12	Amount	$****206.25
Insured	Smarte Carte Corporation				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	JohnstonZico CG-S				
File Supervisor	Diana Barkhaus	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	206.25		
TOTAL	$206.25		

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#
08/06/12	52479

Claim # : 2010198793
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HYDRO SYSTEMS
Date Of Injury: 5/19/10-11/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/12	MRI	REF BY DR HARONIAN: L/SHLDER @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/02/12	PMT BY CHECK	DOS 3/23/12 # 1101887220	-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.

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

02316

PAID
AUG 06 2012
BY

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0198793 001 J3	WC 4886835	52479		12/06/10	03/23/12-03/23/12

Check Number	1101887220	**Date Issued**	08/02/12	**Amount**	$*****150.00
Insured	HYDRO SYSTEMS, INC.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Ibrahim CG-Saleem				
File Supervisor	Joseph Magin	**Phone Number**	415 538-7100		

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#
02/24/12	50055

Claim # : YMH61926; YMH55508
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: PIGGY FOSTER/ALISA HETTIA
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs O'NEIL DATA SYSTEM
Date Of Injury: 7/9/11; 4/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/28/11	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
12/29/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/20/12	PMT BY CHECK	DOS 11/28/11-12/29/11 # 117938322 2	-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.

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

THE HARTFORD

000273
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00276 *

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 1179383222

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
50055 07-09-11	72WE FY1595 YMHC 61926	DATA ANALYSIS INC	$406.50

Nature of Payment:	Service Dates	
Miscellaneous Legal Expenses	11-28-2011 12-29-2011	$406.50

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

Issue Date	02-20-2012	Check Number	117938322 2	Total Amount of Check	$406.50

Please keep the above information for your records.

095232032

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#
07/13/12	53400

Claim # : 05771092
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs MIRIAM CUNIN/ CHABAD OF CA
Date Of Injury: 7/11/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/25/12	DEPO PREP	@ THE L/O OF SCIF - SANTA ANA	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
05/30/12	WCAB LB	MSC - ELENA LOPEZ # 100821	156.50
06/14/12	PMT BY CHECK	DOS 1/18/12-5/25/12 # CU-910520	-313.00
06/13/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100785	0.00
06/22/12	PMT BY CHECK	DOS 5/30/12 # CU-912663	-156.50
07/11/12	PMT BY CHECK	DOS 6/13/12 # CU-916666	-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.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **CU-916666**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/11/12
Doc #: 025015994

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05771092			
1	53400	06/13/12	06/13/12	Interpreter fees	1		250.00
						Total Allowances:	**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05771092	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
JUL 13 2012
BY:

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

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

01283802025015994012

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

*** INVOICE ***

Date	NO#
02/24/12	48131

Claim # : ELW6426
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: HEATHER VALDOVINOS
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs PRIORITY BUSINESS SERVICES
Date Of Injury: 4/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/06/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
09/30/11	DEPO PREP	@ THE L/O OF MANNING & KASS	156.50
/ /	INTERPRETER:	ALBERTO QUINTANA # 600105	0.00
10/05/11	PMT BY CHECK	DOS 9/6/11 # 896D 79062356	-156.50
10/21/11	PMT BY CHECK	DOS 9/30/11 # 896D 79156373	-156.50
11/08/11	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
11/10/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/06/11	PMT BY CHECK	DOS 9/6/11-11/10/11 # 896D 79400859	-563.00
01/09/12	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
02/20/12	PMT BY CHECK	DOS 1/9/12 # 896D 79802645	-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.

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

SA07043

896D 79802645

TRAVELERS

DATE: 02/20/12
LOSS DATE: 04/04/11
FILE NUMBER: 152 CB ELW6426 J

EMPLOYEE

ACCOUNT NAME:
PRIORITY BUSINESS SERVICES, I

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: 09/06/2011 TO: 01/09/2012

TOTAL PAID: $313.00
TAX INFO: 330956713372l476Y
PAY MISC: 48131
PAYEE:
JOYCE ALMAN INTERPRETERS

FEB 24 2012

BY:

FOR ADDITIONAL INFORMATION, CONTACT: HEATHER S VALDOVINOS AT (909)612-3027

051007173
DETACH CHECK

UNSHMM 111311
OVRPUNS2 121293
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#
03/02/12	48420

Claim # : 5038-310W09
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: LUCY JONES
P.O. BOX # 5038
MODESTO, CA 95352

Case: vs SUPERIOR SUPER WHOLESALE
Date Of Injury: 8/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/11	SURGERY	DR GALLONI:R/ELBOW @ MONROVIA HOSP (4H 30M)	405.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
12/07/11	SURGERY	DR GALLONI - RT/ELBOW @ MONROVIA HOSP -10.5H	945.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/28/12	PMT BY CHECK	DOS 9/14/11-12/7/11 # 516619	-1350.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Please Cash or Deposit the above check as soon as possible and retain this portion for your records

Non-Neg

Care West Insurance Company

P O Box 2710

Rocklin CA 95677

48420

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

TAX ID#.: XXXXX6713

EMPLOYER: 814 SUPERIOR CENTER CONCEPTS DBA SUPERIOR GR

CLAIM #.: 777-624-108-0307560 CLAIMANT:

D/A.....: 8/18/09 Examiner : TL1 Terra Lambert

CHECK#.....: 516619 PMT VAL 1.....: M3 INTERPRETER AT MEDICAL EXAM

CHECK AMOUNT..: 1,350.00 RESERVE.....: ME MEDICAL

CHECK DATE....: 2/28/12 PAYMENT PERIOD: 9/14/11 - 12/07/11

REMARKS

48420

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

*** INVOICE ***

Date	NO#
03/02/12	50232

Claim # : 047510036755
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: ROBERT BARDON
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs JIM HANSEN
Date Of Injury: 8/6/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/28/11	MRI	REF BY DR SMITH: C/SP, T/SP @ CA IMAG (3H 10M)	243.75
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/28/12	PMT BY CHECK	DOS 11/28/11 # 7327109	-243.75

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071

Payment Summary

Claim Ref #: 047510036755
Policy: 000079406934
Occurence: 000128
Date of Loss: 08/06/2010
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: The Jim Henson Company

Page: 1 of 1
Check Number: 7327109
Print Date: 03/01/2012
Issue Date: 03/01/2012

DATE	CLAIMANT	DESCRIPTION	AMOUNT
11/28/2011-		Translator	243.75

MAR 08 2012
BY:

Comments: inv # 50232 dos 11/28/11 inv dtd 2/27/12 es

CHECK TOTAL: 243.75

Claim Representative: IRINA MATCHIE

Phone: (213)612-5637

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

*** INVOICE ***

Date	NO#
07/13/12	53406

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

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

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

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

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.

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

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

Remittance Advice
Check No. 0942915

7-12-12

819928* 0942915

1000-12-0352 DOI: 04-22-11
Invoice# : 53406
From: 06-27-12 Thru: 06-27-12

13	REVIEW OF DEPOSITION	250.00
Total Paid:		$250.00

PAID
JUL 13 2012
BY: A

Please Detach This Stub Before Deposit

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

*** INVOICE ***
Date NO#
03/02/12 38310

Claim # : 710486772
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: MIKE SHILL
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: /s GLOBAL ONE LOGISTICS
Date Of Injury: CT 4/30/07-7/24/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/12/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/16/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
10/21/10	PMT BY CHECK	DOS 8/12/10 # 15282421	-156.50
11/20/10	PMT BY CHECK	DOS 9/16/10 # 15603066	-250.00
10/26/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
12/03/11	PMT BY CHECK	DOS 10/26/11 # 19326590	-156.50
02/01/12	WCAB LB	TRIAL	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/28/12	PMT BY CHECK	DOS 2/1/12 # 20101319	-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 001 2 7102010131900524071

RECEIVED
MAR 09 2012
BY:

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 20101319
RFP No.: 00524071
02/28/2012

Insured: GLOBAL ONE LOGISTICS
Claimant:
Producer:
ACT: 38310 020112-020112

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000006855699	00486772	01	07/24/2007	EXP	O	$156.50

38310

Use file # 710-00486772 **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#
07/13/12 49334

Claim # : LW08010001/LW080500152
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : __,
Terms : 45 days

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

Case: vs LYNWOOD UNIFIED SCHOOL DIST
Date Of Injury: 5/1/09;6/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/11	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
12/07/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/23/12	PR2/REEVAL	DR RAHIMIAN* SANDRA TALANCON # 100802	180.00
03/03/12	INITIAL EXAM	W/ACUPUNCTURIST A LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/24/12	PR2/REEVAL	DR PERSHEN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
05/05/12	PR2/REEVAL	W/ ACUPUNCTURIST A LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
07/10/12	PMT BY CHECK	DOS 10/12/11-5/5/12 # 6388	-1150.00

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

CORVEL ENTERPRISE COMP, INC.
LYNWOOD UNIFIED SCHOOL DISTRICT
4120 SE INTERNATIONAL WAY #A108
MILWAUKIE, OR 97222

CORVEL

bankcode=LYNWD
11-24
1210(8)

CHECK NUMBER	CHECK DATE
6388	07/10/12

******$1,150.00

PAY EXACTLY: *One thousand one hundred fifty and 00/100 Dollars*

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

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

WELLS FARGO BANK PORTLAND, OR

⑈0000006388⑈ ⑆121000248⑆ 4122 192636⑈

'ACH HERE

CORVEL

DETACH HER

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
LW-08-0500152	06/11/2008		10/12/2011	05/05/2012	Invoice # 49334	******$1,150.00

PAID
JUL 13 2012
BY:

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

*** INVOICE ***

Date	NO#
07/16/12	52688

Claim # : 08008590
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MACKONE DEVELOPMENT
Date Of Injury: 1/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR SUAREZ (2H 30M)	187.50
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/12/12	PMT BY CHECK	DOS 3/10/12 # 119375	-187.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Everest National Insurance Company

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

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 119375

DATE
07/12/2012

California Workers' Compensation Payment

**********187.50

Pay One Hundred Eighty Seven Dollars And 50/100

VOID

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0119375⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters, Inc.

Check Number: 119375

IRS/SSN: XX-XXX6713

Check Date: 07/12/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
08008590		01/10/2012	Interpreting Fees	03/10/2012	03/10/2012	06/25/2012	52688	187.50

PAID
JUL 17 2012
BY:

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

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

*** INVOICE ***

Date	NO#
03/02/12	49863

Claim # : 478-111-162
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
PATRIOT RISK SVCS. (R.C. 2650)
W.C. DEPARTMENT
ATTN: COLLEEN ROSE
P.O. BOX 2650
RANCHO CORDOVA, CA 95741

Case: vs J&H TREE SERVICES INC.
Date Of Injury: 7/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/11	MRI	REF BY DR QUESADA: RT/ANKLE @ CA IMAGING (2H 30M)	187.50
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/28/12	PMT BY CHECK	DOS 11/9/11 # 0205519	-187.50

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.

BANK OF AMERICA

63-4
630

Date: 2/28/12 NO. **0205519**

Patriot Risk Services
on behalf of ULLICO Casualty
200 E. Broward Blvd., Suite 1300
Fort Lauderdale, FL 33301

CLAIM NUMBER	DATE OF INJURY	EMPLOYEE	PAYEE IRS NUMBER
478-111-0000162	7/18/11		330956713

$187.50

PAY ONE HUNDRED EIGHTY SEVEN AND 50/100 DOLLARS

VOID AFTER 90 DAYS

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

⑈0205519⑈ ⑆063000047⑆ 008981715225⑈

Please Cash or Deposit the above check as soon as possible and retain this portion for your records

Non-Neg
Ullico Casualty Company
1625 Eye Street
Washington DC 20006

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

PAID
MAR 05 2012
BY: a

TAX ID#.: 330956713
EMPLOYER: 121 J & H Tree Service, Inc.
CLAIM #.: 777-478-111-0000162 CLAIMANT:
D/A.....: 7/18/11 Adjuster : CR4 Colleen Rose

CHECK#.....: 205519
CHECK AMOUNT..: 187.50
CHECK DATE....: 2/28/12

PMT VAL 1.....: LI LANGUAGE INTERPRETING SERVICE
RESERVE.....: 13 EXPENSE
PAYMENT PERIOD: 11/09/11 - 11/09/11 WEEKS/DAYS: 0 / 0

REMARKS

Inv #49863

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

*** INVOICE ***

Date	NO#
03/01/12	46956

Claim # : ECA900043363
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: STEVEN WEBB
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs LOUIS BURGERS
Date Of Injury: 11/01/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
10/25/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/29/11	PMT BY CHECK	DOS 8/2/11 # 2679335	-156.50
11/30/11	PMT BY CHECK	DOS 8/2/11 #2679619	-156.50
01/16/12	C&R READING	@ THE L/O OF MICHELLE GAVRIEL	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/24/12	PMT BY CHECK	DOS 1/16/12 # 2697315	-250.00

BALANCE 0.00

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FIRST COMP
Insuring America's Small Business®
A MARKEL Company

PO Box 3188
Omaha, NE 68103-0188

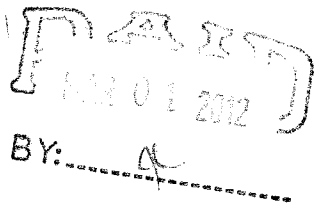
Claims Disbursement

Claim Number: ECA900043363
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2697315
Check Date: 02/24/2012
Check Amount: 250.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0042190
CLAIMS TYPE: EX EXPENSE TYPE: 10



Invoice Number: 46956wcab
Invoice Date: 02/08/2012

Service From: 01/16/2012 **Service To:** 01/16/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 01/16/2012 01/16/2012

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

*** INVOICE ***

Date	NO#
02/27/12	44616

Claim # : 710756901
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: CAMILE BASS
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs HSG INN
Date Of Injury: 3/26/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/11	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 100755	0.00
05/31/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
06/16/11	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
07/14/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
07/28/11	PR2/REEVAL	DR DOMARACKI* ELIZABETH HERRERA # 301231	180.00
08/25/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
09/26/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/21/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/15/11	SURGERY	DR MILLER - EPIDURAL @ MONROVIA HOSP (4.5H)	405.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
11/18/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/07/11	PR2/REEVAL	DR DOMARACKI* JESUS CASTILLO # 500358	180.00
01/04/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
01/26/12	PR2/REEVAL	DR OBUKHOFF @ WILLOW MEDICAL* GLADYS REYNA #100755	180.00
02/15/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
03/03/12	PMT BY CHECK	DOS 5/3/11-2/15/12 # 20160550	-2795.00

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

*** INVOICE ***

Date	NO#
02/27/12	44616

Claim # : 710756901
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: CAMILE BASS
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs HSG INN
Date Of Injury: 3/26/11

DOS	SERVICE	DESCRIPTION	AMOUNT

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 7102016055000538192

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

RECEIVED
MAR 05 2012
BY:

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

No.: 20160550
RFP No.: 00538192
03/03/2012

Insured: HSG, INC.
Claimant:
Producer:
ACT: 44616

Claim Office: 710

050311-021512

Policy	Claim	Sym.	DOL	Typ	S	Amount
000000999405	00756901	01	03/26/2011	MED	O	$2,795.00

Use file # 710-00756901 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

2795.00

√M - PL P/PSI

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

*** INVOICE ***

Date	NO#
07/17/12	53142

Claim # : 09-5014
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CITY OF SANTA ANA
W.C. DEPARTMENT
ATTN: RAMONA LUJAN
P.O. BOX 1988 M-41
SANTA ANA, CA 92705

Case: (vs CITY OF SANTA ANA
Date Of Injury: 8/26/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/12	DEPO PREP	@ THE L/O OF WALL, MCCORMICK & BAROLDI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/08/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/11/12	PMT BY CHECK	DOS 5/21/12-6/8/12 # 820007298	-406.50

BALANCE 0.00

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

City of Santa Ana
Workers' Compensation Unit
PO Box 1988 M-41
Santa Ana, CA 92702

Payee: JOYCE ALTMAN
Tax ID: 330956713
Check Number: 820007298
Check Date: 07/11/2012
Check Total: 406.50
Claim Number: 09-5014
Claimant Name:
Incident: 08/26/2009
For:

Examiner: Ramona M. Lujan
Phone: (714)647-6993
Description: Other Expenses
Account Number:
Invoice: 53142
From: 05/21/2012
Through: 06/08/2012

PAID
JUL 17 2012
BY:

THERMO GUARD™ RESPONDS TO WARMTH. HOLD RED IMAGES BETWEEN THUMB AND FOREFINGER OR BREATHE ON IT. THE IMAGE WILL FADE AND REAPPEAR

City Of Santa Ana

JPMorgan Chase Bank, N.A.
91-1762/3222

820007298

$406.50

PAYEE IDENTIFICATION

**********JUL 11 2012*FOUR HUNDRED SIX DOLLARS AND 50/100

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

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 6 MONTHS FROM DATE OF ISSUE

⑈820007298⑈ ⑆322271627⑆ 935309500⑈

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

*** INVOICE ***

Date	NO#
07/17/12	43418

Claim # : 02000180
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs KNOLLS WEST/DESERT KNOLLS
Date Of Injury: 1/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/11	MRI	REF BY DR MONTGOMERY: L/S, C/S RT HIP & SHLDR*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
04/20/11	MRI	REF BY DR MONTGOMERY: C/S (3 HRS 30 MINS)	262.50
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/14/12	PENALTIES	FOR DATE OF SERVICE 3/22/11	22.50
05/14/12	INTEREST	FOR DATE OF SERVICE 3/22/11	20.75
05/14/12	PENALTIES	FOR DATE OF SERVICE 4/20/11	39.41
05/14/12	INTEREST	FOR DATE OF SERVICE 4/20/11	33.94
07/12/12	PMT BY CHECK	DOS 3/22/11-5/14/12 # 8514	-529.10

BALANCE 0.00

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Pennsylvania Manufacturers Assoc. Insurance Co.

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

Wachovia Bank of Delaware
Wilmington, DE

62-22
311

CHECK NO. 8514

DATE
07/12/2012

VOID

California Workers' Compensation Payment

**********529.10

Pay Five Hundred Twenty Nine Dollars And 10/100

VOID

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

Scott Marshall

⑈0008514⑈ ⑆031100225⑆ 2079951076170⑈

Payee: Joyce Altman Interpreters, Inc.

Check Number: 8514

IRS/SSN: XX-XXX6713

Check Date: 07/12/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
02000180		01/21/2010	Subpoena Records	03/22/2011	05/14/2012	05/16/2012	43418	529.10

PAID
JUL 17 2012
BY:

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

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

*** INVOICE ***

Date	NO#
03/05/12	04641

Claim # : 2330049242
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
UUG (SHAWNEE MISSION,KS)
W.C. DEPARTMENT
ATTN: DEBBIE POLLEY
P.O. BOX # 2904
SHAWNEE MISSION, KS 66201-1720

Case: vs LAND ROVER ENCINO
Date Of Injury: 8/8/00

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/03	MRI	REFERRED BY DR BADEN: LT SHOULDER	125.00
10/01/03	DIAGN STUDY	MRA-MAGNETIC RESONANCE ARTHROGRAM: LT SHOUL	125.00
08/17/06	PMT BY CHECK	DOS 10/1/03 # 0001656247	-250.00
01/25/12	MRA	& MRI REF BY DR HARONIAN: LT SHLDR (4hr 55min)	375.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/02/12	PMT BY CHECK	DOS 1/25/12 # 1101675592	-375.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Universal Underwriters 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

00424

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
252-0125876 001 LP	WC 150978	04641		08/08/00	10/01/03-01/25/12

Check Number	1101675592	**Date Issued**	03/02/12	**Amount**	$****375.00
Insured	AUTONATION				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Ravi CG-Mandal				
File Supervisor	Lorrie Peek	**Phone Number**	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	375.00		
TOTAL	$375.00		

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#
07/17/12	53022

Claim # : 047509003204
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: ELIZABETH JOHNSEN
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs MRS. LUANNE WELLS
Date Of Injury: 1/12/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/12	ULTRASOUND	REF BY DR KOMBERG: ABDOMEN, INGUINAL @ CA IMAG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/13/12	PMT BY CHECK	DOS 5/3/12 # 7629733	-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.

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

Payment Summary

Claim Ref #: 047509003204
Policy: 001058056403
Occurence: 000012
Date of Loss: 01/20/2009
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Luanne Wells

Page: 1 of 1
Check Number: 7629733
Print Date: 07/13/2012
Issue Date: 07/12/2012

DATE	CLAIMANT	DESCRIPTION	AMOUNT
05/03/2012-05/03/2012		Translator	150.00

PAID
JUL 17 2012
BY:

CHECK TOTAL: 150.00

Comments: Inv. #: 53022 Inv. Date: 6/21/2012 DOS: 5/3/2012 (23)

Claim Representative: DAPHNE HAMASAKA

Phone: (213)612-5432

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

*** INVOICE ***

Date	NO#
07/17/12	41790

Claim # : ELW3350
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: KIRT HERRISON
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs TANIMURA & ANTLE
Date Of Injury: 2/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/11	MRI	REF BY DR BOYER: L/S & RT SHOULDER*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
09/26/11	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
05/18/12	PMT BY CHECK	DOS 1/28/11-9/26/11 # 896D 80290566	-380.00
06/09/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR TERRENCE @ CA SP CT*	150.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
07/12/12	PMT BY CHECK	DOS 6/9/12 # 896D 80588122	-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.

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SD03006

896D 80588122

TRAVELERS

DATE: 07/12/12
LOSS DATE: 02/01/09
FILE NUMBER: 152 CB ELW3350 H

EMPLOYEE

ACCOUNT NAME:
TANIMURA & ANTLE INC

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 06/09/2012

TOTAL PAID: $150.00
TAX INFO: 3309567133317481Y
PAY MISC: 41790
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUL 17 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: KIRT HARRISON AT (909)612-3700

194017072
DETACH CHECK

UNSUMM-1113
OVRPUNS2-1212
DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/17/12	51839

Claim # : R00016719
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/12	DEPO PREP	@ THE L/O OF JACK DAVIDSON	156.50
/ /	INTERPRETER:	MARIA TERESA PEREZ # 100630	0.00
06/08/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
07/13/12	PMT BY CHECK	DOS 2/22/12-6/8/12 # 1000157685	-406.50

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.

DR0808

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

Republic Indemnity

Date: 07/13/2012
Check #: 1000157685
Payment Amount: 406.50

000845 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID
JUL 17 2012
BY: a

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00016721		51839	07/06/2012	02/22/12	06/08/12	406.50	406.50	
		Interpreter For Medical/WCAB						
						Total	406.50	

PAID
JUL 17 2012
BY: a

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

*** INVOICE ***

Date	NO#
07/18/12	52104

Claim # : WC10016957
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs POLLYS INC.
Date Of Injury: 2/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/12	MRI	REF BY DR UPPAL: T/S, L/S @ ALLIDED IMAGING*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/13/12	PMT BY CHECK	DOS 3/5/12 # 8813728768	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Farmers Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

July 13, 2012

MID-CENTURY INSURANCE COMPANY

Check Number: 8813728768
Date: 07/13/2012
Amount: $150.00******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

Claimant/Patient:			
Insured:	POLLY S PIES INC		
Date of Loss:	02/11/2010	Claim Representative:	JENNIFER LA
Claim Number:	WC10016957	Office Phone Number:	8882740674
Correspondence Reference:	ZDB44SSRN		

Additional Information:
52104 To contact the Claims Handler toll free dial 888-274-0674. 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
03/05/12 - 03/05/12	Interpreter	$150.00

PAID
JUL 18 2012
BY:

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

*** INVOICE ***

Date	NO#
07/17/12	38801

Claim # : WC100768189
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
WORKERS COMP ELECTRIC INS.
W.C. DEPARTMENT
ATTN: LINDSEY ANDERSON
P.O. BOX 15065
ALBANY, NY 12212

Case: vs UNIVERSAL STUDIOS
Date Of Injury: 9/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/10	MRI	REF BYDR KOMBERG: C/S, T/S, L/S*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/03/10	MRI	REF BY DR KOMBERG: BIL SHLDR$*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/03/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR SADIGHPOUR (2H 5M)	168.75
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
11/02/11	PENALTIES	FOR DATE OF SERVICE 10/1/10	22.50
11/02/11	INTEREST	FOR DATE OF SERVICE 10/1/10	19.71
11/02/11	PENALTIES	FOR DATE OF SERVICE 11/3/10	22.50
11/02/11	INTEREST	FOR DATE OF SERVICE 11/3/10	19.71
11/10/11	PMT BY CHECK	DOS 10/1/11-10/3/11 # 11116466	-553.17
04/19/12	MRI	REF BY DR KOMBERG: BIL/SHOULDERS @ CALIF IMG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
04/16/12	MRI	REF BY DR KOMBERG: C/S, T/S, L/S (2H 10M)	168.75
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/27/12	PMT BY CHECK	DOS 4/19/12 # 11188767	-150.00
07/12/12	PMT BY CHECK	DOS 4/16/12 # 0035722131	-168.75

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

*** INVOICE ***

Date	NO#
07/17/12	38801

Claim # : WC100768189
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
WORKERS COMP ELECTRIC INS.
W.C. DEPARTMENT
ATTN: LINDSEY ANDERSON
P.O. BOX 15065
ALBANY, NY 12212

Case: vs UNIVERSAL STUDIOS
Date Of Injury: 9/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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5800200.20120706208011.00450

Sedgwick Claims Management Services, Inc
P.O. Box 14017
Lexington, KY 40512

RETURN SERVICE REQUESTED

DATE	CHECK AMT	CHECK NO.
7/12/2012	168.75	0035722131

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

SCMS UNIT	PAGE
547 Sedgwick Claims Management Services	1

450

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

Claimant Name	Loss Date	Claim Number	SSN
	09/08/2010	WC100768189	

Amt Paid: 168.75 Description: Miscellaneous Expense
Amt Billed: 168.75 Invoice: ICN: WC100768189
Dates: 10/03/2011 - 10/03/2011 Comment: Invoice #38801

PAID
JUL 17 2012
BY:.....

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

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

*** INVOICE ***

Date	NO#
07/19/12	52206

Claim # : 08008902
W.C.A.B.:
ADJ # :
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 TDS DISTRIBUTING AND DELIVERY
Date Of Injury: 2/10/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/12	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH CENTER (4H 25M)	517.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/19/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
05/23/12	PR2/REEVAL	DR KATTAR* AUGUSTO SALAZAR # 500286	180.00
07/16/12	PMT BY CHECK	DOS 3/14/12-5/23/12 # 120058	-877.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK | HOLD AT ANGLE TO VIEW

Everest National Insurance Company

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

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 120058

DATE
07/16/2012

California Workers' Compensation Payment

Pay Eight Hundred Seventy Seven Dollars And 50/100 **********877.50

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0120058⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XXX6713

Check Number: 120058

Check Date: 07/16/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
08008902		02/10/2012	Interpreting Fees	03/14/2012	05/23/2012	06/27/2012	52206	877.50

PAID
JUL 19 2012
BY: a

REORDER 501 • U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

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

*** INVOICE ***

Date	NO#
07/18/12	53145

Claim # : WC10011228
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs KFC
Date Of Injury: CT 1/1/07-11/13/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/18/12	C&R READING	@ THE L/O OF JON WOODS	250.00
/ /	INTERPRETER:	ELENA LOPEZ # 100821	0.00
07/16/12	PMT BY CHECK	DOS 5/18/12 # 881370890	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Farmers Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

July 16, 2012

MID-CENTURY INSURANCE COMPANY

Check Number: 8813730890
Date: 07/16/2012
Amount: $250.00*****

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

PAID
JUL 18 2012
BY:

Claimant/Patient:
Insured: SMILE FOODS INC
Date of Loss: 11/13/2009
Claim Number: WC10011228
Correspondence Reference: J6144RKMN

Claim Representative: KIMBERLY ELIAS
Office Phone Number: 8185402215

Additional Information:
53145 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.

From/To Dates	Benefit Type	Benefit Amount	Overpayment W/H	Net Amount
05/18/12 - 05/18/12	Other Specified Indemnity	$250.00		$250.00

TOTAL Benefits Paid To Date :

Other Specified Indemnity	$580.00
Temporary Total Disability (Ex. TX)	$2500.00
Lump sum settlement	$2420.00
Claimant Attorney Fee - PD	$2700.00

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#
07/18/12	53150

Claim # : YMH48914C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs J H BRYANT
Date Of Injury: 12/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/16/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 100656	0.00
05/31/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/11/12	PMT BY CHECK	DOS 5/16/12-5/31/12 # 118608813 3	-406.50

BALANCE 0.00

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

THE HARTFORD

PAID
JUL 18 2012
BY:

000433
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

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
53150 12-01-10	72WE QT2431 YMHC 48914	J H BRYANT INC	$406.50
Nature of Payment: Miscellaneous Medical		Service Dates 05-16-2012 05-31-2012	$406.50
Claim Handler: Hilary Stiles 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments:	

Issue Date	07-11-2012	Check Number	1186088133	Total Amount of Check	$406.50

Please keep the above information for your records.

099277668

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

*000012 118608133 00442 *

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

*** INVOICE ***

Date	NO#
07/19/12	53125

Claim # : E2846453
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs L.L. BAKERY, INC.
Date Of Injury: 2/11/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR COHN @ CA SLP CTR*	150.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
07/13/12	PMT BY CHECK	DOS 5/8/12 # 101814361	-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.

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

001323

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

PAID
JUL 19 2012
BY:

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

Claim Number * E2 846453KM

Insured/Client	Claimant	ATT
KIYO KAMIYAMA		07/13/12

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
02/11/12		05/08/12-05/08/12	MED	21		DR	$150.00
							$150.00

Reason
INTER/INV #53125 DR CHON

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

ACCIWF 01.28.11

PLEASE DETACH BEFORE CASHING

CNA

UNDERWRITTEN BY:
TRANSPORTATION INSURANCE COMPANY

101814361
Date Issued
07/13/12

66-156
531
Bank Acct.
475962809

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E2 846453	KM	KIYO KAMIYAMA	81
Prefix & Contract No. WC -4031355780		Claimant	Date of Loss 02/11/12
From-thru (Dates) 05/08/12	In Payment of 05/08/12	INTER/INV #53125 DR CHON	

PAY TO THE ORDER OF — ONE HUNDRED FIFTY AND NO/100THS ---------- Dollars

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

********$150.00

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈010181436⑈ ⑆053101561⑆ 475962809 2⑈

0000020E2008464531018143610000000001323

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

*** INVOICE ***

Date	NO#
07/20/12	41327

Claim # : 51c866925-521
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SENTRY INSURANCE (PHOENIX,AZ)
W.C. DEPARTMENT
ATTN: THOMAS WOOD
P.O. BOX #29466
PHOENIX, AZ 85038-9466

Case: vs VITAS HEALTHCARE CORP.
Date Of Injury: 8/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/25/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/17/11	PMT BY CHECK	DOS 12/28/10 THRU 1/25/11 # 43183323	-406.50
06/27/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/16/12	PMT BY CHECK	DOS 6/27/12 # 438843938	-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.

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 43843938

1 1 792 12198 BCLM.F2T70PKS
00270200443407256291928781416565

REFERENCE NO. 104940739
EMPLOYEE/PATIENT:
ANA M. AGUILAR

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

INVOICE# 41327

PAID
JUL 20 2012
BY:

CL NO. 51C866925
NOT NEGOTIABLE
$******156.50

THIS PAYMENT COVERS--062712 THRU 062712 ACCT#41327

0-656B ▼ Detach Here ▼ (1

Parker Services, L.L.C.

No. 43843938

WELLS FARGO BANK OHIO, N.A.
115 HOSPITAL DRIVE
VAN WERT, OH 45891
56-382
412

CLAIM NO	DATE OCC	INSURED	DATE ISSUED
51C866925	08/11/10	VITAS HEALTHCARE CORPORATION	07/16/12

PAYMENT COVERS	AMOUNT
062712 THRU 062712 ACCT#41327	$******156.50

ONE HUNDRED FIETY-SIX AND 50/100 DOLLARS

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Jerry Baars

⑈43843938⑈ ⑆041203824⑆960003168⑈

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

*** INVOICE ***
Date NO#
07/24/12 42022

Claim # : YNM21413C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14154)
W.C. DEPARTMENT
ATTN: JOSE HERNANDEZ
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs ALBERTSON'S
Date Of Injury: 10/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/04/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/16/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
05/03/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/24/11	PMT BY CHECK	DOS 1/18/11 HRU 3/16/11 # 220034747 2	-563.00
06/03/11	PMT BY CHECK	DOS 5/3/11 # 220038653 2	-156.50
08/16/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/02/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/29/11	PMT BY CHECK	DOS 9/2/11 # 220091892 5	-250.00
11/15/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
06/03/11	PMT BY CHECK	DOS 8/16/11-11/15/11 # 220038653 2	-250.00
04/03/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
04/30/12	PMT BY CHECK	DOS 1/18/11-4/3/12 # 0033303915	-219.50
07/02/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/20/12	PMT BY CHECK	DOS 7/2/12 # 0034665396	-156.50

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

*** INVOICE ***

Date	NO#
07/24/12	42022

Claim # : YNM21413C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14154)
W.C. DEPARTMENT
ATTN: JOSE HERNANDEZ
P.O. BOX 14154
LEXINGTON, KY 40512

Case: vs ALBERTSON'S
Date Of Injury: 10/25/10

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.

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

RETURN SERVICE REQUESTED

DATE	CHECK AMT	CHECK NO.
7/20/2012	156.50	0034665396

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	1

1541

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

Claimant Name	Loss Date	Claim Number	SSN
	09/01/2003	YGP28513C	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 42022 ICN: YGP28513C
Dates: 07/02/2012 - 07/02/2012 Comment: Invoice#42022

PAID
JUL 24 2012
BY:

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

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

*** INVOICE ***
Date NO#
07/24/12 47954

Claim # : R00014538; R00014453
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [illegible] vs PHOTO TECH
Date Of Injury: 1)6/15/07; 2)8/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/11	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (2H 55M)	345.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
10/05/11	MRI	REF BY DR KATTAR: LT WRIST*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/29/11	PR2/REEVAL	DR KATTAR* BLANCA MEJIA # 100741	180.00
11/09/11	PR2/REEVAL	DR KATTAR* JOSE GERRY LUGO # 500049	180.00
12/07/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371 (DOI 2)	180.00
12/08/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371 (DOI 1)	180.00
12/22/11	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL* (DOI 2)	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/19/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
01/25/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ (DOI 2)	180.00
01/30/12	MRI	REF BY DR KATTAR: C/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/09/12	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL* BOTH DOI'S	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/22/12	PR2/REEVAL	DR KATTAR* JOSE GERRY LUGO # 500049	180.00
03/07/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
03/05/12	PRE-OP	DR JARCHI @ WILLOW MEDICAL	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#
07/24/12	47954

Claim # : R00014538; R00014453
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PHOTO TECH
Date Of Injury: 1)6/15/07; 2)8/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
		GROUP*	
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
03/15/12	SURGERY	DR SAMIMI: L/WRIST @ MONROVIA HOSPITAL (5h 30m)	495.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
03/22/12	POST-OP	DR SAMIMI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/03/12	PMT BY CHECK	DOS 8/25/11-3/22/12 # 3000156458	-3350.00
05/24/12	P AND S	DR KATTAR* (DOI:1)	230.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
05/18/12	POST-OP	DR SAMIMI* (BOTH DOI'S)	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/20/12	PMT BY CHECK	DOS 5/24/12-5/18/12 # 3000162761	-410.00
06/06/12	PR2/REEVAL	DR KATTAR* (DOI: 2)	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/05/12	PMT BY CHECK	DOS 6/6/12 # 3000164984	-180.00
06/28/12	POST-OP	DR SAMIMI @ WILLOW MEDICAL*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
07/19/12	PMT BY CHECK	DOS 6/28/12 # 3000166708	-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#
07/24/12	47954

Claim # : R00014538; R00014453
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

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

Case: _____ vs PHOTO TECH
Date Of Injury: 1)6/15/07; 2)8/10/11

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.

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

Republic Indemnity

Date: 07/19/2012
Check #: 3000166708
Payment Amount: 180.00

000478 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID
JUL 24 2012
BY:

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00014538		47954	07/13/2012	06/28/12	06/28/12	0.00	180.00	
	Interpreter For Medical/WCAB							
						Total	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#
07/24/12 37589

Claim # : 002031-006927-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W.C. DEPARTMENT
ATTN: HEATHER RUNGE
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: vs SWIFT TRANSPORTATION
Date Of Injury: 5/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED* ELENA LOPEZ # 500289	230.00
06/17/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/09/10	PR2/REEVAL	DR DOMARACKI* VINCENT MEJIA # 500309	180.00
08/05/10	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL* ELENA LOPEZ # 500289	230.00
08/16/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/30/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/16/10	PMT BY CHECK	DOS 8/5/10 THRU 8/16/10 # 0080914565	-410.00
09/16/10	PMT BY CHECK	DOS 5/27/10 THRU 7/9/10 # 0080914582	-590.00
09/24/10	PMT BY CHECK	DOS 8/30/10 # 0081079465	-180.00
09/27/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/14/10	PR2/REEVAL	DR SAMIMI* ELIZABETH HERRERA # 301231	180.00
11/08/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/10/10	PMT BY CHECK	DOS 9/27/10 # 0082064340	-180.00
11/13/10	INITIAL EXAM	DR GALLONI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
11/29/10	PMT BY CHECK	DOS 5/27/10 THRU 10/14/10 # 0082355805	-360.00
12/07/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
01/16/11	PMT BY CHECK	DOS 11/13/10 THRU 12/7/10	-410.00

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#
07/24/12 37589

Claim # : 002031-006927-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W.C. DEPARTMENT
ATTN: HEATHER RUNGE
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: vs SWIFT TRANSPORTATION
Date Of Injury: 5/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 0083265345	
01/05/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
02/10/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
03/08/11	PMT BY CHECK	DOS 1/5/11 # 0084271465	-180.00
03/03/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
03/29/11	PMT BY CHECK	DOS 2/10/11 THRU 3/3/11	-360.00
		# 0084704844	
04/14/11	RE-EVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
05/26/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
04/20/11	PMT BY CHECK	DOS 4/14/11 THRU 5/26/11	-360.00
		# 0085136244	
06/20/11	PR2/REEVAL	DR JARCHI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/07/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
07/26/11	PMT BY CHECK	DOS 5/26/11 # 0087150884	-180.00
08/16/11	PMT BY CHECK	DOS 6/20/11 # 0087593448	-180.00
08/26/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
09/14/11	P AND S	DR DOMARACKI* GLADYS REYNA	230.00
		# 100755	
09/19/11	PR2/REEVAL	DR JARCHI* CLARA BONILLA	180.00
		# 500320	
10/10/11	PMT BY CHECK	DOS 8/26/11-9/19/11	-590.00
		# 0088756087	
11/14/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00

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

*** INVOICE ***

Date	NO#
07/24/12	37589

Claim # : 002031-006927-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W.C. DEPARTMENT
ATTN: HEATHER RUNGE
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: vs SWIFT TRANSPORTATION
Date Of Injury: 5/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 500289	
12/19/11	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA	180.00
		# 301231	
12/11/11	PMT BY CHECK	DOS 11/14/11	-180.00
		# 0090124896	
12/21/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
01/17/12	PMT BY CHECK	DOS 12/19/11-12/21/11	-360.00
		# 0090898002	
01/16/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
02/08/12	PMT BY CHECK	DOS 1/16/12 # 0091371085	-180.00
02/16/12	PR2/REEVAL	DR SCHEEL @ WILLOW MEDICAL	180.00
		GROUP *	
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
03/29/12	PR2/REEVAL	DR SCHEEL*	180.00
		ELENA LOPEZ # 500289	
04/26/12	PMT BY CHECK	DOS 2/16/12-3/29/12	-360.00
		# 0093125137	
05/09/12	PR2/REEVAL	DR SCHEEL* GLADYS REYNA	180.00
		# 100755	
06/06/12	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ	180.00
		# 500289	
07/17/12	PMT BY CHECK	DOS 5/9/12-6/6/12	-360.00
		# 0094934843	

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

*** INVOICE ***

Date	NO#
07/24/12	37589

Claim # : 002031-006927-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/4/58
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W.C. DEPARTMENT
ATTN: HEATHER RUNGE
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: [redacted] vs SWIFT TRANSPORTATION
Date Of Injury: 5/20/09

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.

GB-SACRAMENTO (REGIONAL)
P.O. BOX 255397
SACRAMENTO CA 95865-5397

002031 PAGE 1 OF 1 003412

MDG2009 00004583 1 MB 0404 1

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

PAID
JUL 24 2012
BY:

GALLAGHER BASSETT SERVICES INC
FOR SWIFT TRANSPORTATION

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

CLAIM NO.: 002031 006927 WC 01 (003110041)
CLAIMANT:
DESCRIPTION: INV# 37589 DOS 5/9/12 - 6/6/12

DATES OF SERVICE: 09May2012 **THRU** 06Jun2012
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 20May09

NO.: 0094934843
VN: 0000467598
DATE: 17Jul12
AMOUNT: 360.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004583 005205 001 002

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

*** INVOICE ***
Date NO#
10/19/12 41573

Claim # : EH674
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: TERESA DERKINSON
P.O. BOX # 193970
SAN FRANCISCO, CA 94119-3970

Case: vs MODERN PARKING, INC.
Date Of Injury: 10/13/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/03/11	MRI	REF BY DR CHANIN: LT HAND, ANKLE & HIP*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
06/30/11	PMT BY CHECK	DOS 1/3/11 # 501129	-150.00
08/28/12	DIAGN STUDY	REF BY DR ZLOTOLOW: ECHO @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
10/17/12	PMT BY CHECK	DOS 8/28/12 # 582915	-150.00

BALANCE 0.00

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

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

WELLS FARGO BANK ALASKA, N.A.

582915

11-24/1210

CLAIM #	DATE	CHECK AMOUNT
00 EH674-00	10/17/2012	**********$150.00

PAY *One hundred fifty and 00/100 Dollars*

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

AMOUNTS OVER $5000 REQUIRES TWO SIGNATURES

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

⑈00582915⑈ ⑆121000248⑆ 405000291⑆⑈

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

CHECK NUMBER	582915
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
00 EH674-00 10D WD 31639	10/13/2010	MODERN PARKING, INC. #41573 DOS 082812 INV DATE 101012	150.00 MINTRP

PAID
OCT 19 2012
BY: a

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT: 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#
10/19/12	53817

Claim # : 2009119347
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MIRABELLE RESTAURANT
Date Of Injury: 5/31/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/13/12	SURGERY	DR PELTON: R/SHOULDER @ MONROVIA (6H 30M)	585.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
10/15/12	PMT BY CHECK	DOS 6/13/12 # 500814169	-585.00

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: 200814169
Check Date: 10/15/2012

Claim Number: 2009119347
Injured Employee:

Payment Description: ~~Medical Interpreter~~
Billed Date: n/a
Service Period: 06/13/2012 through 06/13/2012
Invoice Number: 53817
Billed Amount: $585.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $585.00

Claim Number: 2012168351
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: n/a
Service Period: 06/07/2012 through 08/07/2012
Invoice Number: 53594
Billed Amount: $360.00
Comments: n/a

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

Check Total: **$945.00**

PAID
OCT 19 2012
BY:

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

*** INVOICE ***

Date	NO#
10/22/12	52065

Claim # : UMH77506C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
THE HARTFORD (LEXINGTON-14187)
W.C. DEPARTMENT
ATTN: BUETTA LANGEVIN X2304322
P.O. BOX 14187
LEXINGTON, KY 40512

Case: ; vs AWESOME PRODUCTS, INC.
Date Of Injury: 11/17/10-2/13/12

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/12	INITIAL EXAM	DR PERSHEN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/23/12	INITIAL EXAM	DR CARRERA: PSYCH EVAL @ AMERI CHIRO (3hrs)	345.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/02/12	PR2/REEVAL	DR PERSHEN* SANDRA TALANCON # 100802	180.00
06/01/12	INITIAL EXAM	W/ACUPUNCTURIST A. LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/16/12	PMT BY CHECK	DOS 3/7/12-6/1/12 # 119035987	-985.00

BALANCE 0.00

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

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

THE HARTFORD

000128
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID
OCT 22 2012
BY:

00129 *

*200012 119035987 1

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
52065 11-17-10	10WEC ZQ2485 YMHC 77506	TOP LABOR SELECT, INC.		$985.00
Nature of Payment: Miscellaneous Medical		Service Dates 03-07-2012 06-01-2012		$985.00
Claim Handler: Duetta Langevin 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments:		

Issue Date	10-16-2012	Check Number	119035987 1	Total Amount of Check	$985.00

Please keep the above information for your records.

100305419

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

*** INVOICE ***

Date	NO#
10/22/12	49891

Claim # : ELW7913
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: ROSE CAVALLO
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: vs CALIFORNIA HOSPITALITY, INC.
Date Of Injury: 4/28/11

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/11	MRI	REF BY DR BROCKEL: C/S & RT SHLDR @ CALIF IMAG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
10/05/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/06/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/28/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
02/08/12	PMT BY CHECK	DOS 9/26/11-12/28/11 # 891A 82150963 TRAV	-713.00
09/24/12	WCAB LB	STATUS CONFERENCE	156.50
10/18/12	PMT BY CHECK	DOS 9/24/12 # 891A 83109309 TRAVELERS	-156.50

BALANCE 0.00

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

000436

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SB00211

891A 83109309

TRAVELERS

DATE: 10/18/12
LOSS DATE: 04/28/11
FILE NUMBER: 158 CB ELW7913 M

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA HOSPITALITY

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

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 09/26/2011 TO: 09/24/2012

TOTAL PAID: $156.50
TAX INFO: 330956733721476Y
PAY MISC: 49891 V 118752
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID
OCT 22 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: JOSEPH TULLIS AT (925)944-3268

92010225
DETACH CHECK

UNSUMM-11131
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#
10/22/12	54813

Claim # : 345C6235152
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs KOOSHAREM DBA SELECT STAFFING
Date Of Injury: 4/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/17/12	PMT BY CHECK	DOS 9/7/12 # DA68597317	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMCD-001782-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 10/17/12

CHECK NO. DA68597317

STATEMENT

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

5900A11DA 00 00106 DA68597317
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6235152

DOLLARS
$*******156.50

* NOT NEGOTIABLE *

FOR
09/07/12 THRU 09/07/12 54813

CLAIMANT

DATE OF EVENT
04/05/12

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

PAID
OCT 22 2012
BY:

PDWLDMCD-001782-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
10/26/12	55009

Claim # : 16003216
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: ; vs JACK IN THE BOX
Date Of Injury: 1/19/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/12	DEPO PREP	@ THE L/O OF NGUYEN & GIBBLE	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
10/24/12	PMT BY CHECK	DOS 9/26/12 # 65453	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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California Restaurant Mutual Benefit Corporation

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

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 65453

DATE
10/24/2012

California Workers' Compensation Payment

**********156.50

Pay One Hundred Fifty Six Dollars And 50/100

VOID

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0065453⑈ ⑆122235821⑆ 153495850833⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XX

Check Number: 65453

Check Date: 10/24/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
16003216		01/19/2012	Interpreting Fees	09/26/2012	09/26/2012	10/22/2012	55009	156.50

FAXED
OCT 26 2012
BY:

REORDER 901 · U.S. PATENT NO. 5538290, 5575508, 5641183, 5765353, 5984364, 6030000

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

*** INVOICE ***

Date	NO#
10/29/12	28524

Claim # : SAC0000097805
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HOLT ELECTRIC
Date Of Injury: 1/18/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/07	MRI	REF BY DR KOMBERG - L/S*	150.00
02/01/08	PMT BY CHECK	DOS 12/9/07 # 6124	-150.00
11/16/10	MRI	REF BY DR CHODAKIEWITZ: BIL SHOULDERS*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/09/11	ULTRASOUND	REF BY DR CHODAKIEWITZ:PELVIS ABDOMEN,KIDNEY*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/21/11	PMT BY CHECK	DOS 11/16/10-6/9/11 # 22623	-300.00
08/09/12	CT SCAN	REF BY DR CHODAKIEWITZ: POST DISCO L/S @ CA IMG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/22/12	PMT BY CHECK	DOS 8/9/12 # 25409	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Praetorian Insurance Co Contractors First (ARM) RD 00867
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: Holt Electric

Chase Bank USA, N.A.
Syracuse, NY

Second Signature Required
VOID AFTER 180 DAYS

50-937/213
6301542274509
Account Number
Check No. 25409
Date 10/22/2012

$150.00

PAY One Hundred Fifty & 00/100 Dollars
TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

Barbara Lerich
Signature

⑈00025409⑈ ⑆021309379⑆ 630154227450 9⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000097805		01/18/2006	28524	08/09/2012 - 08/09/2012

Reference: **BR# LWPSPB2966204*
Comments: **ImgID 2966204*

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Medical Miscellaneous		08/09/2012 - 08/09/2012	150.00	150.00

Fee Sched Discount:	0.00	PPO Discount:	0.00	Other Discounts:	0.00	Lien:	0.00

PAID
OCT 29 2012
BY:

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

*** INVOICE ***

Date	NO#
10/29/12	50059

Claim # : 905496706
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: TIM SMITH
P.O. BOX # 4025
BEAVERTON, OR 97076

Case: vs COLUMBIA ALUMINUM PRO
Date Of Injury: 3/18/07 - 3/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/30/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/23/12	PMT BY CHECK	DOS 11/30/11 # 07134655	-156.50
08/24/12	PMT BY CHECK	DOS 7/30/12 # 97141509	-156.50
09/18/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/24/12	PMT BY CHECK	DOS 9/18/12 # 97394472	-156.50

BALANCE 0.00

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BRANCH OFFICE ADDRESS:
1915 NW AMBER GLEN PKWY
PO BOX 4025
BEAVERTON, OR 97076
800-424-0054

Liberty Mutual. INSURANCE

B. CODE	CHECK NUMBER	CHECK DATE
189	97394472	10/24/12
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 006517

OSN: EE3801102404-000944

CLAIM #: WC 905-496706
CONTRACT #: WCJ-Z91-442900-017-92

CONTROL #: 000002792 ID: CRWEA50
PROVIDER #: N1278904534900

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 03/12/08
EMPLOYEE:

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

EMPLOYER: COLUMBIA ALUMINUM PRODUCTS
DATES OF SERVICE 09/18/12-09/18/12

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
09/18/12	09/18/12	MISC		156.50	156.50	

NOTE: INVOICE # 50059

TOTAL CHARGES	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	156.50

PAID
OCT 29 2012
BY:

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***

Date	NO#
11/02/12	52160

Claim # : 05758238; 05758242
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs US PLASTIC
Date Of Injury: CT 10/15/10-6/23/11;

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/17/12	PMT BY CHECK	DOS 3/19/12 # CU-903523	-156.50
09/07/12	DEPO PREP	@ THE L/O OF SCIF SANTA ANA	156.50
/ /	INTERPRETER:	ALEXANDER DIAMONDS # 100817	0.00
09/26/12	PMT BY CHECK	DOS 9/7/12 # CU-939283	-156.50
10/01/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/31/12	PMT BY CHECK	DOS 10/1/12 # CU-951529	-250.00

BALANCE 0.00

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

State Compensation Insurance Fund
P O Box 65005
Pinedale, CA 93650-5005
(951)697-9300

Provider Number: 330956713

Check #: **CU-951529**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/31/12
Doc #: 025600441

$2160

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05643360			
1	#43803	07/26/12	07/26/12	Interpreter fees	1		156.50
2	#43803	08/24/12	08/24/12	Interpreter fees	1		250.00
						Subtotal:	406.50
			Patient Name:	**Claim #:** 05758242			
3	INTERPRET	10/01/12	10/01/12	Interpreter fees	1		250.00
			Patient Name:	**Claim #:** 04748008			
4	FULL&FINAL	12/26/05	11/06/08	Medical Services	1		1,500.00
						Total Allowances:	**$2,156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05643360	406.50	.00	406.50
05758242	250.00	.00	250.00
04748008	1,500.00	.00	1,500.00

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.

FAX
NOV 02 2012
BY:

Notations:

05643360	INTERPRETING FOR DEPO; PREP / INV#43803;
05643360	INTERPRETING FOR DEPO; INV#43803;
05758242	INVOICE #52160;
04748008	FULL&FINAL; ADJ3732888;

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

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

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

*** INVOICE ***

Date	NO#
11/02/12	53238

Claim # : FP12-033CA
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MURPHY & BEANE (CULVER CITY)
W.C. DEPARTMENT
ATTN: KIMBERLY VALDEZ
5901 Green Valley Circle,# 145
CULVER CITY, CA 90230

Case: vs VILLA GARDENS
Date Of Injury: 4/5/12

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/12	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH CENTER (2H 15M)	258.75
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/29/12	MRI	REF BY DR KATTAR: C/S, L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/23/12	PR2/REEVAL	DR KATTAR* CLARA BONILLA # 500320	180.00
08/20/12	PR2/REEVAL	DR KATTAR* JOHANNA JORDAN # 100793	180.00
10/29/12	PMT BY CHECK	DOS 5/7/12-8/20/12 # 021766	-768.75

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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THIS DOCUMENT HAS A TRUE WATERMARK AND CAN BE SEEN WHEN HELD TO LIGHT. THIS PAPER IS ALTERATION PROTECTED.

MURPHY AND BEANE, INC.
COMPENSATION ACCOUNT
5901 GREEN VALLEY CIRCLE, SUITE 145 • CULVER CITY, CA 90230

WELLS FARGO BANK, N.A.
11-24/1210(8)

NO. 021766

21766

VOID AFTER 90 DAYS

DATE 10/29/2012

FP 12-033CA
Invoice #: 53238

AMOUNT *****$768.75*

PAY *****Seven Hundred Sixty-Eight Dollars And 75 Cents*****

Physican/General Practice

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

AUTHORIZED SIGNATURE

THIS PAPER CONTAINS VISIBLE AND INVISIBLE FIBERS FACE AND BACK WHICH FLUORESCE UNDER ULTRAVIOLET LIGHT.

⑈021766⑈ ⑆121000248⑆ 2477229856⑈

MURPHY AND BEANE, INC. - COMPENSATION ACCOUNT 021766

PAYEE: THIS IS YOUR RECORD OF CLAIM PAYMENT PLEASE DETACH AND SAVE

CLAIM NUMBER	PAYMENT FOR	FOR THE PERIOD FROM	THRU	AMOUNT	CODE
FP 12-033CA 53238 Physican/General Practice		05/07/2012	08/20/2012	768.75	O 1P16

PAID
NOV 02 2012
BY:

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

*** INVOICE ***
Date NO#
11/02/12 49896

Claim # : 05690168
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs COAST TO COAST
Date Of Injury: 11/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/11	DEPO PREP	@ THE L/O OF L/O SCIF	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
12/22/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	OSVALDO LOPEZ # 301367	0.00
03/15/12	PMT BY CHECK	DOS 11/10/11-12/22/11 # CK-527484	-406.50
10/11/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/30/12	PMT BY CHECK	DOS 10/11/12 # BS-325094	-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 65005
Pinedale, CA 93650-5005
(888)782-8338

Provider Number: 330956713

Check #: **BS -325094**

JOYCE ALTMAN INTERPRETERS
Po Box 4165
Tustin CA 92781

Issue Date: 10/30/12
Doc #: 025589671

49896

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05690168			
1		10/11/12	10/11/12	Claimant Incurred Legal Expense	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05690168	156.50	.00	156.50

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

Notations:

05690168 CL $156.50;

PAID
NOV 02 2012
BY: C

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

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

01187588025589671012

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

Date NO#
11/02/12 53409

Claim # : WA161962
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MITSUI SUMITOMO (UNIV CITY)
W.C. DEPARTMENT
ATTN: MLEANIE LORENZO
10 UNIVERSAL CITY PLAZA # 1700
UNIVERSAL CITY, CA 91608

Case: vs MBK SENIOR LIVING
Date Of Injury: 10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/15/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100785	0.00
07/24/12	PMT BY CHECK	DOS 5/22/12-6/15/12 # 1039869	-406.50
09/25/12	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/26/12	PMT BY CHECK	DOS 9/25/12 # 1061583	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Check Amount: $156.50 **Check Number:** 1061583 **Check Date:** 10/26/2012

Payee: JOYCE ALTMAN INTERPRETERS INC

Loss or Invoice Date	Claimant or Invoice Number	Invoice Amount	Policy Number	Claim Number	Claimant Number	Pay Type
		156.50	WCP911010	WA161962	01	49

PAID
NOV 02 2012
BY:

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM

MSIG

MITSUI SUMITOMO INSURANCE CO. OF AMERICA
MITSUI SUMITOMO INSURANCE USA INC.
15 INDEPENDENCE BLVD.
WARREN, NJ 07059

BANK OF AMERICA
1990 WASHINGTON VALLEY
MARTINSVILLE, NJ 08836

55/33 212

Check Date 10/26/2012

Check No. 1061583

0020

Pay ONE HUNDRED FIFTY-SIX DOLLARS AND FIFTY CENTS

Check Amount
$156.50

To The Order Of: JOYCE ALTMAN INTERPRETERS INC

In Payment Of INV# 53409 DOS 05/22/12 - 09/25/12

Amounts over $10,000 Require 2 Signatures

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

⑈001061583⑈ ⑆021200339⑆ 38126626333⑈

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

*** INVOICE ***

Date	NO#
11/05/12	30366

Claim # : ECA900015075
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: AIDA YBARRA
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs FULLERTON ROSEWOOD ASSIST.LVG.
Date Of Injury: 9/25/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/08	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
05/19/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/26/08	PMT BY CHECK	DOS 4/24/08 # 201447	-156.50
09/12/08	PMT BY CHECK	DOS 5/19/08 # 234089	-250.00
05/09/11	WCAB LB	MSC	156.50
06/08/12	PENALTIES	FOR DATE OF SERVICE 5/9/11	23.48
06/08/12	INTEREST	FOR DATE OF SERVICE 5/9/11	20.51
06/29/12	PMT BY CHECK	DOS 5/9/11 # 2717913	-156.50
07/23/12	PMT BY CHECK	DOS 6/8/12 # 2721423	-43.99
09/10/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
09/27/12	PMT BY CHECK	DOS 9/18/12 # 2732173	-156.50
09/26/12	DEPO PREP	@ THE L/O OF STOCKWELL,HARRIS & MUEHL	156.50
/ /	INTERPRETER:	JOHANNA JORDAN #100793	0.00
11/01/12	PMT BY CHECK	DOS 9/26/12 # 2737279	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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FIRST COMP
MARKEL® Insuring America's Small Business®

PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: ECA900015075
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2737279
Check Date: 11/01/2012
Check Amount: 156.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0014409
CLAIMS TYPE: EX EXPENSE TYPE: 10

RECEIVED
NOV 05 2012
BY:

Invoice Number: 30366depo
Invoice Date: 10/18/2012

Service From: 09/26/2012 **Service To:** 09/26/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 09/26/2012 09/26/2012

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

*** INVOICE ***

Date	NO#
11/06/12	54893

Claim # : 8483487
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: JOSELINE HAUBRUGE
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CCL TUBE INC
Date Of Injury: 11/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/12/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/30/12	PMT BY CHECK	DOS 9/18/12-10/12/12 # 896D 81241833	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

896D 81241833

TRAVELERS

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

PAID
NOV 05 2012
BY:

DATE: 10/30/12
LOSS DATE: 11/18/09
FILE NUMBER: 152 CB A4A3487 H

EMPLOYEE

ACCOUNT NAME:
CCL INDUSTRIES CORPORATION

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 09/18/2012 TO: 10/12/2012

TOTAL PAID: $406.50
TAX INFO: 330956713547893 9Y
PAY MISC: 54893
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: JOCELYN D HAUBRUGE AT (909)612-3816

04009170
DETACH CHECK

UNSUMM
CVAPUNS2-12129
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#
11/05/12	54819

Claim # : MCA900090133
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: TRACY BONIFILL
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs F&F PRODUCE
Date Of Injury: 5/26/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/04/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/31/12	PMT BY CHECK	DOS 9/4/12-9/27/12 # 35775	-406.50

BALANCE 0.00

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FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: MCA900090133
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 35775
Check Date: 10/31/2012
Check Amount: 406.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: MWC0027345
CLAIMS TYPE: EX EXPENSE TYPE: 10

PAID
NOV 05 2012
BY:

Invoice Number: 54819 depo
Invoice Date: 10/18/2012

Service From: 09/04/2012 **Service To:** 09/27/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 09/04/2012 09/27/2012

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

Date	NO#
11/05/12	52395

Claim # : 0102-11-00059
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CLAIM QUEST (WALNUT)
W.C. DEPARTMENT
ATTN: ANGIE HOEFLING
675 BREA CANYON RD, STE #4
WALNUT, CA 91789-3065

Case: vs MERCHANTS BLDG. MAINTENANCE
Date Of Injury: 3/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/12	DEPO PREP	@ THE L/O OF SAMUELSEN, GONZALEZ	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
05/03/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/06/12	PMT BY CHECK	DOS 3/28/12-5/3/12 # 00074644	-406.50
06/25/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/25/12	PMT BY CHECK	DOS 6/25/12 # 00075497	-156.50
09/10/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
10/24/12	PMT BY CHECK	DOS 9/10/12 # 00077365	-156.50

BALANCE 0.00

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ClaimQuest, Inc. as Agent for
Merchants Building Maintenance Co. - WC

EMPLOYER	PROVIDER NO.	CHECK NO.	CHECK DATE	SDJH
MBM2 Los Angeles	330956713	00077365	10/24/2012	1

CLAIM NUMBER	INJURY DATE	EMPLOYEE	DEPT./ LOC.	DAYS LOST	ACCOUNT CODE	TYPE	AMOUNT
0102 11 00059	03/03/2011					A	156.50

DOS: 09/10/2012-09/10/2012
Invoice No: 52395

FAX
NOV 05 2012
BY:.....

Direct questions/inquiries to ClaimQuest, Inc (909)594-9400

PAYMENT TYPES						
	A - ALLOCATED EXPENSE	G - MILEAGE	M - MEDICAL	T - TEMPORARY DISABILITY	Z - MISCELLANEOUS
	D - DEATH BENEFIT	H - OTHER REHABILITATION	P - PERMANENT DISABILITY	X - OTHER COMPENSATION	
	F - LIFETIME PENSION	L - OTHER ALLOCATED EXPENSE	R - TEMPORARY DISABILITY (REHAB)	Y - OTHER MEDICAL	

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

*** INVOICE ***

Date	NO#
11/05/12	55014

Claim # : WA165608
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MITSUI SUMITOMO (UNIV CITY)
W.C. DEPARTMENT
ATTN: DIANE PINACH
10 UNIVERSAL CITY PLAZA # 1700
UNIVERSAL CITY, CA 91608

Case: vs 7-ELEVEN
Date Of Injury: CT 1/31/11-7/19/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/30/12	PMT BY CHECK	DOS 9/21/12 # 1062182	-156.50

BALANCE 0.00

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

PAYEE: JOYCE ALTMAN INTERPRETERS INC

Loss or Invoice Date	Claimant or Invoice Number	Invoice Amount	Policy Number	Claim Number	Claimant Number	Pay Type
		156.50	WCP852058	WA165608	01	49

PAID
NOV 05 2012
BY:

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTO

MSIG

MITSUI SUMITOMO INSURANCE CO. OF AMERICA
MITSUI SUMITOMO INSURANCE USA INC.
15 INDEPENDENCE BLVD.
WARREN, NJ 07059

BANK OF AMERICA
1990 WASHINGTON VALLEY
MARTINSVILLE, NJ 08836

55/33 212

0020

Check Date
10/30/2012

Check No.
1062182

Check Amount
$156.50

Pay ONE HUNDRED FIFTY-SIX DOLLARS AND FIFTY CENTS

To The Order Of: JOYCE ALTMAN INTERPRETERS INC

In Payment Of INV #55014; INV DATE 10/18/12; DOS 9/21/12

Amounts over $10,000 Require 2 Signatures

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

⑈001062182⑈ ⑆021200339⑆ 38126626 33⑈

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

*** INVOICE ***

Date	NO#
06/21/12	52256

Claim # : 01162268
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AMERICAN ALL-RISK LOSS (FRES)
W.C. DEPARTMENT
ATTN: COURTNEY SMITH
P.O. BOX # 9783
FRESNO, CA 93794-9783

Case: vs GLOBAL TAC WAREHOUSE
Date Of Injury: 12/1/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/12	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH CENTER (3H 40M)	431.25
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/16/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
06/19/12	PMT BY CHECK	DOS 3/19/12 # 0000017023	-611.25

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.

IMPORTANT NOTICE: This Is Your Explanation of Review. DO NOT DISCARD

American All-Risk Loss Administrators, Inc., FBO The Hartford Company

Post Office Box 9783 Fresno, CA 93794 - Phone: 559-277-4960

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted		
Joyce Altman Interpreters	6746	0000017023	06/19/2012	181-17023	$611.25	Page	1

Claim No: 01162268 **Name:** **Date of Loss: 12/01/2011**

Reference: Comments: Inv 52256 Payment ID: T Claypool

Description for Bill ID 5566655	*From*	*To*	*Amount Charged*	*Net Payable*
Interpreter Fees Medical Services	03/19/12	04/16/12	$ 611.25	611.25

Total payable for bill $ **611.25**

TOTAL REMITTANCE $ **611.25**

52256

RECEIVED
JUN 21 2012
BY:

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

*** INVOICE ***

Date	NO#
06/22/12	52519

Claim # : 152-CB-F9Y7677-P
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: PAMELA LAMB
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CALIFORNIA PIZZA KITCHEN
Date Of Injury: 11/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/18/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/19/12	PMT BY CHECK	DOS 4/10/12-5/18/12 # 896D 80460831	-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.

007236

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

896D 80460831

TRAVELERS

DATE: 06/19/12
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

PAID
JUN 22 2012
BY: TRAVELERS PROP CAS CO OF AMERIC

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB A4A0838F	01/04/11 - 04/03/12	$ 450.00		35425
	152 CB EPH6566T	04/23/12 - 05/25/12	$ 406.50		52701
	152 CB F9Y7677P	04/10/12 - 05/18/12	$ 406.50		52519
		Total Amount Paid	$*****1263.00		

1014759
DETACH CHECK

SUMM 111311
CVRPSUM2-0215C
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#
06/25/12	52891

Claim # : 2221-002628-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: ADJUSTER
PO BOX 610
ROSEVILLE, CA 95661

Case: vs PATROL PLUS, INC
Date Of Injury: 8/19/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/18/12	PMT BY CHECK	DOS 4/12/12 # 0094289682 CHARTIS	-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-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

002221 PAGE 1 OF 1 006825

MDG2009 00004601 1 MB 0404 1

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

GALLAGHER BASSETT SERVICES INC
FOR EVEREST NATIONAL INS CO

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

CLAIM NO.: 002221 002628 WC 01 (0000771001)
CLAIMANT:
DESCRIPTION: 4/12/12 INV#52891 $251.00

BRANCH NO.: 180
ACC DATE: 20Aug07

NO.: 0094289682
VN: 0000310413
DATE: 18Jun12
AMOUNT: 250.00

DATES OF SERVICE: 12Apr2012 **THRU** 12Apr2012
BENEFIT PERIOD: **THRU**

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004601 005271 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#
06/25/12	23532

Claim # : YLR07050; YLR04919-C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HERTZ RENT-A-CAR (LAX)
Date Of Injury: 9/4/05; 7/2/05

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/06	MRI	@ HUNTINGTON PARK DIAGNOSTICS - L/S*	150.00
01/09/07	PMT BY CHECK	DOS 10/27/06 # 33056029-6	-150.00
05/16/12	MRA	& MRI REF BY DR MAYS: RT KNEE & MRI L/S,LT KNEE-3H	225.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/21/12	PMT BY CHECK	DOS 10/27/06-5/16/12 # 0033906108	-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.

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

DATE	CHECK AMT	CHECK NO.
06/21/2012	225.00	0033906108

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

*001850 0033906108 00001 OF 00001 OAM 120621 1022

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

Claimant Name	Loss Date	Claim Number	SSN
	07/02/2005	YLR C 04919	

Amt Paid: 225.00 Description:
Amt Billed: 225.00 Invoice: 23532 ICN: YLR C 04919
Dates: 10/27/2006 - 05/16/2012 Comment:

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

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

*** INVOICE ***

Date	NO#
06/25/12	52907

Claim # : 345C6205265
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SELECT STAFFING
Date Of Injury: 12/16/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/12	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	REBECCA GUZMAN FRANCO #100704	0.00
06/21/12	PMT BY CHECK	DOS 5/8/12 # DA67906074	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMCD-003186-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/21/12

CHECK NO. **DA67906074**

STATEMENT

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

5900A11DA 00 00654 DA67906074
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6205265

DOLLARS
$********156.50

*** NOT NEGOTIABLE ***

FOR
05/08/12 THRU 05/08/12 52907

CLAIMANT

DATE OF EVENT
12/16/11

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

PDWLDMCD-003186-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***
Date NO#
06/25/12 51840

Claim # : WC648-A-10912
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: ROLSALVA FRIAS
P.O. BOX # 4025
BEAVERTON, OR 97076

Case: vs JF SHEA CO., INC.
Date Of Injury: 8/7/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/12	DEPO PREP	@ THE L/O OF ARMSTRONG & SIEGEL	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
03/26/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/16/12	PMT BY CHECK	DOS 2/21/12-3/26/12 # 96576374	-406.50
05/22/12	DEPO PREP	@ THE L/O OF ARMSTRONG & SIGEL VOL II	156.50
/ /	INTERPRETER:	DANIEL TRIGUEROS # 36815481	0.00
06/22/12	PMT BY CHECK	DOS 5/22/12 # 96871597	-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.

BRANCH OFFICE ADDRESS:
PO BOX 29073
GLENDALE, CA 91209
818-240-1234

Liberty Mutual

B. CODE	CHECK NUMBER	CHECK DATE
189	96871597	06/22/12
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 005259

OSN: EE3001062203-003616

CLAIM #: WC 648-A10912
CONTRACT #: WA2-66D-066115-031-92

CONTROL #: 000002103 ID: C648B84

51840

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 08/07/11
EMPLOYEE:

EMPLOYER: JF SHEA CO INC
DATES OF SERVICE 05/22/12-05/22/12
LOCATION CODE: 2121024R00

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
05/22/12	05/22/12	EXPENSE		.00	156.50	156.50	

NOTE: INV#:51840 FOR DOS:05/22/12

TOTAL CHARGES	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	156.50

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#
06/25/12	52546

Claim # : 2010129708
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs GRAND VIEW GLASS & METAL
Date Of Injury: 9/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/12	SURGERY	DR BURNHAM: LUMBER FUSION @ MONROVIA HOSP (7.5H)	675.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/02/12	PRE-OP	DR BURHAM @ MONROVIA MEDICAL HOSPTIAL*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/22/12	PMT BY CHECK	DOS 4/3/12-4/2/12 # 20074680	-855.00

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: 200746860
Check Date: 06/22/2012

Claim Number: 2010122798
Injured Employee:

Payment Description:	Medical Other
Billed Date:	06/11/2012
Service Period:	04/02/2012 through 04/03/2012
Invoice Number:	52546
Billed Amount:	$855.00
Comments:	n/a

Account Number:	n/a
Document Number:	n/a
Paid Amount:	$855.00

Check Total: **$855.00**

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

*** INVOICE ***
Date NO#
06/25/12 47222

Claim # : E2802659;E2723979;E271382
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (CHICAGO)
W.C. DEPARTMENT
ATTN: DAPHNE BROWN-HOPKINS
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs TULIP CORPORATION / PHI
Date Of Injury: 12/2/08;4/30/10;9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/11	INITIAL EXAM	DR RAHIMIAN @ CALIF IMAGING*	230.00
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
09/09/11	MRI	REF BY DR RAHIMIAN: C/S, L/S*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
09/27/11	PR2/REEVAL	DR RAHIMIAN* JASON RAMIREZ # 500371	180.00
09/29/11	EMG TESTING	& NCV REF BY DR KOHANIM: U/E*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
10/01/11	MRI	REF BY DR RAHIMIAN: LT SHLDR, LT KNEE*	150.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
10/05/11	INITIAL EXAM	W/ ACUPUNCTURIST LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/03/11	PR2/REEVAL	DR PERSHEN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/10/11	PR2/REEVAL	DR RAHIMIAN* CLARA BONILLA # 500320	180.00
11/30/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO (2H 20M)	187.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/10/12	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
01/18/12	PR2/REEVAL	W/ ACUPUNCTURIST LEE @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/08/12	PR2/REEVAL	DR PERSHEN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
04/16/12	PR2/REEVAL	DR ZARGARAFF* SANDRA TALANCON # 100802	180.00
05/07/12	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @	187.50

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#
06/25/12	47222

Claim # : E2802659;E2723979;E271382
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (CHICAGO)
W.C. DEPARTMENT
ATTN: DAPHNE BROWN-HOPKINS
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs TULIP CORPORATION / PHI
Date Of Injury: 12/2/08;4/30/10;9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
		AMERI CHIRO (2H 30M)	
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
06/20/12	PMT BY CHECK	DOS 8/9/11-5/7/12	-2545.00
		# 101806694 CNA	

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.

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

001334

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

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

Claim Number * E2 713826A2

Insured/Client: TULIP CORPORATION

Claimant

ATT 06/20/12

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
09/03/10		08/09/11-05/07/12	MED	21		DR	$2,545.00
							$2,545.00

52503

Reason: INV 47222 INTER/VARIOUS DR'S

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

ACCIWF 01.28.11

PLEASE DETACH BEFORE CASHING

CNA

UNDERWRITTEN BY:
TRANSPORTATION INSURANCE COMPANY

101806694
Date Issued
06/20/12

66-156
531
Bank Acct.
4759628092

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

Claim Number	Desk Code	Insured/Client	Issuing Off.
E2 713826	A2	TULIP CORPORATION	No. 81
Prefix & Contract No. WC -4026170373		Claimant	Date of Loss 09/03/10
From-thru (Dates) 08/09/11	In Payment of 05/07/12	INV 47222 INTER/VARIOUS DR'S	

PAY TWO THOUSAND FIVE HUNDRED FORTYFIVE AND NO/100THS ---------- Dollars

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

******$2,545.00

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0101806694⑈ ⑆053101561⑆ 4759628092⑈

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

*** INVOICE ***

Date	NO#
06/08/12	52395

Claim # : 0102-11-00059
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CLAIM QUEST (WALNUT)
W.C. DEPARTMENT
ATTN: ANGIE HOEFLING
675 BREA CANYON RD, STE #4
WALNUT, CA 91789-3065

Case: vs MERCHANTS BLDG. MAINTENANCE
Date Of Injury: 3/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/12	DEPO PREP	@ THE L/O OF SAMUELSEN, GONZALEZ	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
05/03/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/06/12	PMT BY CHECK	DOS 3/28/12-5/3/12 # 00074644	-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.

ClaimQuest, Inc. as Agent for
Merchants Building Maintenance Co. - WC

EMPLOYER	PROVIDER NO.	CHECK NO.	CHECK DATE	SDJH
MBM2 Los Angeles	330956713	00074644	06/06/2012	1

CLAIM NUMBER	INJURY DATE	EMPLOYEE	DEPT./ LOC.	DAYS LOST	ACCOUNT CODE	TYPE	AMOUNT
0102 11 00059	03/03/2011					Y	406.50

DOS: 03/28/2012-05/03/2012
INV#: 52395 05/21/2012

PAID
BY: D

Direct questions/inquiries to ClaimQuest, Inc (909)594-9400

PAYMENT TYPES						
	A - ALLOCATED EXPENSE	G - MILEAGE	M - MEDICAL	T - TEMPORARY DISABILITY	Z - MISCELLANEOUS
	D - DEATH BENEFIT	H - OTHER REHABILITATION	P - PERMANENT DISABILITY	X - OTHER COMPENSATION	
	F - LIFETIME PENSION	L - OTHER ALLOCATED EXPENSE	R - TEMPORARY DISABILITY (REHAB)	Y - OTHER MEDICAL	

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

*** INVOICE ***

Date	NO#
11/07/12	53407

Claim # : 7190229549
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CMT SHEET METAL
Date Of Injury: 7/10/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/08/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/19/12	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/05/12	PMT BY CHECK	DOS 5/21/12-9/19/12 # 40088601	-563.00
10/15/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
10/28/12	PMT BY CHECK	DOS 10/15/12 # 40092265	-250.00

BALANCE 0.00

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

RISK ENTERPRISE MANAGEMENT LIMITED
P.O. Box 9801
Cranbury, NJ 08512-9801

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

PAID
NOV 07 2012
BY:

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

Name

Telephone# 714-579-2710

Check# 40092265
Check Date 10/28/2012
Check amount $ 250.00
Invoice #53407
Services/period **From** 10/15/2012 **To** 10/15/2012
Payee Joyce Altman Interpreters, Inc

For INVOICE #53407

Claim Number 7190229549
Date of Loss 07/10/2007
Claimant
Client/Insured CMT SHEET METAL (A CORPORATION

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

*** INVOICE ***

Date	NO#
06/11/12	50589

Claim # : 6241080305780
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs STAFF CHEX
Date Of Injury: 4/16/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/11	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA # 100741	0.00
01/30/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/22/12	PMT BY CHECK	DOS 12/16/11 # 515847	-156.50
02/27/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/06/12	PMT BY CHECK	DOS 1/30/12 # 517277	-250.00
03/23/12	PMT BY CHECK	DOS 2/27/12 # 519977	-156.50
05/15/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
06/08/12	PMT BY CHECK	DOS 5/15/12 # 530073	-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.

Please Cash or Deposit the above check as soon as possible and retain this portion for your records

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 #.: 777-624-108-0305780 CLAIMANT:
D/A.....: 4/10/09 Examiner : TL1 Terra Lambert

CHECK#.....: 530073
CHECK AMOUNT..: 156.50
CHECK DATE....: 6/08/12

PMT VAL 1.....: E5 INTERPRETER FEES
RESERVE.....: EX EXPENSE
PAYMENT PERIOD: 5/15/12 - 5/15/12 WEEKS/DAYS: 0 / 0

REMARKS

50589

PAID
JUN 1 1 2012
BY:

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

*** INVOICE ***

Date	NO#
06/11/12	51370

Claim # : 0982813079968
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : . , --
Terms : 45 days

BILL TO:
CANNON COCHRAN MGMT SVCS (CON)
W.C. DEPARTMENT
ATTN: JACKIE COCH
1800 SUTTER ST BOX#29, STE 200
CONCORD, CA 94520

Case: vs SUN & WORLD
Date Of Injury: 12/28/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/12	MRA	& MRI REF BY DR SILVER: RT KNEE (5.5 HRS)	412.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/07/12	PMT BY CHECK	DOS 1/25/12 # 018447	-412.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE.

CCMSI O/B/O TERRA SP GROUP CAPTIVE
1101 WEST LAKE STREET 4TH FLOOR
CHICAGO, IL 60607-1609

Old National Bank
DANVILLE, IL 61832

70-87/711

Check Number 018447

Date: 06/07/2012

Batch #: 300511740

Amount

$****1,282.00

Amount: ONE THOUSAND TWO HUNDRED EIGHTY-TWO AND XX / 100**********

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

Void After 90 Days
Two Signatures Required for Amounts over 5,000.00

⑈00018447⑈ ⑆086300012⑆ 115384119⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
51370	12/28/2009	09828B079968	412.00	0.00	412.00	51370 DS 1/25/2012 - 1/25/2012	RRAMIREZ
46485	10/07/2010	10828B511249	870.00	0.00	870.00	46485 DS 7/12/2011 - 7/26/2011	RRAMIREZ

PAID
JUL 11 2012
BY: A

Batch #: 300511740
Check Number 018447
Check Amount $****1,282.00
Loc:SUN WORLD NORTH

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

*** INVOICE ***

Date	NO#
06/15/12	52622

Claim # : 710700471
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: STEVE THREN
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: . vs PERSONNEL PLUS INC.
Date Of Injury: 7/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/12	MRI	& MRA REF BY DR MAYS: R/KNEE @ CALIF IMG (4H 30M)	337.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/09/12	PMT BY CHECK	DOS 4/6/12 # 21051312	-337.50

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 7102105131200874663

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

Filed
BY:

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

No.: 21051312
RFP No.: 00874663
06/09/2012

Insured: PERSONNEL PLUS INC.
Claimant:
Producer:

Claim Office: 710

INV: 52622 040612-040612

Policy	Claim	Sym.	DOL	Typ	S	Amount
000006517352	00700471	01	07/08/2010	MED	O	$337.50

Use file # 710-00700471 **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#
06/15/12	38310

Claim # : 710486772
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: MIKE SHILL
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs GLOBAL ONE LOGISTICS
Date Of Injury: CT 4/30/07-7/24/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/12/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/16/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
10/21/10	PMT BY CHECK	DOS 8/12/10 # 15282421	-156.50
11/20/10	PMT BY CHECK	DOS 9/16/10 # 15603066	-250.00
10/26/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
12/03/11	PMT BY CHECK	DOS 10/26/11 # 19326590	-156.50
02/01/12	WCAB LB	TRIAL	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/28/12	PMT BY CHECK	DOS 2/1/12 # 20101319	-156.50
05/17/12	WCAB MDR	MSC - JUAN CARLOS MORALES # 300513	156.50
06/12/12	PMT BY CHECK	DOS 5/17/12 # 21060612	-156.50

BALANCE 0.00

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7102106061200883732

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

BY:

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 21060612
RFP No.: 00883732
06/12/2012

Insured: GLOBAL ONE LOGISTICS
Claimant:
Producer:
ACT: 38310 051712-051712

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000006855699	00486772	01	07/24/2007	EXP	O	$156.50

Use file # 710-00486772 **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#
06/15/12	51780

Claim # : 710733049
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE,KS)
W.C. DEPARTMENT
ATTN: GLORIA CARLSON
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs CALIFORNIA PLASTERING
Date Of Injury: 11/29/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/12	SURGERY	DR PELTON: LT SHLDR @ MONROVI HOSP (7hrs 45mins)	697.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/12/12	PMT BY CHECK	DOS 2/24/12 # 21066746	-697.50

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.

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 9 7102106674600885270

PAID
BY:

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

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

No.: 21066746
RFP No.: 00885270
06/12/2012

Insured: CALIFORNIA PLASTERING, INC.
Claimant:
Producer:
ACT: 51780

Claim Office: 710

022412-022412

Policy	Claim	Sym.	DOL	Typ	S	Amount
000006988229	00733049	01	11/16/2010	MED	O	$697.50

Use file # 710-00733049 **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#
06/18/12	53152

Claim # : 00511834013; 00511857872
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIREMAN'S FUND (SACRAMENTO)
W.C. DEPARTMENT
ATTN: DORENE PETERSON
P.O. BOX # 13340
SACRAMENTO, CA 95813

Case: vs THE WINDSFOR CORP DBA FORBES
Date Of Injury: 2/11/11;4/29/11-10/2

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	GABRIELA PUELLES # 100616	0.00
06/14/12	PMT BY CHECK	DOS 5/14/12 # 32321455	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Fireman's Fund Insurance Company
A company of Allianz

NATIONAL SURETY CORPORATION
2995 PROSPECT PARK DRIVE
SUITE 200
RANCHO CORDOVA CA 95670

Policy No. WZC 80985499 Claim No. B005C11834013

Insured WINSFORD CORPORATION HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS

Send to JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

Division Code

Bank Number B1

Invoice Number

Explanation For INV#53152/
INTERPRETER FEE FOR DEPO

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately.

Representative Name DOREEN M PETERSEN Phone No. (415)899-3969

From 05/14/12 Thru 05/14/12 IRS# R330956713 Check Distribution M

Processor ID 780F348 Check Amount $156.50

Producer Name SANDER A. KESSLER & ASSOCIATES
Producer City LOS ANGELES St. CA

Check No. 32321455

Date of Loss 02/11/11
Issue Date 06/14/12

* 0 0088 0 000000 0 0 18F*
CDCG.A160.A

CF60S

Detach And Retain For Your Records

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

*** INVOICE ***

Date	NO#
06/20/12	52122

Claim # : 0232163-WCMSTR
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CELEBRATIONS PARTY RENTALS
Date Of Injury: 12/03/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/08/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
04/03/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/06/12	PMT BY CHECK	DOS 3/8/12-3/14/12 # 250933	-313.00
06/05/12	WCAB LB	TRIAL - JOYCE ALTMAN # 300624 (FULL DAY)	313.00
06/19/12	PMT BY CHECK	DOS 4/3/12-6/5/12 # 254040	-563.00

BALANCE 0.00

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

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
SANDRA SMETHURST
Claimant

Payable Comment

Check No:	254040
Check Amt:	$563.00
Check Date:	06/19/2012
Claimant:	
Soc. Sec. No:	
Claim No:	0232163-WCMSTR
Date of Loss:	12/03/2011
Adjuster:	Marty, Blaine
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	04/03/2012 To: 04/03/2012
Invoice No:	52122

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
SANDRA SMETHURST
Claimant

Payable Comment

Check No:	254040
Check Amt:	$563.00
Check Date:	06/19/2012
Claimant:	
Soc. Sec. No:	
Claim No:	0232163-WCMSTR
Date of Loss:	12/03/2011
Adjuster:	Marty, Blaine
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	04/03/2012 To: 04/03/2012
Invoice No:	52122

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

*** INVOICE ***

Date	NO#
06/22/12	47954

Claim # : R00014538; R00014453
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs PHOTO TECH
Date Of Injury: 1)6/15/07; 2)8/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/11	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (2H 55M)	345.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
10/05/11	MRI	REF BY DR KATTAR: LT WRIST*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/29/11	PR2/REEVAL	DR KATTAR* BLANCA MEJIA # 100741	180.00
11/09/11	PR2/REEVAL	DR KATTAR* JOSE GERRY LUGO # 500049	180.00
12/07/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371 (DOI 2)	180.00
12/08/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371 (DOI 1)	180.00
12/22/11	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL* (DOI 2)	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/19/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
01/25/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ (DOI 2)	180.00
01/30/12	MRI	REF BY DR KATTAR: C/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/09/12	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL* BOTH DOI'S	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/22/12	PR2/REEVAL	DR KATTAR* JOSE GERRY LUGO # 500049	180.00
03/07/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
03/05/12	PRE-OP	DR JARCHI @ WILLOW MEDICAL	180.00

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

*** INVOICE ***

Date	NO#
06/22/12	47954

Claim # : R00014538; R00014453
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PHOTO TECH
Date Of Injury: 1)6/15/07; 2)8/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
		GROUP*	
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
03/15/12	SURGERY	DR SAMIMI: L/WRIST @ MONROVIA HOSPITAL (5h 30m)	495.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
03/22/12	POST-OP	DR SAMIMI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/03/12	PMT BY CHECK	DOS 8/25/11-3/22/12 # 3000156458	-3350.00
05/24/12	P AND S	DR KATTAR* (DOI:1)	230.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
05/18/12	POST-OP	DR SAMIMI* (BOTH DOI'S)	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/20/12	PMT BY CHECK	DOS 5/24/12-5/18/12 # 3000162761	-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.

DR0808

3,579

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

Republic Indemnity

Date: 06/20/2012
Check #: 3000162761
Payment Amount: 410.00

001790 R3N7T1A
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
R00014538		47954	06/12/2012	05/18/12	05/18/12	0.00	180.00	
		Interpreter For Medical/WCAB						
R00014538		47954	06/12/2012	05/24/12	05/24/12	0.00	230.00	
		Interpreter For Medical/WCAB						
						Total	410.00	

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#
06/22/12	52522

Claim # : 29503
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs LTF ENTERPRISES/LA FAMILIA
Date Of Injury: CT 1/11 - 9/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/03/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/20/12	PMT BY CHECK	DOS 4/6/12-5/3/12 # 5000363697	-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.

PREFERRED EMPLOYERS
INSURANCE COMPANY
A BERKLEY COMPANY

PAID
BY:

June 20,2012
5000363697

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

Re: MR (L T F ENTERPRISES, L L C) D.O.I. 04/11/2011
Claim Number: 29503

From	To	Amount	Invoice Number	Payment Type
04/06/12	05/03/12	406.50	52522	OTHER INDEMNITY - MISC

Check Amount: $406.50

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#
06/01/12	47993

Claim # : 111W12133686
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
TOWER NATIONAL INSURANCE
W.C. DEPARTMENT
ATTN: JACQUELINE TRAN
3 PARK PLAZA STE 300
IRVINE, CA 92623

Case: vs J.F. PRIETO ENGINEERING CONSTR
Date Of Injury: 6/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/11	V-SNCT	VOLTAGE SENSORY NCT: C/S @ PAIN RELIEF CTR*	150.00
/ /	INTERPRETER:	CAROL FRANKEL	0.00
08/26/11	INITIAL EXAM	DR BONIFACE @ PAIN RELIEF CTR*	230.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
02/29/12	DEPO PREP	@ HUTCHINGS CORT REPORTERS	156.50
/ /	INTERPRETER:	OSVALDO LOPEZ # 301367	0.00
04/11/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/29/12	PMT BY CHECK	DOS 8/22/11-4/11/12 # 0020408748	-786.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CastlePoint National Insurance Co
New York, NY

Check # 0020408748

Payee: **Joyce Altman Interpreters**

Check Date 05/29/2012

Bill Id	Invoice #	Policy #	Claim #	Claimant Name	Service From-To	Amount Paid
	47993	WSLTHC001655702	111W11131445		08/22/11-04/11/12	786.50

PAID
2012
BY:

Net Check Amount $ 786.50

THE FACE OF THIS CHECK IS PRINTED GREEN-THE BACK CONTAINS A SIMULATED WATERMARK

CastlePoint National Insurance Co
120 Broadway, 31st Floor
New York, NY 10271

Bank of America N.A.
Chicago, IL 60661
70-2328
719 IL

Check # 0020408748

Date 05/29/2012

Amount $********786.50

Claim#: 111W11131445 Claimant Name

Pay SEVEN HUNDRED EIGHTY-SIX DOLLARS & 50/100

Void if not cashed 120 days from Check Date

To The Order Of
Joyce Altman Interpreters
C/O Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781-4165

Daniel J. Robin

Two signatures required for amounts over $20,000.00

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

*** INVOICE ***
Date NO#
06/04/12 50064

Claim # : 6241100309342
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : _, .
Terms : 45 days

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

Case: vs ARLINGTON GARDENS CARE CENTER
Date Of Injury: 7/15/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/22/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
03/06/12	PMT BY CHECK	DOS 11/22/11 # 517368	-156.50
05/01/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
05/29/12	PMT BY CHECK	DOS 5/1/12 CHECK # 528877	-250.00

BALANCE 0.00

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

Please Cash or Deposit the above check as soon as possible and retain this portion for your records

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: 68 ARLINGTON GARDENS CARE CENTER, INC.
CLAIM #.: 777-624-110-0309342 CLAIMANT:
D/A.....: 7/15/10 Examiner : BF1 Barbara Fredrickson

CHECK#.....: 528877
CHECK AMOUNT..: 250.00
CHECK DATE....: 5/29/12

PMT VAL 1.....: E5 INTERPRETER FEES
RESERVE.....: EX EXPENSE
PAYMENT PERIOD: 5/01/12 - 5/01/12 WEEKS/DAYS: 0 / 0

REMARKS

50064

FAX
JUN 06 2012
BY:

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

*** INVOICE ***

Date	NO#
06/06/12	52524

Claim # : 33018975
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DER JOBS FOR PROGRESS NATIONAL
Date Of Injury: 10/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/23/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/16/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/04/12	PMT BY CHECK	DOS 4/2/12-5/16/12 # 0329290	-563.00

BALANCE 0.00

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

P.O. Box 881716
San Francisco, CA 94188

Check Date : 06/04/2012
Check Number : 0329290
Check Amount : $563.00

M7HH1A

oz 01 **RETURN SERVICE REQUESTED**

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

yy55a
00037

PAID
JUN 06 2012
BY: D

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33018975		10/04/2010	52524	Interpreter Fees -	04/02/2012	05/16/2012	$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#
06/08/12	51466

Claim # : 010708-030597-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CALABASAS)
W.C. DEPARTMENT
ATTN: LILIAN ZOLNIKOV
P.O. BOX # 9875
CALABASAS, CA 91372-0875

Case: vs RUSKIN CORP
Date Of Injury: 10/29/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/12	MRI	REF BY DR KASIMIAN: C/S @ CAL IMAGING (2H 15M)	168.75
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/03/12	PMT BY CHECK	DOS 2/2/12 # 0093959748	-168.75

BALANCE 0.00

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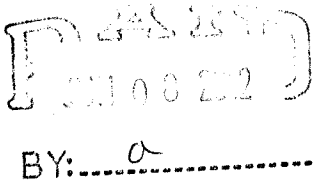
GB-SACRAMENTO (REGIONAL)
P.O. BOX 255397
SACRAMENTO CA 95865-5397

010708 PAGE 1 OF 1 000881

MDG2009 00001222 1 MB 0404 1

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: 916-929-7581
GB-SACRAMENTO (REGIONAL)
P.O. BOX 255397
SACRAMENTO CA 95865-5397

CLAIM NO.: 010708 030597 WC 01 (36154)
CLAIMANT:
DESCRIPTION: 51466

DATES OF SERVICE: 02Feb2012 **THRU** 02Feb2012
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 18Aug10

NO.: 0093959748
VN: 0000524766
DATE: 03Jun12
AMOUNT: 168.75

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0001222 001312 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#
05/15/12	51618

Claim # : YMH47514C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs ADVANTAGE MAILING INC.
Date Of Injury: 10/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
03/09/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
04/19/12	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	ALEXANDER DIAMONDS # 100817	0.00
05/09/12	PMT BY CHECK	DOS 2/7/12-4/19/12 # 118322525 3	-563.00

BALANCE 0.00

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

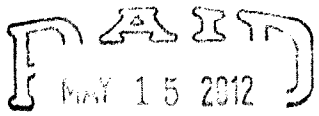
THE HARTFORD

000797
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00808

*200012 118322525 3

Attention: This remittance incorporates 1 claim payments



Special Handling ID: RM 00

Explanation of Benefits

BY:

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
51618 10-08-10	72WE FV1341 YMHC 47514	ADVANTAGE MAILING INC	$563.00
Nature of Payment: Miscellaneous Medical		Service Dates 02-07-2012 04-19-2012	$563.00
Claim Handler: Kimberly Look 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments:	

Issue Date	05-09-2012	Check Number	118322525 3	Total Amount of Check	$563.00

Please keep the above information for your records.

098603918

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#
05/18/12	52163

Claim # : 33020054
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs WEISS PROPERTIES
Date Of Injury: 2/12/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/18/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/16/12	PMT BY CHECK	DOS 3/13/12-4/18/12 # 0324578	-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.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 05/16/2012
Check Number : 0324578
Check Amount : $406.50

2KCH1H

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

wzc5a
00049

PAID
MAY 18 2012
BY: a

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33020054		02/12/2009	52163	Interpreter Fees -	03/13/2012	04/18/2012	$406.50

49-49
1014

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

*** INVOICE ***

Date	NO#
05/21/12	49686

Claim # : YMH62702C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CFI DISTRIBUTION
Date Of Injury: 8/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/11	INITIAL EXAM	DR YOON @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	ROSA GREEN # 500292	0.00
11/08/11	PR2/REEVAL	DR MURAN @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	ANA MARIA AYALA	0.00
11/22/11	PR2/REEVAL	DR YOON* JOSE LUGO # 500049	180.00
01/03/12	PR2/REEVAL	DR YOON* JOSE LUGO # 500049	180.00
01/31/12	PR2/REEVAL	DR YOON* FRANCISCO SOMOANO # 500263	180.00
02/10/12	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
02/28/12	P AND S	DR YOON* JOSE GERRY LUGO # 500049	230.00
05/11/12	PMT BY CHECK	DOS 11/11/11-2/28/12 # 118336044 4	-1330.00

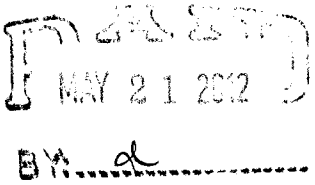
BALANCE 0.00

* 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

000785
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781



00799 *

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*200012 1183360444

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
49686 08-18-11	72WEC NG4530 YMHC 62702	CFI DISTRIBUTORS INC	$1,330.00

Nature of Payment:	Service Dates	
Miscellaneous Medical	10-11-2011 02-28-2012	$1,330.00

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

Issue Date	05-11-2012	Check Number	118336044 4	Total Amount of Check	$1,330.00

Please keep the above information for your records.

098641560

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#
05/21/12	42160

Claim # : 10294581
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (WAL CREEK)
W.C. DEPARTMENT
ATTN: MARY WAGNER
P.O. BOX # 9350
WALNUT CREEK, CA 94598

Case: vs DAPHNE MARIA PEREAT ATTORNEY
Date Of Injury: 4/6/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/25/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/23/11	PMT BY CHECK	DOS 1/20/11 AND 2/25/011 # 500621	-406.50
01/03/12	WCAB LB	MSC	156.50
02/06/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/08/12	PMT BY CHECK	DOS 1/3/12 # 500904	-156.50
04/30/12	WCAB LB	TRIAL - CARMEN GUZMAN #100585	156.50
05/17/12	PMT BY CHECK	DOS 4/30/12 # 500969	-156.50
05/17/12	PMT BY CHECK	DOS 2/6/12 # 500968	-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.

Client: PACIFIC SPECIALTY INSURANCE

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

Check Number: 500968
Check Date: 05/17/2012
Check Amount: $156.50

Claim Number: 10294581
Claimant/Employee:
From - To: 02/06/2012 - 02/06/2012
For:
PACIFIC SPECIALTY INSURANCE

Amount: $156.50
Incident Date: 04/06/2010
Payment Type: LEGAL INTERPRETER
Invoice No: 42160
Invoice Date: 04/30/2012

MAY 21 2012
BY:

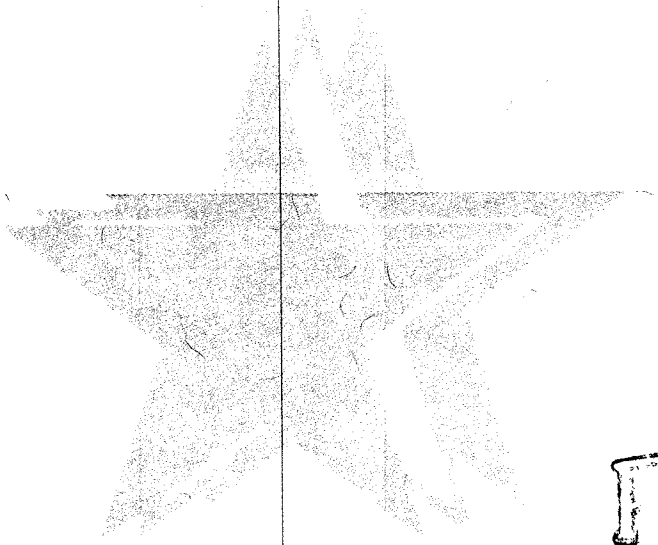
Client: PACIFIC SPECIALTY INSURANCE

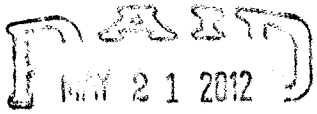
Payee: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Check Number: 500969
Check Date: 05/17/2012
Check Amount: $156.50

Claim Number: 10294581
Claimant/Employee:
From - To: 04/30/2012 - 04/30/2012
For:
PACIFIC SPECIALTY INSURANCE

Amount: $156.50
Incident Date: 04/06/2010
Payment Type: LEGAL INTERPRETER
Invoice No: 42160
Invoice Date: 05/07/2012





BY:.....

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

*** INVOICE ***

Date	NO#
05/21/12	52454

Claim # : GWCO-004276
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
YORK INSURANCE SVCS(ROSEVILLE)
W.C. DEPARTMENT
ATTN: Bonnie Mac Arthur
P.O. BOX 619058
ROSEVILLE, CA 95661

Case: vs ARTISAN LATH AND PLASTERING
Date Of Injury: 10/7/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/12	DEPO PREP	@ THE OFFICE OF PERSONEL COURT REPORTERS	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
05/18/12	PMT BY CHECK	DOS 3/23/12 # 92190	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Mailing Information:

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

Claim Number : GWCO-004276
Claimant :
Date of Loss : 10/07/2011
Check Number : 92190
Check Date : 05/18/2012
Check Amount : $156.50
Type of Payment :
61 MISC. ALL OTHER

Location : 1479 Artisan Lath And Plastering, Inc. 2935 E. Ricker Way
For Period : 03/23/2012 to 03/23/2012
InvoiceNo : 52454
IRS # : 33-0956713

PAID
MAY 21 2012
BY:

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

California Contractors Network Self-Insured Group
administered by York Risk Services Group, Inc.
313 E. Foothill Blvd.
Upland, CA 91786

City National Bank
Riverside, CA
16-1606/1220

REF. NUMBER	
GWCO-004276	
DATE	CHECK NO.
5/18/2012	92190
AMOUNT	
***$156.50	

PAY ONE HUNDRED FIFTY-SIX AND 50/100

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

Not Negotiable After 60 Days

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

*** INVOICE ***

Date	NO#
05/21/12	52169

Claim # : 01501685
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W.C. DEPARTMENT
ATTN: VICENTE JOHNSON
P.O. BOX 881716
SAN FRANCISCO, CA 94188

Case: --- vs SKY LUXURY CORP.
Date Of Injury: 6/21/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/17/12	PMT BY CHECK	DOS 3/22/12 # 319519	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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National Liability and Fire 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. 319519

DATE
05/17/2012

California Workers' Compensation Payment

**********165.00

Pay One Hundred Sixty Five Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE
RUB AREA TO VERIFY

⑈319519⑈ ⑆121000248⑆ 4121044416⑈

Payee: JOYCE ALTMAN INTERPRETERS,INC.

Check Number: 319519

IRS/SSN: XX-XXX713

Check Date: 05/17/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
01501685		06/21/2007	Interpreter Fees - Expense	03/22/2012	03/22/2012	05/14/2012	52169	165.00

FILED
MAY 21 2012
BY

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

*** INVOICE ***

Date	NO#
05/25/12	52130

Claim # : 494C254505
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs KOOSHAREM dba SELECT STAFFING
Date Of Injury: 7/22/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/16/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/21/12	PMT BY CHECK	DOS 3/8/12-4/16/12 # DA67698722	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMCD-002800-01-01-04
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 05/21/12

CHECK NO. **DA67698722**

STATEMENT

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

5900A11DA 00 01040 DA67698722
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C2540505

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

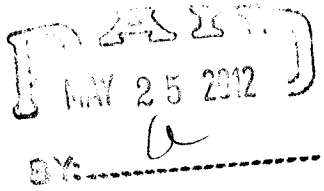
* NOT NEGOTIABLE *

FOR
03/08/12 THRU 04/16/12 52130

CLAIMANT

DATE OF EVENT
07/22/11

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



PDWLDMCD-002800-01-01-04

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***
Date NO#
05/21/12 47336

Claim # : 71042607
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: VICKEY BELL
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs ORGANIC MILLING CORP.
Date Of Injury: 12/31/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/11	SURGERY	DR GALLONI - LT KNEE REPLACEM @ MONROV HOSP -11.5H	1035.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
07/27/11	PRE-OP	DR JARCHI @ WILLOW MED (5 H)	450.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
05/18/12	PMT BY CHECK	DOS 8/3/11-7/27/11 # 20847791	-1485.00

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 1 7102084779100806777

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

RECEIVED
MAY 21 2012
BY:

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 20847791
RFP No.: 00806777
05/18/2012

Insured: ORGANIC MILLING COMPANY, INC.
Claimant:
Producer:

Claim Office: 710

ACT: 47336 072711-080311

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003421070	00426072	01	12/31/2006	MED	O	$1,485.00

Use file # 710-00426072 **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#
05/29/12	51409

Claim # : SCA900058066
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: JACK DIAMOND
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs AD AIR CONDITIONING & HEATING
Date Of Injury: 10/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/12	EMG TESTING	& NCV REF BY DR BAZEL: U/L/E @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
05/25/12	PMT BY CHECK	DOS 2/1/12 # 278056	-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.

FIRST COMP
Insuring America's Small Business®
A MARKEL® Company

PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: SCA900058066
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 278056
Check Date: 05/25/2012
Check Amount: 150.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WSI0031464
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number: 51409
Invoice Date: 05/11/2012

Service From: 02/01/2012 **Service To:** 02/01/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 02/01/2012 02/01/2012

[illegible] 2012
BY: [illegible]

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

*** INVOICE ***

Date	NO#
05/29/12	49402

Claim # : 08007233
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 AEROTEC ALLOYS
Date Of Injury: 8/29/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/20/11	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/24/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
10/28/11	INITIAL EXAM	DR CARRERA: PSYCH EVAL @ AMERI CHIRO (2H 55M)	345.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
11/28/11	PR2/REEVAL	DR RAHIMIAN* SANDRA TALANCON # 100802	180.00
12/27/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR RAHIMIAN*	150.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
01/19/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR RAHIMIAN*	150.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
01/24/12	PR2/REEVAL	DR ZARGARAFF* SANDRA TALANCON # 100802	180.00
02/24/12	P AND S	DR CARRERA: PSYCH EVAL @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/28/12	PR2/REEVAL	DR PERSHAN @ AMERI CHIRO*	180.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/25/12	PMT BY CHECK	DOS 10/20/11-3/28/12 # 111564	-1745.00

Joyce Altman Interpreters, Inc.
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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
05/29/12	49402

Claim # : 08007233
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 AEROTEC ALLOYS
Date Of Injury: 8/29/11

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.

SECURITY BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Everest National Insurance Company

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

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 111564

DATE
05/25/2012

California Workers' Compensation Payment

**********1,745.00

Pay One Thousand Seven Hundred Forty Five Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈0111564⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XXX6713

Check Number: 111564

Check Date: 05/25/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
08007233		08/29/2011	Interpreting Fees	10/20/2011	03/28/2012	04/17/2012	49402	1,745.00

MAY 29 2012

BY:

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

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

*** INVOICE ***

Date	NO#
11/05/12	51895

Claim # : E2781188
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs M.K. TOOLS & ABRASSIVE
Date Of Injury: 5/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/12	DEPO PREP	@ ESQUIRE COURT REPORTING	156.50
/ /	INTERPRETER:	ALEJANDRO VARELA # 21996479	0.00
03/30/12	PMT BY CHECK	DOS 3/7/12 # 101780182	-156.50
04/11/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/27/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/14/12	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301312	0.00
09/21/12	PMT BY CHECK	DOS 3/7/12-8/14/12 # 101836719	-563.00
09/27/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/29/12	PMT BY CHECK	DOS 9/27/12 # 101848323	-250.00

BALANCE 0.00

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

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

000544

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

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

Claim Number * E2 781188W8

Insured/Client: MK TOOLS AND ABRASIVES

Claimant:

ATT: 10/29/12

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
05/13/11		03/07/12-09/27/12	IND	26	TR		$250.00
							$250.00

Reason: 51895

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

PAID
NOV 05 2012

ACCIWF 01.28.11

PLEASE DETACH BEFORE CASHING BY:

CNA

UNDERWRITTEN BY:
TRANSPORTATION INSURANCE COMPANY

101848323 Date Issued 10/29/12

66-156 / 531 Bank Acc 475962809

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E2 781188	W8	MK TOOLS AND ABRASIVES	48
Prefix & Contract No.		**Claimant**	**Date of Loss**
WC -4019957958			05/13/11
From-thru (Dates)	**In Payment of**		
03/07/12	09/27/12	51895	

PAY TWO HUNDRED FIFTY AND NO/100THS ---------- Dollars

********$250.00

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

Wells Fargo Bank, N.A

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0101848323⑈ ⑆053101561⑆ 4759628092⑈

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

*** INVOICE ***

Date	NO#
09/07/12	53889

Claim # : 003138002197-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs NEW ENTERPRISE
Date Of Injury: 7/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/29/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR RUDOLPH @ CALIF SLP*	187.50
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/31/12	PMT BY CHECK	DOS 6/29/12 # 0095951634	-187.50

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

003138 PAGE 1 OF 1 004798

MDG2009 00001451 1 AB 0374 1

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

PAID
SEP 07 2012
BY:

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC

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

CLAIM NO.: 003138 002197 WC 01 (626-24B2-1)
CLAIMANT:
DESCRIPTION: INV #53889

DATES OF SERVICE: 31Aug2012 **THRU** 29-Jun-20
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 05Jul11

NO.: 0095951634
VN: 0000095918
DATE: 31Aug12
AMOUNT: 187.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0001451 001579 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#
05/23/12	41517

Claim # : ECA900050768
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: JAZMIN DANDY
P.O. BOX # 3188
OMAHA, NE 68103

Case: [redacted] vs HAPPY RODEO #2/RODEO MEXICAN
Date Of Injury: 6/7/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
02/18/11	MRA	REF BY DR KOMBERG: LT KNEE (2H 20M)	187.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/21/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR SADIGHPOUR*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
06/22/11	PMT BY CHECK	DOS 4/21/11 # 2645676	-150.00
06/22/11	PMT BY CHECK	DOS 1/5/11 AND 2/18/11 # 2645675	-344.00
03/14/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
05/18/12	PMT BY CHECK	DOS 3/14/12 # 2711213	-156.50

BALANCE 0.00

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FIRST COMP
Insuring America's Small Business®
A MARKEL® Company

PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: ECA900050768
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2711213
Check Date: 05/18/2012
Check Amount: 156.50

Check Information

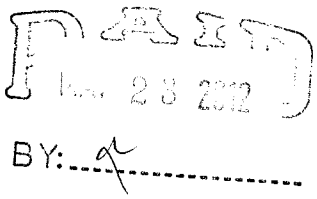
Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0048188
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 41517wcab
Invoice Date: 04/04/2012

Service From: 03/14/2012 **Service To:** 03/14/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 03/14/2012 03/14/2012



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

*** INVOICE ***

Date	NO#
10/25/11	46749

Claim # : 047509035766
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: DAVID TAFFY
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs PLASTIC FORM
Date Of Injury: 7/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/11	MRI	REF BY DR ROSENZWEIZ:R/SHDL;R /WRST @ CAL IMG *	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/19/11	PMT BY CHECK	DOS 10/19/11 # 7016215 CHUBB	-150.00

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 #: 047509035766
Policy: 000071736969
Occurence: 000013
Date of Loss: 07/01/2008
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Spotless Enterprises, Inc.

Page: 1 of 1
Check Number: 7016215
Print Date: 10/19/2011
Issue Date: 10/19/2011

DATE	CLAIMANT	DESCRIPTION	AMOUNT
07/25/2011-		Translator	150.00

2nd inv # 48672

CHECK TOTAL: 150.00

Comments: inv # 46749 dos 07/25/11 oa

Claim Representative: DAVID TAFFI

Phone: (213)612-5419

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

*** INVOICE ***

Date	NO#
10/26/11	42967

Claim # : 10295167
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs LOS ALAMITOS RACE COURSE
Date Of Injury: 10/24/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/11	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
03/09/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/27/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
04/06/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/28/11	INITIAL EXAM	DR GALLONI @ WILLOW MED*	230.00
03/16/11	PR2/REEVAL	DR DOMARACKI - READING OF MRA RESULTS*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
05/11/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/06/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
07/25/11	PRE-OP	DR JARCHI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/10/11	SURGERY	DR GALLONI - RT SHOULDER @ MONROVIA HOSP -12.5H	1125.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
09/07/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/15/11	PMT BY CHECK	DOS 3/2/11-7/25/11 # 317374	-1720.00
09/19/11	PMT BY CHECK	DOS 8/10/11 # 317417	-1125.00
09/28/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/19/11	PMT BY CHECK	DOS 9/7/11 # 318037	-180.00

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

*** INVOICE ***

Date	NO#
10/26/11	42967

Claim # : 10295167
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs LOS ALAMITOS RACE COURSE
Date Of Injury: 10/24/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 180.00

* 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: Casselman, Mike
Claimant/Employee:

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

Claim Number: 10295167
Incident Date: 10/24/2010

Check Number: 318037
Check Date: 10/19/2011
Check Total: $180.00
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 42967

From - To: 09/07/2011 - 09/07/2011
For:

Bill Tracking No: 3000111373TMC
Reviewed Date: 10/18/2011
Bill Type:

DRG Code: 000

Received Date: 10/05/2011
Primary ICD-9: 959.9 9599-Unspecified site
PPO Name: COVENTRY HEALTH CARE PPO

Date of Service	Billed Code/Mod	Paid Code/Mod	Service Description:	Units	Billed Amount	Bill Review Reduction	PPO Reduction	Other Reduction	Allowance	Reason Code(s)
09/07/2011	T1013 00 00	T1013 00 00	INTERPRETER	1	180.00	0.00	0.00	0.00	180.00	T250
			Totals:		180.00	0.00	0.00	0.00	180.00	

Reason Codes:
T250 Reviewed per clients instructions.

Charges in excess of the allowance are objected to for the above reasons. If you disagree with the reductions you may contact us at the address and phone number listed, or you may file an application or lien with the Workers' Compensation Appeals Board. California Labor Code Section 3751 (b) prohibits attempts to collect any balance due from the injured worker.

Please direct inquires to: Tristar Managed Care, Fax: (562) 495-6600, P.O. Box 10220, Santa Ana, CA 92711
Phone: (877) 287-4782

PAID
OCT 24 2011
BY:

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

*** INVOICE ***

Date	NO#
10/21/11	47727

Claim # : LB000587252
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 CAPITAL DRYWALL LP
Date Of Injury: 9/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/19/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
10/13/11	PMT BY CHECK	DOS 8/25/11 # 908810	-156.50

BALANCE 250.00

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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 908810

10/13/11
LB000587252

VOID VOID VOID VOID VOID VOID VOID

PAY One Hundred Fifty-Six And 50/100 Dollars ********156.50

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

⑈908810⑈ ⑆041203824⑆9600094909⑈

CLAIM ID:
CLAIMANT:
INSURED: Capital Drywall LP
PAYEE: Joyce Altman Interpreting

DATE OF LOSS: 9/22/10

ACCOUNT: D2

CHECK NO.: 908810
DATE: 10/13/11
AMOUNT: ********156.50
REF. NO.: 006054550
USER-ID: 19807/LB

INVOICE NO.: 47727
MEMO:

SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
08/25/11	IM	IME / AME ratings	1	Lot	156.50	156.50
		TOTAL			156.50	156.50

PAID

BY:.....

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

*** INVOICE ***

Date	NO#
10/20/11	48008

Claim # : 710731024
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: STEVE PHRAEN
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs PERSONNEL PLUS
Date Of Injury: 11/23/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/11	DEPO PREP	@ THE L/O OF GLENN SILVERI	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
09/22/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/06/11	PMT BY CHECK	DOS 9/7/11 # 18787469	-156.50
10/13/11	PMT BY CHECK	DOS 9/22/11 # 18856281	-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.

AIG0

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 9 7101878746900031326

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

PAID

BY:.....

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

No.: 18787469
RFP No.: 00031326
10/06/2011

Insured: PERSONNEL PLUS INC
Claimant:
Producer:
ACT: 48008

Claim Office: 710

090711-090711

Policy	Claim	Sym.	DOL	Typ	S	Amount
000006517352	00731024	01	11/23/2010	MED	O	$156.50

48008

Use file # 710-00731024 **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#
10/20/11	48008

Claim # : 710731024
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: STEVE PHRAEN
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs PERSONNEL PLUS
Date Of Injury: 11/23/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/11	DEPO PREP	@ THE L/O OF GLENN SILVERI	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
09/22/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/06/11	PMT BY CHECK	DOS 9/7/11 # 18787469	-156.50
10/13/11	PMT BY CHECK	DOS 9/22/11 # 18856281	-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.

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 9 71018856281000584 29

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

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

No.: 18856281
RFP No.: 00058429
10/13/2011

Insured: PERSONNEL PLUS INC
Claimant:
Producer:
092211-092211

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000006517352	00731024	01	11/23/2010	MED	O	$250.00

#48008

Use file # 710-00731024 **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#
10/20/11	43049

Claim # : NG-10-000298
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CORVEL CORPORATION
W.C. DEPARTMENT
ATTN: CRISTAL NAPOLITANO X2531
5694 MISSION CENTER RD., #700
SAN DIEGO, CA 92108

Case: vs EL MARIACHI MEXICANO
Date Of Injury: 6/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/11	DEPO PREP	@ THE L/O OF LOUIE & STETTLE	156.50
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
04/04/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/11/11	PMT BY CHECK	DOS 3/15/11-4/4/11 # 5049489	-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.

MAGNA CARTA

PSM Insurance Companies
Public Service Mutual Insurance Company
One Park Avenue, New York NY 10016-5807

Check No.: **5049489**
Date: **10/11/2011**
52-153
112 ME

00WC028057	0400154902	Expense	
Insured: *El Mariachi Mexicano Restauran*		Provider No.: *0617368*	

$406.50

PAY: *Four hundred six and 50/100 Dollars*

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

BANK OF AMERICA

Authorized Signature

THIS CHECK CONTAINS: CHEMICAL PROTECTION • MICRO PRINT BORDER • GENUINE WATERMARK • VISIBLE FIBERS • COLORED BACKGROUND

⑈5049489⑈ ⑆011201539⑆ 00222001790 6⑈

MR

DATE	DESCRIPTION	AMOUNT
10/11/2011	Check Number: 5049489 Public Service Mutual Insurance Company Payment Type is: Expense Policy: 00WC028057 Claim: 0400154902 Date of Loss: 6/01/2010 In Payment of: INV#: 43049 Claimant: Insured: El Mariachi Mexicano Restauran Payee: JOYCE ALTMAN INTERPRETERS INC From: To: Weeks: Rate: NF-CSE: 000	406.50

PAID

BY:_____

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

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

*** INVOICE ***

Date	NO#
10/21/11	42386

Claim # : 0223549-PMAIWC
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BESTLAND INC DBA COMFORT INN
Date Of Injury: 4/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/11	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
04/11/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/08/11	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
09/13/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/16/11	PMT BY CHECK	DOS 2/10/11-6/8/11 # 133746	-563.00
10/03/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
10/13/11	PMT BY CHECK	DOS 9/13/11 # 134262	-250.00

BALANCE 156.50

* 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 PMA INSURANCE GROUP

INSURED
Bestland, Inc.
Claimant

Check No:	134262
Check Amt:	$250.00
Check Date:	10/13/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0223568-PMAIWC
Date of Loss:	08/14/2008
Adjuster:	Stice, Tami
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	09/13/2011 To: 09/13/2011
Invoice No:	42386

Payable Comment

PAID

BY:

THE PMA INSURANCE GROUP

INSURED
Bestland, Inc.
Claimant

Check No:	134262
Check Amt:	$250.00
Check Date:	10/13/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0223568-PMAIWC
Date of Loss:	08/14/2008
Adjuster:	Stice, Tami
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	09/13/2011 To: 09/13/2011
Invoice No:	42386

Payable Comment

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

*** INVOICE ***

Date	NO#
12/06/11	46751

Claim # : 0101-11-00019
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CLAIM QUEST (WALNUT)
W.C. DEPARTMENT
ATTN: ANGELA HOEFLING
675 BREA CANYON RD, STE #4
WALNUT, CA 91789-3065

Case: vs MERCHANTS BUILDING MAINTENANCE
Date Of Injury: 4/12/11

DOS	SERVICE	DESCRIPTION	AMOUNT
07/27/11	DEPO PREP	@ THE L/O OF SAMUELSEN GONZAL EZ	156.50
/ /	INTERPRETER:	LETTY JULINO GREEN # 100569	0.00
08/24/11	PMT BY CHECK	DOS 7/27/11 # 00069076	-156.50
11/03/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/30/11	PMT BY CHECK	DOS 11/3/11 # 00071170	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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ClaimQuest, Inc. as Agent for
Merchants Building Maintenance Co. - WC

EMPLOYER	PROVIDER NO.	CHECK NO.	CHECK DATE	SDJH
MBM1 Pomona	330956713	00071170	11/30/2011	1

CLAIM NUMBER	INJURY DATE	EMPLOYEE	DEPT./ LOC.	DAYS LOST	ACCOUNT CODE	TYPE	AMOUNT
0101 11 00019	04/12/2011					A	250.00

DOS: 11/03/2011-11/03/2011

#46751

PAID

Direct questions/inquiries to ClaimQuest, Inc (909)594-9400

PAYMENT TYPES					
	A - ALLOCATED EXPENSE	G - MILEAGE	M - MEDICAL	T - TEMPORARY DISABILITY	Z - MISCELLANEOUS
	D - DEATH BENEFIT	H - OTHER REHABILITATION	P - PERMANENT DISABILITY	X - OTHER COMPENSATION	
	F - LIFETIME PENSION	L - OTHER ALLOCATED EXPENSE	R - TEMPORARY DISABILITY (REHAB)	Y - OTHER MEDICAL	

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

*** INVOICE ***
Date NO#
12/30/11 33092

Claim # : 08000001012
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
METRO RISK MGMT (WILMINGTON)
W.C. DEPARTMENT
ATTN: ANGELA MAGEE
PO BOX 547
WILMINGTON, CA 90748

Case: vs MAINSTAY BUSINESS SOLUTION
Date Of Injury: 12/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
01/28/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
05/11/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/19/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/17/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
08/24/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/25/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/23/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/13/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/25/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/07/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
01/13/10	INITIAL EXAM	DR JARCHI* ELIZABETH VARGA # 500106	230.00
01/08/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/25/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/19/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/22/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/12/10	PMT BY CHECK	DOS 1/28/09 THRU 2/19/10 # 90409	-1350.00
04/14/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
08/18/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
03/28/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/22/11	DEPO PREP	@ THE L/O OF DENNIS FUSI (VOL II)	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#
12/30/11	33092

Claim # : 08000001012
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
METRO RISK MGMT (WILMINGTON)
W.C. DEPARTMENT
ATTN: ANGELA MAGEE
PO BOX 547
WILMINGTON, CA 90748

Case: vs MAINSTAY BUSINESS SOLUTION
Date Of Injury: 12/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
11/22/11	PMT BY CHECK	DOS 3/28/11-9/22/11 # 2170006754	-313.00
12/19/11	PMT BY CHECK	DOS 10/27/11 # 2170007479	-250.00

BALANCE 2036.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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33092

Client: Mainstay Business Solutions

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

Check Number: 2170007479
Check Date: 12/19/2011
Check Total: $250.00

Claim Number / Incident Date	Employee	Payment Type	Invoice Number / Date	Amount
08000001012 12/17/2008		Court Reporter/Transcript **From - To:** 10/27/2011 - 10/27/2011	**For:**	$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#
06/01/11	42438

Claim # : PZC00413508
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRUM & FORSTER (PLANO,TX)
W.C. DEPARTMENT
ATTN: DEBRA BERHAM
6404 INTERNATIONAL PKWY., 1000
PLANO, TX 75093

Case: MICRO SOLUTION ENTERPRISES
Date Of Injury: 7/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/11	MRI	& MRA REF BY DR PIETRUSZKA: RT SHLDR (3H 45MIN)	281.25
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/18/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/25/11	PMT BY CHECK	DOS 2/9/11 AND 2/18/11 # 0001829816	-437.75

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.

CRUM&FORSTER

Number: 0001829816

Vendor Number: 406680401

Issuing Location: Dallas Claims

Check Date: 05/25/2011

Payee:

Joyce Altman Interpreters
Po Box 4165
Tustin, CA 92781

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00413508	MC	406500896213500	07/15/2008	$437.75

#42438

TOTAL	$437.75

Send Inquiries to:
6404 International Parkway Suite 1000
Plano, TX 75093

Processor: **D. Derham**

Internal Reference No: 40650

Please Detach Before Depositing

VERIFY COMPLETE LIST OF SECURITY FEATURES LISTED ON BACK OF CHECK

50-937/213

CRUM&FORSTER
UNITED STATES FIRE INSURANCE CO.

Number
0001829816

Issuing Location: **Dallas Claims**

Pay: Four Hundred Thirty Seven and 75/100 Dollars

NOT VALID SIX MONTHS AFTER ISSUE

DATE	AMOUNT
05/25/2011	$437.75

PAY TO THE ORDER OF:

Joyce Altman Interpreters

Patent #5,635,974

Dennis J. Hammer

AUTHORIZED SIGNATURE

JPMorgan Chase Bank, N.A.
Syracuse, NY

TouchSafe

⑈0001829816⑈ ⑆021309379⑆ 8871301 69⑈

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

*** INVOICE ***

Date	NO#
10/25/11	42438

Claim # : PZC00413508
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRUM & FORSTER (PLANO,TX)
W.C. DEPARTMENT
ATTN: DEBRA BERHAM
6404 INTERNATIONAL PKWY., 1000
PLANO, TX 75093

Case: vs MICRO SOLUTION ENTERPRISES
Date Of Injury: 7/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/11	MRI	& MRA REF BY DR PIETRUSZKA: RT SHLDR (3H 45MIN)	281.25
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/18/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/25/11	PMT BY CHECK	DOS 2/9/11 AND 2/18/11 # 0001829816	-437.75
08/18/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/15/11	PMT BY CHECK	DOS 8/18/11 # 0001951014	-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.

CRUM&FORSTER

Number: 0001951014

Check Date: 10/15/2011

Vendor Number: 410004656

Issuing Location: Dallas Claims

Payee:

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

IRS: 330956713

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00413508	DWC00413508	42438	07/15/2008	$250.00

42438

[redacted]

BY:.....

TOTAL: $250.00

Send Inquiries to:
6404 International Parkway Suite 1000
Plano, TX 75093

Processor: B. Williams

Internal Reference No: 42438

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#
10/25/11	47458

Claim # : WCCH11011239
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MEADOWBROOK INS (LAS VEGAS)
W.C. DEPARTMENT
ATTN: JESSICA CAHNON
1707 VILLAGE CENTER CIR., #100
LAS VEGAS, NV 89134

Case: vs CAPITAL HOUSE CLEANING
Date Of Injury: 4/15/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/12/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/18/11	PMT BY CHECK	DOS 8/18/11-9/12/11 # 71868	-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.

WILLIAMSBURG NATIONAL INSURANCE COMPANY
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Date Issued
10/18/2011

Check No. 71868
COMERICA BANK
CALIFORNIA
90-3752
1211

Payee: JOYCE ALTMAN INTERPRETERS INC

Insured Memo	Claimant Name Service Date(s)	Account Number	Claim Number Loss Date	AMOUNT
CARMEN SONIA REYES	8/18/2011-9/12/2011		WCCH11011239 4/15/2010	406.50
47458				

PAID

BY:.....

CHECK 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#
10/25/11	48393

Claim # : 01460756
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BEST FURNITURE
Date Of Injury: 4/6/04

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/18/11	PMT BY CHECK	DOS 9/15/11 # BE-496371	-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.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 3171
Suisun City, CA 94585-6171
(855)250-5678

Provider Number: 330956713

Check #: **BE-496371**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/18/11
Doc #: 023741954

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 01460756			
1	PSHUTE	09/15/11	09/15/11	Claimant Incurred Legal Expense	1		250.00
						Total Allowances:	**$250.00**

2nd Invt
09792

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01460756	250.00	.00	250.00

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

Notations:

01460756 INVOICE #48393; CL $250.00;

PAID

BY:.....

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.

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

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

*** INVOICE ***

Date	NO#
10/26/11	45902

Claim # : 6148-083-A00110
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
NOVAPRO RISK SOLUTIONS (TUST)
W.C. DEPARTMENT
ATTN: WENDY ADAMSON
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs ATLANTIC MEMORIAL
Date Of Injury: 11/12/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
08/26/11	DEPO PREP	@ THE L/O OF STOCKWELL HARRIS (VOL II)	156.50
/ /	INTERPRETER:	NANCY SILVA # 22056879	0.00
08/30/11	PMT BY CHECK	DOS 7/6/11 # 000005407	-250.00
09/13/11	PMT BY CHECK	DOS 8/26/11 # 00005494	-156.50
09/27/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
/ /	INTERPRETER:	OSVALDO LOPEZ # 301367	0.00
10/18/11	PMT BY CHECK	DOS 9/27/11 # 000005682	-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.

REORDER 801B - U.S. PATENT NO. 5538290, 5575503, 5641183, 5785353, 5884364, 6050600

Wells Fargo - Los Angeles
Los Angeles, CA

11-4288/1210

NOVAPRO RISK SOLUTIONS
AS AGENT FOR
ENSIGN GROUP INC

BRANCH: S083 ORG
NOVAPRO RISK SOLUTIONS, LP
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLAIM#: 6148 ENS 0000110
CLAIMANT:
LOSS DATE: 1/12/2009

PAYMENT AMOUNT: ******250.00**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000005682
ISSUE DATE: 10/18/2011

PAYMENT SETTLEMENT: SERVICES ON #45902 09/27/2011-09/27/2011

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

Wells Fargo - Los Angeles
Los Angeles, CA
11-4288/1210

00005682

CLAIM NO.			NOVAPRO RISK SOLUTIONS AS AGENT FOR ENSIGN GROUP INC	CLAIMANT	
6148-SC00-07SC-0718-083-A00110-1-2008-7				Date of Loss	LOCATION
DATE ISSUED	TYPE PMT	CLOSE		1/12/2009	LONG BEACH
10/18/2011 ORG 032	0	/O			

PAYEE FEDERAL I.D. NO.	IN PAYMENT OF	MISC.	KIND OF PMT
33-0956713	SERVICES ON #45902 09/27/2011-09/27/2011		285

PAY THE AMOUNT OF
Two Hundred Fifty and NO/100---------- DOLLARS $ $250.00

VOID IF NOT CASHED WITHIN 90 DAYS

TWO SIGNATURES REQUIRED
ON AMOUNTS OVER $5000.

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

AUTHORIZED SIGNATURES

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

*** INVOICE ***

Date	NO#
10/19/11	44695

Claim # : 33021431
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CM LAUNDRY
Date Of Injury: 4/25/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/11	INITIAL EXAM	DR KATTAR @ GARFIELD HC (2.15 HRS)	258.75
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500586	0.00
06/03/11	DEPO PREP	@ THE L/O OF WAYNE SINGER	156.50
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
06/09/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
07/14/11	PR2/REEVAL	DR KATTAR* JOSE LUGO #500049	180.00
08/03/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/22/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
10/12/11	PMT BY CHECK	DOS 5/5/11-9/22/11 # 0269515	-1205.25

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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13HF1B

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 10/12/2011
Check Number : 0269515
Check Amount : $1,205.25

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

bu45a
00061

PAID

BY:

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33021431		04/25/2011	44695	Interpreter Fees -	05/05/2011	09/22/2011	$1,205.25

01-61
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#
01/24/13	55920

Claim # : 862500089
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
GREAT AMERICAN INS (OHIO)
W.C. DEPARTMENT
ATTN: TAMMI CONFETTI
P.O. BOX # 5432
CINCINNATI, OH 45201-5432

Case: vs MASTRO'S RESTAURANTS
Date Of Injury: 3/4/02 - 2/23/11

DOS	SERVICE	DESCRIPTION	AMOUNT
10/18/12	DEPO PREP	@ THE L/O OF BENTHALE, McKIBBIN	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
12/07/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/16/13	PMT BY CHECK	DOS 10/18/12-12/17/12 # 909 547170	-406.50

BALANCE 0.00

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

B130170161

AGENT:
PROHOST USA, INC.
4500 PARK GLEN RD
MINNEAPOLIS MN
55416

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

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

CHECK # 909 547170 AMT $406.50 ISSUED 01/16/13

FOR: INVOICE NO. 55920 DOS: 10/18/12 & 12/07/12

PAID JAN 24 2013

INSURED: MASTRO'S RESTAURANTS, LLC

CLAIMANT:

POLICY # WC 5633266 CLAIM # 862-500089-01-1 DATE OF LOSS 01/08/10

IMPORTANT: WHEN CORRESPONDING WITH THE CLAIM OFFICE, PLEASE REFER TO YOUR CLAIM NUMBER AND CONTACT THE ADJUSTER SHOWN BELOW:

GREAT AMERICAN ALLIANCE INS. CO.
301 EAST FOURTH STREET, 24TH FLOOR
CINCINNATI, OH 45202
877-589-6846

55920

THE ENCLOSED INSTRUMENT WILL NOT BE PAID UNLESS IT BEARS THE ENDORSEMENTS **OF ALL PARTIES NAMED AS PAYEES.** ENDORSERS MUST SIGN EXACTLY AS THE NAME APPEARS ON THE FACE OF THE INSTRUMENT. IF THE ENDORSER IS A CORPORATION, SHOW THE FULL CORPORATE NAME WITH A SIGNATURE BY A DULY AUTHORIZED OFFICER AND TITLE. IF THE ENDORSER IS A PARTNERSHIP, ALL PARTNERS MUST SIGN. IF AN ATTORNEY, EXECUTOR, ADMINISTRATOR, TRUSTEE OR GUARDIAN IS NAMED AS A PAYEE ON THE CHECK, THAT PERSON MUST SIGN HIS/HER NAME AND GIVE HIS/HER FULL REPRESENTATIVE TITLE. IF AN ATTORNEY, EXECUTOR, ADMINISTRATOR, TRUSTEE OR GUARDIAN IS SIGNING A PAYEE'S NAME, SATISFACTORY EVIDENCE OF AUTHORITY MUST ACCOMPANY THE INSTRUMENT. IT IS RECOMMENDED THAT YOU DISCUSS THIS WITH YOUR CLAIMS REPRESENTATIVE BEFORE PRESENTING THE INSTRUMENT FOR PAYMENT AS ANY PAPERS SUBMITTED WITH THE CHECK WILL SLOW DOWN THE PROCESS. IF YOU HAVE ANY QUESTIONS CONCERNING THE PROPER ENDORSEMENT OF THE CHECK, PLEASE CONTACT YOUR CLAIMS REPRESENTATIVE. RHODE ISLAND ONLY: NOTICE: A RECIPIENT OF WEEKLY WORKERS' COMPENSATION BENEFITS HAS AN AFFIRMATIVE DUTY TO REPORT EARNINGS SO THAT COMPENSATION BENEFITS MAY BE PROPERLY COMPUTED. FAILURE TO REPORT EARNINGS MAY SUBJECT THE RECIPIENT TO CIVIL OR CRIMINAL LIABILITY.

010209978

X 125F (07)
J125 (2/07)

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

*** INVOICE ***

Date	NO#
01/24/13	41447

Claim # : LB000515335
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEABRIGHT INSURANCE (ORANGE)
W.C. DEPARTMENT
ATTN: BRIAN PURTT
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs TR BANGIS AGRICULTURAL SVC.
Date Of Injury: 8/10/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/11	MRI	REF BY DR YBARRA: RT ELBOW (3 hrs 20 mins)	187.50
/ /	INTERPRETER:	DORTHY ALVARES # 01427480	0.00
01/17/13	PMT BY CHECK	DOS 1/8/11 # 1159708	-187.50

BALANCE 0.00

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

VOID VOID VOID

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

*** INVOICE ***

Date	NO#
10/19/11	47207

Claim # : PZC00431884
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : , ,
Terms : 45 days

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

Case: vs IPS CORP.
Date Of Injury: 2/6/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/11	MRI	REF BY DR NEWTON: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
10/11/11	PMT BY CHECK	DOS 8/10/11 # 0001946214	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CRUM&FORSTER

Number: 0001946214

Vendor Number: 408696534 Issuing Location: Orange County Claims Check Date: 10/11/2011

Payee:

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

IRS:

PAID

BY:.....

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00431884	MC	47207	02/06/2009	$150.00

47207

TOTAL: $150.00

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

Processor: **U. Mora**

Internal Reference No: 47207

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#
10/19/11	47733

Claim # : 0800000107
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
METRO RISK MGMT (WILMINGTON)
W.C. DEPARTMENT
ATTN: CHARLES VONROCK
PO BOX 547
WILMINGTON, CA 90748

Case: vs MAINSTAY BUSINESS SOLUTIONS
Date Of Injury: 2/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/26/11	DEPO PREP	@ THE L/O OF ALECCIA, SOCHA & MITANI	156.50
/ /	INTERPRETER:	MARIA PACO CORTES # 100533	0.00
09/20/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/22/11	PMT BY CHECK	DOS 8/26/11 # 2170004484	-156.50
10/13/11	PMT BY CHECK	DOS 9/20/11 # 2170005420	-250.00

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.

M2 CHK

Client: Mainstay Business Solutions

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

Check Number: 2170005420
Check Date: 10/13/2011
Check Total: $250.00

Claim Number / Incident Date	Employee	Payment Type	Invoice Number / Date	Amount
08000000107 02/25/2008	#47733	Legal Interpreter **From - To:** 09/20/2011 - 09/20/2011	**For:**	$250.00

PAID
OCT 18 2011

BY:----------

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

*** INVOICE ***

Date	NO#
01/22/13	41427

Claim # : 047506037251
W.C.A.B.: LBO
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AMCYTE
Date Of Injury: 3/16/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/12/11	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
05/30/11	PENALTIES	FOR DATE OF SERVICE 10/19/09	23.48
05/30/11	INTEREST	FOR DATE OF SERVICE 10/19/09	29.98
05/30/11	PENALTIES	FOR DATE OF SERVICE 01/12/11	23.48
05/30/11	INTEREST	FOR DATE OF SERVICE 01/12/11	7.79
06/07/11	PMT BY CHECK	DOS 10/19/09 THRU 5/30/11 # 6706504	-397.73
06/29/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
07/29/11	PMT BY CHECK	DOS 6/29/11 # 6823348	-156.50
12/11/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
01/14/13	PMT BY CHECK	DOS 12/11/12 # 8051789 CHUBB	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071-2427

Payment Summary

Claim Ref #: 047506037251
Policy: 000071710855
Occurence: 000003
Date of Loss: 03/16/2006
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Amcyte Inc Amcyte Diabetes Inc

Page: 1 of 1
Check Number: 8051789
Print Date: 01/14/2013
Issue Date: 01/11/2013

DATE	CLAIMANT	DESCRIPTION	AMOUNT
12/11/2012-12/11/2012		Med Svcs (Inc)	156.50

OK
PAID JAN 16 2013

46754

Comments: Inv.#:41427 Inv. Date:12/26/2012 DOS:12/11/2012 (23)

CHECK TOTAL: 156.50

Claim Representative: LORENA ACEVES

Phone: (213)612-5433

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

*** INVOICE ***

Date	NO#
10/19/11	40046

Claim # : SA640816
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs NU WAVE INC./TOMICH BROS.
Date Of Injury: 12/04; 1999-6/02

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
09/16/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
10/11/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
11/11/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
12/07/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/05/11	PMT BY CHECK	DOS 8/24/10 THRU 11/11/10 # CU-741410	-720.00
12/30/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
02/03/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
03/03/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
03/10/11	PMT BY CHECK	DOS 12/30/10 THRU 2/3/11 # CU-768398	-360.00
05/03/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
06/09/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/07/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/18/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP* (PAIN EXARCEBATION)	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/19/11	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
08/12/11	INITIAL EXAM	DR SINGH - PSYCH EVAL @ COAST CITY (2H 35M)	316.25

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#
10/19/11	40046

Claim # : SA640816
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs NU WAVE INC./TOMICH BROS.
Date Of Injury: 12/04; 1999-6/02

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/12/11	PMT BY CHECK	DOS 12/7/10-6/9/11	-696.50
08/16/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/02/11	PMT BY CHECK	DOS 7/7/11-7/18/11 # CU-835304	-360.00
09/13/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/11	PMT BY CHECK	DOS 8/12/11 # CU-847012	-316.25

BALANCE 516.50

* 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
(855)250-5678

Provider Number: 330956713

Check #: CU-847012

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/12/11
Doc #: 023709384

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	05567394	**Date of Injury:**	03/10/10	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
1	SF1-SFCA-9058160	08/19/11	999Q2	Interpreter Treatmen	1	485.00	305.00	710 723	180.00
		Patient Name:			**Claim #:**	SA453970	**Date of Injury:**	01/14/04	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
2	SF1-SFCA-9059697	04/18/11	MDO10	Payment By Order	1	.00	.00		.00
3	SF1-SFCA-9059697	12/07/10	MDO10	Payment By Order	1	411.62	.00	961	411.62
4	SF1-SFCA-9059697			Medical Interest					.79
								Subtotal:	**412.41**
		Patient Name:			**Claim #:**	05516680	**Date of Injury:**	09/11/09	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
5	SF1-SFCA-9058474	08/08/11	999Q2	Interpreter Treatmen	1	180.00	.00	710 723	180.00
		Patient Name:			**Claim #:**	SA640816	**Date of Injury:**	06/22/04	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
6	SF1-SFCA-9058277	08/12/11	999Q2	Interpreter Treatmen	1	316.25	.00	723	316.25

2nd invt
1980

40046

Total Allowances: **$1,088.66**

013731020237093840 12

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

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

17334257

State Compensation Insurance Fund
Glendale District Office
P.O. Box 65005
Pinedale, CA 93650-5005

CU-847012
Union Bank
Los Angeles, California
90-4150
1222

Medical
SA

Payee IRS Number: 330956713

VOID After 365 Days

Check Date	Check Amount
October 12, 2011	$*****1,088.66

PAY ****One Thousand Eighty-Eight and 66/100 Dollars****ONLY

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

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

*** INVOICE ***

Date	NO#
10/19/11	44803

Claim # : 002086-007697-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: PATTY GOMEZ X232
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs VOLT SERVICES GROUP
Date Of Injury: 7/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/11	INITIAL EXAM	DR DOMORACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA # 100741	0.00
08/19/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALONCON # 100802	0.00
09/27/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/04/11	PMT BY CHECK	DOS 4/26/11-8/19/11 # 0088632548	-386.50

BALANCE 250.00

* 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 003587

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

PAID
BY:

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

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

CLAIM NO.: 002086 007697 WC 01 (41094)
CLAIMANT:
DESCRIPTION: DATES OF SERVICE 4/26/11 & 8/19/11

DATES OF SERVICE: 26Apr2011 **THRU** 19Aug2011
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 02Jul08

NO.: 0088632548
VN: 0000294916
DATE: 04Oct11
AMOUNT: 386.50

#441803

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005066 005795 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#
10/18/11	43435

Claim # : E2034381
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FIRST INDO
Date Of Injury: 9/18/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/11	MRI	REF BY DR NEWTON: C/S, L/S*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
10/11/11	PMT BY CHECK	DOS 3/22/11 # 8813246509	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Farmers Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

October 11, 2011

NEIGHBORHOOD SPIRIT PROPERTY & CASUALTY COMPANY

Check Number: 8813246509
Date: 10/11/2011
Amount: $150.00******

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

To the order of
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 00000

PAID

BY:.....

Claimant/Patient:
Insured: FIRST INDO-AMERICAN CORP
Date of Loss: 09/18/2007
Claim Number: E2034381
Correspondence Reference: ZT1RPH$RN

Claim Representative: Linda Khashan
Office Phone Number: 8188741703

Additional Information:
Inv# 43435. 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
03/22/11 - 03/22/11	Interpreter	$150.00

01 01 000888 ZT1RPH$RN1 CE1011P2021 1 001142

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

*** INVOICE ***

Date	NO#
05/31/12	52513

Claim # : 05603966
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs TODAY TRUCK WASH, INC.
Date Of Injury: CT 4/01/10 - 6/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/29/12	PMT BY CHECK	DOS 4/2/12 # CS-378775	-250.00

BALANCE 0.00

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

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **CS-378775**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/29/12
Doc #: 02481178

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05603966			
1	52513	04/02/12	04/02/12	Interpreter fees	1		250.00
				Total Allowances:			**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05603966	250.00	.00	250.00

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

Notations:
05603966 INV #52513;

PAID
MAY 31 2012
BY:

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

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

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

*** INVOICE ***

Date	NO#
06/01/12	52133

Claim # : 201109154005001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COSTCO WHOLESALE CORP.
Date Of Injury: 9/20/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/06/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/29/12	PMT BY CHECK	DOS 3/7/12-4/6/12 # 0033791695	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14442
Lexington, KY 40512-4442

RETURN SERVICE REQUESTED

DATE	CHECK AMT	CHECK NO.
5/29/2012	406.50	0033791695

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

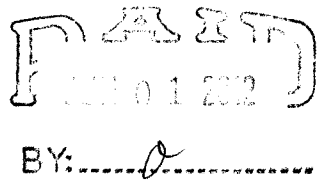
SCMS UNIT	PAGE
223 Sedgwick Claims Management Services	1

578

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

Claimant Name	Loss Date	Claim Number	SSN
	09/20/2011	201109154005001	

Amt Paid: 406.50 Description:
Amt Billed: 406.50 Invoice: 52133 ICN: 201109154005001
Dates: 03/07/2012 - 04/06/2012 Comment: intepreter depo



BY:

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

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

*** INVOICE ***

Date	NO#
04/26/12	52171

Claim # : 02327748
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: . vs INSCO
Date Of Injury: 11/1/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/24/12	PMT BY CHECK	DOS 3/13/12 # CP-574108	-156.50

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)697-7300

Provider Number: 330956713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CP-574108**

Issue Date: 04/24/12
Doc #: 024642988

Medical

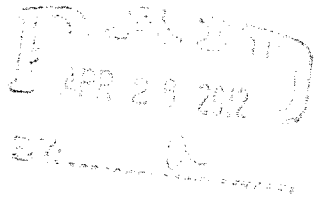
Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 02327748		
1	52171	03/13/12	03/13/12	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
02327748	156.50	.00	156.50

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

Notations:

02327748 INTERPRETING AT WCAB MSC;



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

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

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

*** INVOICE ***
Date NO#
04/25/12 51676

Claim # : YMH42625C
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs VISTA COVE CARE CENTER
Date Of Injury: 7/31/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/12	WCAB AHM	MSC - LAURA SALAS # 100471	156.50
04/19/12	PMT BY CHECK	DOS 2/21/12 # 118227371 8	-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.

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

THE HARTFORD

RECEIVED
APR 25 2012
BY

000384
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

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
51676 07-31-10	72WE JW4300 YMHC 42625	VISTA COVE SENIOR LIVING LLC	$156.50

Nature of Payment:	Service Dates	Amount Paid
Other Medical	02-21-2012 02-21-2012	$156.50

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

Additional Comments:

Issue Date	04-19-2012	Check Number	118227371 8	Total Amount of Check	$156.50

Please keep the above information for your records.

098372501

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

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

*** INVOICE ***

Date	NO#
04/27/12	51825

Claim # : 002647-004353-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CHA LA MIRADA DBA HOLIDAY INN
Date Of Injury: 4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/12	DEPO PREP	@ THE L/O OF LOUIE & STETTLER	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
03/23/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/23/12	PMT BY CHECK	DOS 2/28/12-3/23/12 # 0000074448	-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.

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

0104121 01 RE 0.401 **AUTO T1 0 5778 92781 -P04125

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

PAID
APR 27 2012
BY:

DIRECT INQUIRIES TO:

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

VENTURE HOSPITALITY

CLAIM NO. 002647 004353 WC 01

CLAIMANT:

DESCRIPTION: INV# 51825

DATE OF SERVICE: 28-Feb-2012 TO 23-Mar-2012

BRANCH NO. 094

ACC. DATE 15-Apr-2011

CHECK NO. 0000074448

VN. 0000153950

DATE: 23-Apr-2012

PAYMENT AMOUNT: $406.50

RE0104121-0001_of_0003 5778-0005136 (F28D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0000074448 ATTACHED BELOW

Joyce Altman Interpreters, Inc.
P.O. BOX #74165
Tustin, CA 92781-4165
PH: 714 838-0355 FAX: 714 838-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/27/12 31158

Claim # : 710-712722; 710-712725
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: MICHAEL WALKER/A THOMPSON
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs KDS PERSONNEL
Date Of Injury: 3/22/07; 1/25/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/08	INITIAL EXAM	DR KATTAR (2.5 HRS)	287.50
07/18/08	INITIAL EXAM	DR HOSSAIN*	230.00
08/29/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
10/03/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
10/31/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
11/25/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
12/26/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
06/24/09	P AND S	DR KATTAR @ GARFIELD HEALTH*	230.00
10/29/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/19/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/02/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
03/01/12	PMT BY CHECK	DOS 7/16/08-2/2/12 # 20128145	-2210.50
04/02/12	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/24/12	PMT BY CHECK	DOS 4/2/12 # 20624649	-313.00

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 001 2 71020624649007212O6

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

APR 27 2012
BY:

No.: 20624649
RFP No.: 00721206
04/24/2012

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

Insured: KDS, INC. (A CORP)
Claimant:
Producer:
ACT: 31158

Claim Office: 710

070608-040212

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003366773	00712722	01	03/22/2007	EXP	O	$313.00

Use file # 710-00712722 **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: 714 838-0960 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
04/30/12 38490

Claim # : WCCJ09092804
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MEADOWBROOK INS (LAS VEGAS)
W.C. DEPARTMENT
ATTN: TROY DURDEN
1707 VILLAGE CENTER CIR., #100
LAS VEGAS, NV 89134

Case: vs MEDWILL INC/POPULAR FURNITURE
Date Of Injury: 12/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/02/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
09/28/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
01/12/11	PMT BY CHECK	DOS 9/2/10 THRU 9/28/10 # 727438	-406.50
03/22/12	WCAB LB	MSC JOHANNA JORDAN # 100793	156.50
04/27/12	PMT BY CHECK	DOS 3/22/12 # 1000306	-156.50

BALANCE 0.00

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

Check No. **1000306**

Date Issued
4/27/2012

Bank of America
70-2328
719 IL

Payee: JOYCE ALTMAN INTERPRETERS INC

Insured Memo	Claimant Name Service Date(s)	Account Number	Claim Number Loss Date	AMOUNT
MEDWILL INC	3/22/2012-3/22/2012		WCCH09028604 12/11/2009	156.50
38490				

APR 30 2012
BY:

CHECK TOTAL: ********$156.50

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

*** INVOICE ***

Date	NO#
04/30/12	47207

Claim # : PZC00431884
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs IPS CORP.
Date Of Injury: 2/6/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/11	MRI	REF BY DR NEWTON: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
10/11/11	PMT BY CHECK	DOS 8/10/11 # 0001946214	-150.00
03/07/12	ULTRASOUND	REF BY DR ZLOTOLOW: ECHO @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/26/12	PMT BY CHECK	DOS 3/7/12 # 0002107996	-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.

Number: 0002107996

CRUM&FORSTER

Check Date: 04/26/2012

Vendor Number: 408696534

Issuing Location: Orange County Claims

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
47207	PZC00431884	MC	47207	02/06/2009	$150.00

APR 30 2012
BY: A

TOTAL: $150.00

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

Processor: **U. Mora**

Internal Reference No: 47207

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#
04/30/12 41228

Claim # : YPT05526
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MIS INTERNATIONAL
Date Of Injury: 8/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/22/10	WCAB LB	STATUS CONFERENCE - PATRICIA HAYES # 100761	156.50
02/08/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/12/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/18/11	PMT BY CHECK	DOS 12/22/10-9/12/11 # 117526148 3	-563.00
04/19/12	WCAB LB	MSC - (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
04/24/12	PMT BY CHECK	DOS 4/19/12 # 118249454 4	-313.00

BALANCE 0.00

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THE HARTFORD

000599
JOYCE ALTMAN INTERPRETERS INC'
PO BOX 4165
TUSTIN, CA 92781

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits **Page 1 of 2**

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
08-28-07 4122	72WEC RQ4778 YPTC 05526	M.I.S. INTERNATIONAL CALIF, INC.	$313.00
Nature of Payment: Interpreter Fees at Hearing		Service Dates 04-19-2012 04-19-2012	$313.00
Claim Handler: Summer Firth 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments: invoice date 4/19/12	

APR 30 2012

Please keep the above information for your records.

BY: 098420727

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

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

56 -1544
441

Check Number: 118249454 4
Issue Date: 04-24-2012
Benefit Period: 04-19-2012 to 04-19-2012

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

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

Pay

THREE HUNDRED THIRTEEN DOLLARS AND 00/100

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

Authorized Signature

200012 118249454

098420727

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

*** INVOICE ***
Date NO#
04/30/12 40990

Claim # : 0302-10-02482
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
CLAIM QUEST (WALNUT)
W.C. DEPARTMENT
ATTN: ANGIE HOESLING
675 BREA CANYON RD, STE #4
WALNUT, CA 91789-3065

Case: vs MERCHANTS LANDSCAPE SVCS.
Date Of Injury: 5/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/13/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
01/24/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/11/11	PMT BY CHECK	DOS 12/13/10 THRU 1/24/11 # 00066880	-406.50
03/29/12	WCAB LB	TRIAL	156.50
04/25/12	PMT BY CHECK	DOS 3/29/12 # 00073957	-156.50

BALANCE 0.00

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ClaimQuest, Inc. as Agent for
Merchants Building Maintenance Co. - WC

EMPLOYER	PROVIDER NO.	CHECK NO.	CHECK DATE	SDJH
MLS Sun Valley/Los Angeles	330956713	00073957	04/25/2012	1

CLAIM NUMBER	INJURY DATE	EMPLOYEE	DEPT./ LOC.	DAYS LOST	ACCOUNT CODE	TYPE	AMOUNT
0302 10 02482	05/07/2010					Y	156.50

DOS: 12/13/2010-03/29/2012

Direct questions/inquiries to ClaimQuest, Inc (909)594-9400

PAYMENT TYPES							
	A - ALLOCATED EXPENSE D - DEATH BENEFIT F - LIFETIME PENSION	G - MILEAGE H - OTHER REHABILITATION L - OTHER ALLOCATED EXPENSE	M - MEDICAL P - PERMANENT DISABILITY R - TEMPORARY DISABILITY (REHAB)	T - TEMPORARY DISABILITY X - OTHER COMPENSATION Y - OTHER MEDICAL	Z - MISCELLANEOUS

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

*** INVOICE ***

Date	NO#
04/13/12	51309

Claim # : EPH0638
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: GWYNNETH BAKER
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs EMTEK PRODUCTS
Date Of Injury: CT 1/1/10 - 6/24/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/12	ULTRASOUND	DIAG STUDY REF BY DR NACHMAN: ABDOMEN & CT: SINUS*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/01/12	MRA	REF BY DR BRAUTBAR: BRAIN @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/02/12	PMT BY CHECK	DOS 1/23/12 # 896D 80039116	-150.00

BALANCE 150.00

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015257

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

SA07564

896D 80039116

TRAVELERS

DATE: 04/02/12
LOSS DATE: 01/10/10
FILE NUMBER: 152 CB EPH0638 F

EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY, INC.

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/23/2012

TOTAL PAID: $150.00
TAX INFO: 330956713331748 1Y
PAY MISC: 51309
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
APR 09 2012
BY:

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

093007693
DETACH CHECK

UNSUMM-111311
OVPONS2-121203
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#
04/30/12 51309

Claim # : EPH0638
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: GWYNNETH BAKER
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs EMTEK PRODUCTS
Date Of Injury: CT 1/1/10 - 6/24/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/12	ULTRASOUND	DIAG STUDY REF BY DR NACHMAN: ABDOMEN & CT: SINUS*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/01/12	MRA	REF BY DR BRAUTBAR: BRAIN @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/02/12	PMT BY CHECK	DOS 1/23/12 # 896D 80039116	-150.00
04/25/12	PMT BY CHECK	DOS 3/1/12 # 896D 80157035	-150.00

BALANCE 0.00

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000573

896D 80157035

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SB00278

TRAVELERS

DATE: 04/25/12
LOSS DATE: 01/10/10
FILE NUMBER: 152 CB EPH0638 F

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

EMPLOYEE

ACCOUNT NAME:
ASSA ABLOY, INC.

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/01/2012

TOTAL PAID $150.00
TAX INFO: 330956713331748 1Y
PAY MISC: 51309
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
APR 30 2012
BY:

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

UNSUMM-111311
OVPUNS2-121295

DETACH CHECK

116010295
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#
04/30/12	51502

Claim # : 05091710
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RONS MAINTENANCE INC.
Date Of Injury: 7/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/12	WCAB LB	MSC	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/09/12	WCAB LB	TRIAL - CARMEN GUZMAN # 100585	156.50
04/26/12	PMT BY CHECK	DOS 2/6/12 # CU-898026	-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)697-7300

Provider Number: 330956713

Check #: **CU-898026**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/26/12
Doc #: 024655141

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05091710			
1	51502	02/06/12	04/09/12	Interpreter fees	1		313.00
					Total Allowances:		**$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05091710	313.00	.00	313.00

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.

RECEIVED
APR 30 2012
BY:

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

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

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

*** INVOICE ***
Date NO#
04/30/12 49919

Claim # : YMH65184
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AWESOME PRODUCTS, INC.
Date Of Injury: 3/2/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
12/09/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/27/12	PMT BY CHECK	DOS 11/11/11-12/9/12 # 117975801 3	-406.50
04/03/12	WCAB LB	PRIORITY CONFERENCE (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/23/12	PMT BY CHECK	DOS 11/11/11-4/3/12 # 118241360 9	-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.

THE HARTFORD

000264
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Attention: This remittance incorporates 2 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
49919 03-02-11	10WEC ZQ2485 YMHC 65184	TOP LABOR SELECT, INC.	$313.00
Nature of Payment: Miscellaneous Medical		Service Dates 04-03-2012 04-03-2012	$313.00
Claim Handler: Karen Lindeman 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments: PAID APR 30 2012 BY:	

Please keep the above information for your records.

098406927

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

THE HARTFORD

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

56 -1544
441

Check Number: 118241360 9
Issue Date: 04-23-2012

$********2,099.50

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

Pay TWO THOUSAND NINETY-NINE DOLLARS AND 50/100

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

Authorized Signature

098406927

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

*** INVOICE ***

Date	NO#
04/30/12	50926

Claim # : R00016737
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PHOENIX RESTAURANT
Date Of Injury: 12/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/12	ULTRASOUND	DIAG STUDY REF BY DR KOMBERG: INGINUAL @ CA IMG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/27/12	DEPO PREP	@ HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/05/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR KOMBERG @ CALIF SLP*	150.00
/ /	INTERPRETER.	FERNANDO RODRIGUEZ # 500234	0.00
04/09/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/17/12	PMT BY CHECK	DOS 1/5/12-3/5/12 # 1000145543	-456.50
04/26/12	PMT BY CHECK	DOS 4/9/12 # 1000146825	-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.

CR0808

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

Republic Indemnity

Date: 04/26/2012
Check #: 1000146825
Payment Amount: 1,070.00

000444 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00016737		50926	04/20/2012	04/09/12	04/09/12	0.00	250.00	
		Interpreter For Medical/WCAB						
R00012650		44422	04/20/2012	04/21/11	09/08/11	0.00	820.00	
		Interpreter For Medical/WCAB						
						Total	1,070.00	

PAID
APR 30 2012
BY:

R3N7T1116 000444 116221238371 NNNNN NNNNN NNNNNNNNN 000001

PLEASE DETACH BEFORE DEPOSITING CHECK

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

*** INVOICE ***
Date NO#
05/03/12 33782

Claim # : 20080101484
W.C.A.B.:
ADJ # :
S.S.N. : --
D.O.B. :
Terms : 45 days

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

Case: vs INTERNATIONAL PAPER COMPANY
Date Of Injury: 10/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
05/14/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/03/09	PMT BY CHECK	DOS 4/20/09 # 0021206266	-156.50
06/06/09	PMT BY CHECK	DOS 5/14/09 # 0021208145	-250.00
05/03/11	WCAB LB	MSC - CARMEN GUZMAN E 100585	156.50
05/23/11	PMT BY CHECK	DOS 5/3/11 # 0027655991	-156.50
09/07/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/27/11	PMT BY CHECK	DOS 9/7/11 # 0029859927	-156.50
12/19/11	WCAB LB	MSC	156.50
/ /	INTERPRETER:	CARMEN GUZMAN #100585	0.00
01/10/12	PMT BY CHECK	DOS 12/19/11 # 0030346602	-156.50
04/16/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/30/12	PMT BY CHECK	DOS 4/16/12 # 0032776934	-156.50

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.

5800200.201204129240l.01010

Sedgwick Claims Management Services, Inc
P O Box 14440
Lexington, KY 40512-4440

RETURN SERVICE REQUESTED

DATE	CHECK AMT	CHECK NO.
4/30/2012	156.50	0032776934

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

SCMS UNIT	PAGE
670 Sedgwick Claims Management Services	1

1010

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

Claimant Name	Loss Date	Claim Number	SSN
	03/01/2007	200703013600001	

Amt Paid: 156.50
Amt Billed: 156.50
Dates: 04/16/2012 - 04/16/2012

Description:
Invoice:
Comment: 33782

ICN: 200703013600001

MAY 03 2012

BY:

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

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

*** INVOICE ***

Date	NO#
05/04/12	50683

Claim # : WA153614A
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MITSUI SUMITOMO (UNIV CITY)
W.C. DEPARTMENT
ATTN: ROSE ALVAREZ
10 UNIVERSAL CITY PLAZA # 1700
UNIVERSAL CITY, CA 91608

Case: vs DOUGLAS STEEL SUPPLY
Date Of Injury: 8/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/20/11	SURGERY	DR MAKOUI: C/S @ MONROVIA HOSPITAL (8H 45M)	787.50
/ /	INTERPRETER:	TITO SILVA #500272	0.00
05/01/12	PMT BY CHECK	DOS 12/20/11 # 112649	-787.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Bunch & Associates, Inc.

Process: 25018984

112649

330956713

5/1/2012

Claim #	Case Name	Service Dates			Bill ID	Charge	Allowance	Reference	
WA153614		12/20/2011	to	12/20/2011	2111-H-289384-0	787.50	787.50		1

50683

MK

RECEIVED

MAY 04 2012

BY: _____

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

*** INVOICE ***
Date NO#
05/04/12 51505

Claim # : YLR60761C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs STANDARD PARKING
Date Of Injury: 9/15/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/22/12	PMT BY CHECK	DOS 2/1/12 # 201772435 1	-156.50
02/17/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
04/27/12	PMT BY CHECK	DOS 2/17/12 # 201865334 2	-250.00

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
800/221-5473

SRS
SPECIALTY RISK SERVICES

000306
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

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
51505 09-15-11	83HMC TQ2887 YLRC 60761	STANDARD PARKING	$250.00

Nature of Payment:	Service Dates	
Other Medical	02-17-2012 02-17-2012	$250.00

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

Issue Date	04-27-2012	Check Number	201865334 2	Total Amount of Check	$250.00

Please keep the above information for your records.

098474505

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

*400012 2019653342

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

*** INVOICE ***
Date NO#
05/10/12 50999

Claim # : 092691884
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (JANESVILLE)
W.C. DEPARTMENT
ATTN: SUE HANSON
P.O. BOX 5228
JANESVILLE, WI 53547

Case: vs LONG BEACH UNIFIED SCHOOL
Date Of Injury: 12/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/12	INITIAL EXAM	DR DOMARACKI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	GLADYS REYNA #100755	0.00
01/17/12	INITIAL EXAM	W/ ACUPUNCTURIST HING @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
01/23/12	WCAB LB	MSC - ROSARIO PALMER # 100715	156.50
02/01/12	PR2/REEVAL	DR DOMARACKI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
02/22/12	EMG TESTING	& NCV BY DR THOMAS: U/E @ WILLOW MEDICAL*	150.00
/ /	INTERPRETER:	JESUS ALEJANDRO CASTILLO # 500358	0.00
02/22/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/15/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
03/29/12	PMT BY CHECK	DOS 1/9/12-2/1/12 # 375635	-796.50
03/29/12	PMT BY CHECK	DOS 2/22/12-3/15/12 # 375971	-486.50
/ /	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
05/09/12	PMT BY CHECK	DOS 3/29/12 # 378559	-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#
05/10/12	50999

Claim # : 092691884
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (JANESVILLE)
W.C. DEPARTMENT
ATTN: SUE HANSON
P.O. BOX 5228
JANESVILLE, WI 53547

Case: --- vs LONG BEACH UNIFIED SCHOOL
Date Of Injury: 12/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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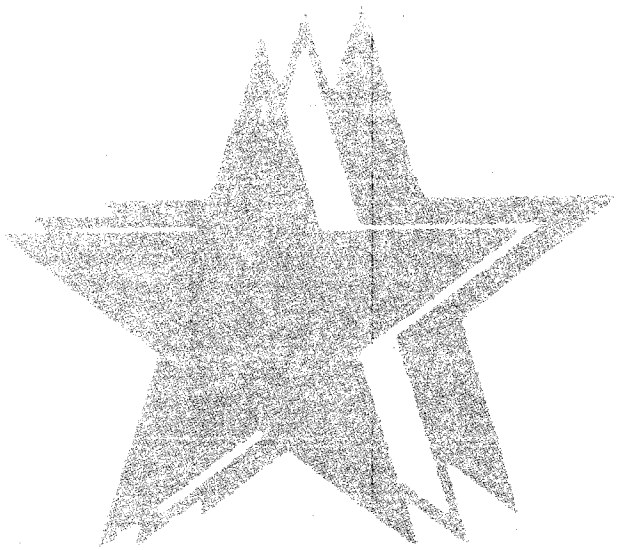
Client: Long Beach Unified School District

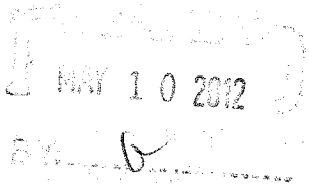
Payee: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Check Number: 378559
Check Date: 05/09/2012
Check Amount: $180.00

Claim Number: 09269184
Claimant/Employee:
From - To: 03/29/2012 - 03/29/2012
For: Direct Pay
MANN

Amount: $180.00
Incident Date: 12/11/2009
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 50999
Invoice Date: 05/03/2012





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

*** INVOICE ***
Date NO#
05/10/12 47954

Claim # : R00014538; R00014453
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PHOTO TECH
Date Of Injury: 1)6/15/07; 2)8/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/11	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (2H 55M)	345.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
10/05/11	MRI	REF BY DR KATTAR: LT WRIST*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
09/29/11	PR2/REEVAL	DR KATTAR* BLANCA MEJIA # 100741	180.00
11/09/11	PR2/REEVAL	DR KATTAR* JOSE GERRY LUGO # 500049	180.00
12/07/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371 (DOI 2)	180.00
12/08/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371 (DOI 1)	180.00
12/22/11	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL* (DOI 2)	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
01/19/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
01/25/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ (DOI 2)	180.00
01/30/12	MRI	REF BY DR KATTAR: C/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/09/12	PR2/REEVAL	DR SAMIMI @ WILLOW MEDICAL* BOTH DOI'S	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/22/12	PR2/REEVAL	DR KATTAR* JOSE GERRY LUGO # 500049	180.00
03/07/12	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
03/05/12	PRE-OP	DR JARCHI @ WILLOW MEDICAL	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0930 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/10/12 47954

Claim # : R00014538; R00014453
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: , vs PHOTO TECH
Date Of Injury: 1)6/15/07; 2)8/10/11

DOS	SERVICE	DESCRIPTION	AMOUNT
		GROUP*	
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
03/15/12	SURGERY	DR SAMIMI: L/WRIST @ MONROVIA HOSPITAL (5h 30m)	495.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
03/22/12	POST-OP	DR SAMIMI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/03/12	PMT BY CHECK	DOS 8/25/11-3/22/12 # 3000156458	-3350.00

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

Republic Indemnity

Date: 05/03/2012
Check #: 3000156458
Payment Amount: 3,350.00

000289 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00014453		47954	04/20/2012	08/25/11	03/22/12	0.00	3,350.00	
	Interpreter For Medical/WCAB					Total	3,350.00	

MAY 10 2012

BY:

PLEASE DETACH BEFORE DEPOSITING CHECK

R3N7T123 000289 123221358371 NNNNN NNNNN NNNNNNNN 000001

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0350 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
05/10/12 43467

Claim # : 9001-2009-0618
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
CITY OF LOS ANGELES (TEMPLE)
W.C. DEPARTMENT
ATTN: CARMEN EVANF
700 E. TEMPLE STREET,STE.210
LOS ANGELES, CA 90012

Case: vs CITY OF LOS ANGELES
Date Of Injury: 9/15/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/11	PRE-OP	DR WILKER @ MONROVIA HOSP* TITO SILVA # 500272	180.00
03/18/11	SURGERY	DR WILKER: L/BACK @ MONROVIA HOSP. (9.5 HRS)	855.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
06/14/11	PMT BY CHECK	DOS 3/17/11 AND 3/18/11 # 0404726131	-1035.00
03/15/12	SURGERY	DR WILKER: L/S @ MONROVIA HOSPITAL (10H 30M)	945.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
05/01/12	PMT BY CHECK	DOS 3/15/12 # 0404833628	-945.00

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.

CITY OF LOS ANGELES

200 N. Main Street, Room 300 CHE, Los Angeles, CA 90012

GENERAL DEMAND FUND 824
WORKERS' COMPENSATION
REMITTANCE ADVICE

PAY TO:

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

DEMAND/WARRANT: 0404833628
CHECK DATE: May 01, 2012
CHECK AMOUNT: $945.00

FUND/DEPT: 100 / 61
ACCOUNT: 9910
OBJECT/SUBOBJ: 151/01
FISCAL YEAR: 12

PAYEE ID: 330956713
DEPT. NAME: PERSONNEL

43467

CASE NUMBER	EMPLOYEE NAME	PAY CODE	PAYMENT DESCRIPTION	AMOUNT
INVOICE NO.	SERV FROM	SERV TO	DOI	EMP. DEPT.	SSN.	TRANS. ID.	VOUCHER NO.	
9001-2009-0618			32	INTERPRETER FEE				945.00
	03/15/2012	03/15/2012	09/15/2009	3391	*****0985	0501121952	9520761	

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, Usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

Please Detach Before Presenting for Payment

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

*** INVOICE ***

Date	NO#
05/11/12	43376

Claim # : 022910001303
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: TAMARA HILL
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: vs HYATT HOTEL CENTURY CITY
Date Of Injury: 4/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/11	MRI	& MRA: LT KNEE REF BY DR KOMBERG*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
04/14/11	MRI	REF BY DR KOMBERG: L/S*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/21/12	ULTRASOUND	DIAG STUDY REF BY DR KATZEN: TESTES @ CALIF IMAG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/07/12	PMT BY CHECK	DOS 3/15/11-3/21/12 # 7477569	-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.

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 4th Floor
Los Angeles, CA 90071

Payment Summary

Claim Ref #: 022910001303
Policy: 000071737120
Occurence: 000102
Date of Loss: 04/25/2010

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

Insured: Next Century Associates, Llc Dba: Hyatt Century Plaza Hotel

Page: 1 of 1
Check Number: 7477569
Print Date: 05/07/2012
Issue Date: 05/03/2012
Invoice Number: 43376
Invoice Date:

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
03/15/2011-03/21/2012		Translator	450.00	0.00	450.00

PAID
MAY 07 2012
BY:

CHECK TOTAL:	450.00	0.00	450.00

Comments: dos 3/15/11-3/21/12 inv# 43376 invdate 4/4/12

Phone:

Claim Representative: TAMARA HILL

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

*** INVOICE ***
Date NO#
05/11/12 22675

Claim # : 8505040094
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
KEENAN & ASSOCIATES (TORRANCE)
W.C. DEPARTMENT
ATTN: Rene Council
P.O. BOX # 4328
TORRANCE, CA 90510

Case: vs POMONA VALLEY HOSPITAL
Date Of Injury: 9/23/04

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/06	DEPO PREP	@ THE L/O OF DIETZ, GILMORE & ASSOCIATES	147.00
09/13/06	PMT BY CHECK	DOS 7/17/06 # PF 0000007217	-147.00
09/25/06	DEPO PREP	@ THE L/O OF DIETZ, GILMORE & ASSOCIATES	147.00
10/12/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
10/19/06	PMT BY CHECK	DOS 9/25/06 # PF 0000007548	-147.00
11/21/06	PMT BY CHECK	DOS 10/12/06 # PF 0000007839	-147.00
05/29/07	WCAB LB	MSC	147.00
06/08/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
07/26/07	PMT BY CHECK	DOS 5/29-6/8/07 # 10157	-397.00
06/01/09	WCAB LB	MSC	156.50
08/05/09	PMT BY CHECK	DOS 6/1/09 # 52814	-156.50
04/16/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/09/12	PMT BY CHECK	DOS 4/16/12 # 63866	-156.50

BALANCE 0.00

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AdminSure

1470 South Valley Vista Drive, Suite 230
Diamond Bar, California 91765

Telephone (909) 861-0816
Fax (909) 860-3995

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

RECEIVED
MAY 11 2012
BY:

ASTEARNS

CLAIMANT	
EMPLOYER	Pomona Valley Hospital Medical Center
CLAIM NUMBER	8505-06-0041
INCIDENT DATE	04/20/2006
CHECK NUMBER	63866
CHECK DATE	05/09/2012
CHECK AMOUNT	156.50
PAYMENT TYPE	Court Reporter Expense
FROM - THRU	04/16/2012 - 04/16/2012
ALLOCATION	04005177
PAYEE TAX ID	
REMARKS	#22675
SCHED ID	

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

*** INVOICE ***
Date NO#
05/11/12 20401

Claim # : 710069442; 710600579
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: BARBARA BONE
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs CHAMBERS BELT CO/ARTCRAFT BED
Date Of Injury: CT 12/04-1/28/05

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/05	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
01/12/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
01/14/06	PMT BY CHECK	DOS 12/21/05 # 36656045	-147.00
01/25/06	PMT BY CHECK	DOS 1/12/06 # 36680491	-147.00
02/23/06	DEPO PREP	@ THE L/O OF ADELSON,TESTAN & BRUNO	147.00
03/15/06	WCAB LB	MSC	147.00
04/17/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	22.05
06/29/06	PENALTIES	FOR DATE OF SERVICE 2/23/06	16.12
02/14/07	INTEREST	FOR DATE OF SERVICE 2/23/06	22.05
06/29/06	PENALTIES	FOR DATE OF SERVICE 3/15/06	16.49
02/14/07	INTEREST	FOR DATE OF SERVICE 3/15/06	22.05
06/29/06	PENALTIES	FOR DATE OF SERVICE 4/17/06	14.96
02/14/07	INTEREST	FOR DATE OF SERVICE 4/17/06	-441.00
01/10/08	PMT BY CHECK	DOS 2/23/06 THRU 4/17/06 # 25563651	150.00
01/29/08	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC*	230.00
01/28/08	INITIAL EXAM	DR HERIC*	156.50
09/17/08	WCAB LB	MSC	-156.50
10/08/08	PMT BY CHECK	DOS 9/17/08 # 29010307	156.50
11/06/08	DEPO PREP	@ THE L/O OF ADELSON, TESTAN	-156.50
12/06/08	PMT BY CHECK	DOS 11/6/08 # 29754580	250.00
12/15/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	-250.00
01/24/09	PMT BY CHECK	DOS 12/15/08 # 30340324	156.50
01/20/09	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO VOL IV	-156.50
02/19/09	PMT BY CHECK	DOS 1/20/09 # 30648680	250.00
02/11/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	156.50
07/10/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	250.00
08/19/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRI	

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

*** INVOICE ***
Date NO#
05/11/12 20401

Claim # : 710069442; 710600579
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: BARBARA BONE
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs CHAMBERS BELT CO/ARTCRAFT BED
Date Of Injury: CT 12/04-1/28/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/23/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
04/07/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
05/07/10	PMT BY CHECK	DOS 9/23/09 # 13514823	-156.50
09/21/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
04/27/11	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
11/15/11	C&R READING	@ THE L/O OF DENNIS FUSI (BLOCK SETTLEMENT)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/06/11	PMT BY CHECK	DOS 11/15/11 # 19339904	-1776.22
04/05/12	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
05/09/12	PMT BY CHECK	DOS 4/5/12 # 20766005	-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.

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 3 7102076600500774999

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

MAY 11 2012
BY:

Remittance - JOYCE ALTMAN INTERPRETERS INC
COMMERCE AND INDUSTRY INSURANCE CO.

No.: 20766005
RFP No.: 00774999
05/09/2012

Insured: CHAMBERS BELT COMPANY, INC. (A
Claimant:

Claim Office: 710

Producer:
ACT: 20401 040512-040512

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003283096	00069442	01	12/30/2004	EXP	O	$156.50

Use file # 710-00069442 **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#
05/11/12	44957

Claim # : ELW0708
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: HEATHER VALDOVINOS
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs PRIORITY BUSINESS SERVICES
Date Of Injury: 12/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/11	DEPO PREP	@ THE L/O OF KEGAL,TOBIN & TRUCE	156.50
/ /	INTERPRETER:	NANCY SILVA # 22056879	0.00
07/22/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/29/11	PMT BY CHECK	DOS 5/20/11-7/22/11 # 896D 78859683	-406.50
04/12/12	WCAB LD	MSC - JOHANNA JORDAN # 100793	156.50
05/07/12	PMT BY CHECK	DOS 4/12/12 # 896D 80223265	-156.50

BALANCE 0.00

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015768

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

SA07812

896D 80223265

TRAVELERS

DATE: 05/07/12
LOSS DATE: 12/08/10
FILE NUMBER: 152 CB ELW0708 K

EMPLOYEE

ACCOUNT NAME:
PRIORITY BUSINESS SERVICES, I

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 04/12/2012

TOTAL PAID: $156.50
TAX INFO: 330956713331748 1Y
PAY MISC: 44957
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

MAY 11 2012

FOR ADDITIONAL INFORMATION, CONTACT: HEATHER S VALDOVINOS AT (909)612-3027

128007956
DETACH CHECK

UNSHMM-111311
OVAPONS2-121295
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#
05/11/12	52525

Claim # : 05288052
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PACIFIC JEWELRY SERVICES
Date Of Injury: 10/17/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/09/12	PMT BY CHECK	DOS 4/10/12 # CT-295708	-250.00

BALANCE 0.00

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

State Compensation Insurance Fund
P.O. Box 3171
Suisun City, CA 94585-6171
(951)697-7300

Provider Number: 330956713

Check #: **CT-295708**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/09/12
Doc #: 024717680

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05288052		
1	52525	04/10/12	04/10/12	Interpreter fees	1		250.00
					Total Allowances:		**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05288052	250.00	.00	250.00

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

Notations:

05288052 INVOICE NO # 52525; C & R READING;

RECEIVED
MAY 11 2012
BY:

0152302471768001 2

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

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

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

*** INVOICE ***

Date	NO#
05/11/12	47264

Claim # : 05525248
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs EDDIE'S LIQUOR
Date Of Injury: 12/30/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/11	INITIAL EXAM	DR GULASKARAM @ SHORELINE MENTAL HEALTH*	230.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/15/11	PR2/REEVAL	DR GULASEKARAM* VINCENT MEJIA # 500309	180.00
11/28/11	PMT BY CHECK	DOS 8/5/11-9/15/11 # CE-579112	-410.00
11/17/11	PR2/REEVAL	DR GULASEKARAM* VINCENT MEJIA # 500309	180.00
02/15/12	PMT BY CHECK	DOS 11/17/11 # CE-590814	-180.00
02/16/12	PR2/REEVAL	DR GULASEKARAM* FRANCISCO SOMOANO # 500263	180.00
05/09/12	PMT BY CHECK	DOS 2/16/12 # CE-603908	-180.00

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 3171
Suisun City, CA 94585-6171
Questions & Appeals : (951)697-7300

Provider Number: 330956713

Check #: **CE-603908**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/09/12
Doc #: 024712327

47264

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:** 05525248		**Date of Injury:** 12/30/09		
SSN: XXX-XX-8581 Employer name: EDDIE'S #1 LIQUOR				Employer ID: 0000001225780090					
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-9942574	02/16/12	999Q2	Interpreter Treatmen	1	180.00	.00	723 G67	180.00
							Total Allowances:		**$180.00**

0138148802471232701 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.

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

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

*** INVOICE ***

Date	NO#
05/15/12	52450

Claim # : CL20100614243200;44644001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs COSTCO
Date Of Injury: 6/7/10; 6/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/12	MRI	REF BY DR BAZEL: RT KNEE & SHLDR @ CA IMAGING*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/09/12	PMT BY CHECK	DOS 3/22/12 # 0033784148	-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.

5800200.2012050540501.01076

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

RETURN SERVICE REQUESTED

DATE	CHECK AMT	CHECK NO.
5/9/2012	150.00	0033784148

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

SCMS UNIT	PAGE
223 Sedgwick Claims Management Services	1

1076

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

52450

Claimant Name	Loss Date	Claim Number	SSN
	06/07/2010	201006142432001	

Amt Paid: 150.00 Description: Miscellaneous Medical
Amt Billed: 150.00 Invoice: ICN: 115623607.338
Dates: 03/22/2012 - 03/22/2012 Comment:

PAID
MAY 15 2012
BY:

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

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

*** INVOICE ***
Date NO#
05/15/12 46271

Claim # : 1010-09-01571
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
INSURANCE CO. OF THE WEST (CA)
W.C. DEPARTMENT
ATTN: MARLENE NALAGAN
P.O. BOX # 11474
PLEASANTON, CA 94588

Case: vs DANTUMA MASONRY
Date Of Injury: 7/23/08; 3/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/11	MRI	REF BY DR DE LA LLANA: BIL KNEES, LT ELBOW*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/18/11	MRI	REF BY DR DE LA LLANA: C/S, T/S, L/S*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
01/31/12	CT SCAN	REF BY DR PIETRUSZKA: L/S @ CAL IMAG (2H 50M)	206.25
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/02/12	PMT BY CHECK	DOS 7/11/11-7/18/11 # 0000110612	-300.00
05/08/12	PMT BY CHECK	DOS 1/31/12 # 0000134571	-206.25

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.

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

Check Date: 05/08/2012
Check Number: 0000134571
Check Amount: $206.25

P5GJ1C

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, P5GJ1C

00130 JOP1ZS01 1Z 6300016064-6300421023

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-09-01571		03/24/2009	46271	02	01/31/2012	01/31/2012	$206.25

Cat	SubPC	Stub Notes	Stub Amount
		INTERP FOR CT SCAN	$0.00
02		MISC MEDICAL	$206.25
			$206.25

MAY 15 2012
BY:

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

*** INVOICE ***
Date NO#
05/15/12 35695

Claim # : 2009103797
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FOOD VILLAGE MARKET
Date Of Injury: 3/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
01/13/10	PMT BY CHECK	DOS 11/13/09 # 200206791	-156.50
02/09/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP JUAN PEREZ # 100777	250.00
04/19/10	WCAB LB	EXP. HEARING	156.50
07/22/10	PENALTIES	FOR DATE OF SERVICE 02/09/10	37.50
07/22/10	INTEREST	FOR DATE OF SERVICE 02/09/10	14.41
07/22/10	PENALTIES	FOR DATE OF SERVICE 04/19/10	23.48
07/22/10	INTEREST	FOR DATE OF SERVICE 04/19/10	5.62
12/14/10	WCAB LB	EXPEDITED HEARING - CARMEN GUZMAN # 100585	156.50
02/01/11	PMT BY CHECK	DOS 11/13/09 THRU 12/14/10 # 200432305	-644.01
04/26/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
05/10/12	PMT BY CHECK	DOS 4/26/12 # 200719501	-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.

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

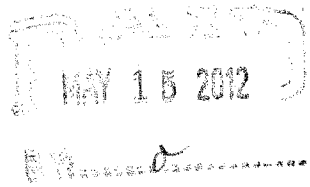
Check Number: 200719501
Check Date: 05/10/2012

Claim Number: 2009103797
Injured Employee:

Payment Description: Intrepreter
Billed Date: n/a
Service Period: 04/26/2012 through 04/26/2012
Invoice Number: 35695
Billed Amount: $156.50
Comments: n/a

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

Check Total: **$156.50**



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

*** INVOICE ***

Date	NO#
05/15/12	45091

Claim # : 9770033,AU
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FEDEX
Date Of Injury: 2/9/05

DOS	SERVICE	DESCRIPTION	AMOUNT
05/17/11	SURGERY	DR MILLER:STIMULATOR IMPLANT @MORV HOSP (9HRS)	810.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
08/16/11	SURGERY	DR MILLER - PERMANENT SPINAL CORD IMPLANT (9H)	810.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/17/12	SURGERY	DR MILLER - POCKET RESET @ MONROVIA HOSP- 6.5H	585.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
05/08/12	PMT BY CHECK	DOS 5/17/11-1/17/12 # 1290531	-2205.00

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.

Protective Insurance Company
1099 North Meridian Street Indianapolis, Indiana 46204

JOYCE ALTMAN INTERPRETERS INC

P O BOX #4165

TUSTIN CA 92781-4165

DATE	05/08/12	CHECK #	1290531
POLICY #	WD001331	CLAIM #	9770033
DATE OF LOSS	02/09/05	AMOUNT	2,205.00
INSURED	FEDEX SMARTPOST, INC.		
CLAIMANT			
PLEASE DETACH THIS STUB	YOUR FILE #	LB	

000034

45091

THIS DOCUMENT CONTAINS SECURITY FEATURES. SEE BACK FOR DETAILS.

CHECK NO. 1290531
DATE 05/08/12

Protective Insurance Company
1099 North Meridian Street
Indianapolis, Indiana 46204

CLAIM NO. 9770033

$ *****2,205.00
VOID AFTER 180 DAYS

PAY TO THE ORDER OF:
JOYCE ALTMAN INTERPRETERS INC

IN THE AMOUNT OF:
TWO THOUSAND TWO HUNDRED FIVE AND 00/100 ********** DOLLARS

FOR:
TRANSLATION FEE/DOS 051711-011712
INV# 45091

NATIONAL CITY BANK, ASHLAND, OHIO
ASHLAND, OHIO 44805

Protective Insurance Company
TWO SIGNATURES REQUIRED OVER $500

AUTHORIZED SIGNATURE

⑈0129053 1⑈ ⑆041203895⑆ 0095505⑈

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

*** INVOICE ***

Date	NO#
03/30/12	51179

Claim # : SAC0000107353;B152302012
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: CHRIS TIPTON
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs McDONALD'S
Date Of Injury: 5/08;5/10;11/11;10/1

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/02/12	MRI	REF BY DR RODRIGUEZ: C/S, L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
02/10/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/13/12	PMT BY CHECK	DOS 1/20/12-2/10/12 # 0032009918	-556.50
03/14/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/27/12	PMT BY CHECK	DOS 3/14/12 # 0032010514	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
03/27/2012	156.50	0032010514

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

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*002006 0032010514 00001 OF 00001 OAM 120327 I033

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

51179

Claimant Name	Loss Date	Claim Number	SSN
	10/15/2011	30111153338-0001	

Amt Paid: 156.50
Amt Billed: 156.50
Dates: 01/20/2012 - 03/14/2012
Description:
Invoice: 51179
Comment:
ICN: 301111533380001

MAR 30 2012
BY:

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
03/30/12	51901

Claim # : SA6372555/ 56/ 57
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (SUISUN CITY)
W.C. DEPARTMENT
ATTN: GUIDO GIBBONS
P.O. BOX # 3171
SUISUN CITY, CA 94585

Case: vs 128 LIQUOR STORE
Date Of Injury: 5/1/03; 7/00; 4/5/04

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
03/28/12	PMT BY CHECK	DOS 2/28/12 # CU-890710	-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.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: CU-890710

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/28/12
Doc #: 024515781

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** SA637255		
1	51901	02/28/12	02/28/12	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SA637255	156.50	.00	156.50

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

MAR 30 2012
BY:

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

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

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

*** INVOICE ***

Date	NO#
03/29/12	49388

Claim # : 01501910
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs JONATHAN LOUIS INT'L
Date Of Injury: 9/7/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/11	ULTRASOUND	DIAG STUDY REF BY DR KADABA: ABDMN,INGUINL;TESTS*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/26/11	MRI	REF BY KADABA: C/SP, L/SP, BRAIN W/CONT (6HRS)	450.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/27/12	PMT BY CHECK	DOS 10/19/11-10/26-11 # 0317776	-600.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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National Liability & Fire Insurance Company

P.O. Box 381716
San Francisco, CA 94188

Check Date : 03/27/2012
Check Number : 0317776
Check Amount : $600.00

XNXG1P

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

rrr5a
00082

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
01501910		09/07/2007	49388	Interpreter Fees -	10/19/2011	10/26/2011	$600.00

PAID
MAR 29 2012
BY:

82-62
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#
04/03/12	50921

Claim # : WC2010372119
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: ALLEN TOROSIAN
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: vs STANDARD HOTEL
Date Of Injury: CT 9/1/10 - 10/8/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/12	MRI	REF BY DR LAVI: C/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/31/12	MRI	REF BY DR LAVI: R/HAND, R/WRIST @ CAL IMAG*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/26/12	PMT BY CHECK	DOS 1/5/12-1/31/12 # 7383840	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 4th Floor
Los Angeles, CA 90071

Payment Summary

Claim Ref #: 022611008072
Policy: 000071737110
Occurence: 000297
Date of Loss: 09/01/2010

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

Insured: Balazs Investors, Llc

Page: 1 of 1
Check Number: 7383840
Print Date: 03/27/2012
Issue Date: 03/26/2012
Invoice Number: 50921
Invoice Date:

DATE	CLAIMANT	DESCRIPTION	BILLED	REDUCTION	AMOUNT
01/05/2012-01/31/2012		Translator	300.00	0.00	300.00

APR 03 2012
BY

CHECK TOTAL:	300.00	0.00	300.00

Comments: DOS 01/05/2012 - 01/31/2012, INV# 50921, INVDATE 02/27/2012

Claim Representative: AILIN TOROSIAN

Phone:

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

*** INVOICE ***

Date	NO#
04/03/12	50798

Claim # : WC10024734
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AMUSENT INDUSTRY, INC.
Date Of Injury: 10/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/11	DEPO PREP	@ THE L/O OF EARLY, MASLACH	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/20/12	PMT BY CHECK	DOS 12/28/11 # 8813478447	-156.50
03/01/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/29/12	PMT BY CHECK	DOS 3/1/12 # 8813544718	-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.

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

March 29, 2012

MID-CENTURY INSURANCE COMPANY

Check Number: 8813544718
Date: 03/29/2012
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

50798

Claimant/Patient:
Insured: AMUSEMENT INDUSTRY INC
Date of Loss: 10/28/2010
Claim Number: WC10024734
Correspondence Reference: DD4WRRQBN
Claim Representative: Evelyne Sanchez Caraballo
Office Phone Number: 8185402214

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
03/01/12 - 03/01/12	Interpreter	$250.00

APR 03 2012
BY

01 01 000557 DD4WRRQBN1 CE0329P2 02 [ ] 000683

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

*** INVOICE ***

Date	NO#
04/03/12	51090

Claim # : WC10049787
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: RAMONA TONASSINI X 1620
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs LAS HADAS MEXICAN RESTAURANT
Date Of Injury: 9/7/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/12	DEPO PREP	@ THE L/O OF EARLY & MASLACH	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/07/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/29/12	PMT BY CHECK	DOS 1/11/12-2/7/12 # 8813544778	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Farmers Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

March 29, 2012

TRUCK INSURANCE EXCHANGE

Check Number: 8813544778
Date: 03/29/2012

Amount: $406.50******

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

51090

To the order of
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 00000

Claimant/Patient:
Insured: LAS HADAS MEXICAN RESTAURANTS
Date of Loss: 09/07/2011
Claim Number: WC10049787
Correspondence Reference: DX$KMRQMN
Claim Representative: MONA TOMASSINI
Office Phone Number: 8185402244

Additional Information:
51090 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
01/11/12 - 02/07/12	Interpreter	$406.50

APR 03 2012

01 01 000556 DX$KMRQMN1 CE0329P2 02 [ ] 000682

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

*** INVOICE ***

Date	NO#
04/03/12	51617

Claim # : 01409073
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FISHERMAN'S OUTLET
Date Of Injury: 10/18/03

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/12	WCAB LB	C&R READING	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
03/29/12	PMT BY CHECK	DOS 2/9/12 # CU-891129	-250.00

BALANCE 0.00

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

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **CU-891129**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/29/12
Doc #: 024524273

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 01409073		
1	51617	02/09/12	02/09/12	Interpreter fees	1		250.00
					Total Allowances:		**$250.00**

Claim Number	**Allowances**	**Penalty & Interest**	**Invoice Totals**
01409073	250.00	.00	250.00

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

Notations:
01409073 INV 51617;

APR 03 2012

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

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

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

*** INVOICE ***

Date	NO#
04/04/12	40834

Claim # : 05250018
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AWNINGS SIGNS UNLIMITED
Date Of Injury: 3/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/13/10	WCAB LB	MSC - JOYCE ALTMAN # 300884	156.50
01/26/11	PMT BY CHECK	DOS 12/13/10 # CT-253567	-156.50
03/05/12	WCAB LB	MSC (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/02/12	PMT BY CHECK	DOS 3/5/12 # BT-242441	-313.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 3171
Suisun City, CA 94585-6171
(951)697-7300

Provider Number: 330956713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

40834

Check #: **BT-242441**

Issue Date: 04/02/12
Doc #: 024532564

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05250018			
1	JRUTTE	03/05/12	03/05/12	Claimant Incurred Legal Expense	1		313.00
						Total Allowances:	**$313.00**

Claim Number	**Allowances**	**Penalty & Interest**	**Invoice Totals**
05250018	313.00	.00	313.00

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:

05250018 CL $313.00; OSCAR DIAZ;

RECEIVED
APR 04 2012
BY:

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

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

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

*** INVOICE ***
Date NO#
04/05/12 50999

Claim # : 092691884
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (JANESVILLE)
W.C. DEPARTMENT
ATTN: SUE HANSON
P.O. BOX 5228
JANESVILLE, WI 53547

Case: vs LONG BEACH UNIFIED SCHOOL
Date Of Injury: 12/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/12	INITIAL EXAM	DR DOMARACKI @ WILLOW MEDICAL GROUP*	230.00
/ /	INTERPRETER:	GLADYS REYNA #100755	0.00
01/17/12	INITIAL EXAM	W/ ACUPUNCTURIST HING @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
01/23/12	WCAB LB	MSC - ROSARIO PALMER # 100715	156.50
02/01/12	PR2/REEVAL	DR DOMARACKI @ WILLOW MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
02/22/12	EMG TESTING	& NCV BY DR THOMAS: U/E @ WILLOW MEDICAL*	150.00
/ /	INTERPRETER:	JESUS ALEJANDRO CASTILLO # 500358	0.00
02/22/12	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/15/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
03/29/12	PMT BY CHECK	DOS 1/9/12-2/1/12 # 375635	-796.50
03/29/12	PMT BY CHECK	DOS 2/22/12-3/15/12 # 375971	-486.50

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#
04/05/12	50999

Claim # : 092691884
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (JANESVILLE)
W.C. DEPARTMENT
ATTN: SUE HANSON
P.O. BOX 5228
JANESVILLE, WI 53547

Case: vs LONG BEACH UNIFIED SCHOOL
Date Of Injury: 12/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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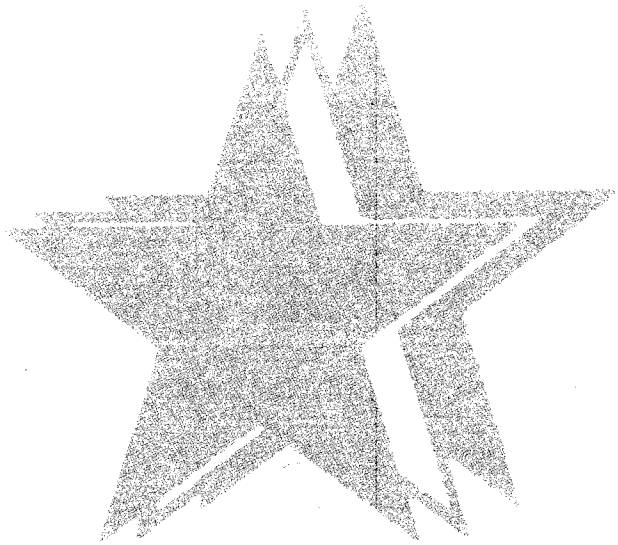
Client: Long Beach Unified School District

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

Check Number: 375971
Check Date: 04/04/2012
Check Amount: $486.50

Claim Number: 09269184
Claimant/Employee:
From - To: 03/15/2012
For: Direct Pay
MANN

Amount: $486.50
Incident Date: 12/11/2009
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 50999
Invoice Date: 03/29/2012



APR 05 2012
BY:

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

*** INVOICE ***

Date	NO#
04/05/12	51900

Claim # : 05620314
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BECKO, INC.
Date Of Injury: CT9/1/09-5/21/10;8/0

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/03/12	PMT BY CHECK	DOS 3/1/12 # CK-530646	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 3171
Suisun City, CA 94585-6171
(951)697-7300

Provider Number: 330956713

Check #: **CK-530646**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/03/12
Doc #: 024542551

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05620314		
1	51900	03/01/12	03/01/12	Interpreter fees	1		250.00
						Total Allowances:	**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05620314	250.00	.00	250.00

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

Notations:
05620314 M. DE LEON; INVOICE #51900; DATE OF INV. 03/26/12; DOS 03/01/12;

APR 05 2012
BY:

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

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

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

*** INVOICE ***

Date	NO#
04/05/12	51879

Claim # : 05181686
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DC MARKETING
Date Of Injury: 11/24/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/03/12	PMT BY CHECK	DOS 2/22/12 # CE-598450	-250.00

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 3171
Suisun City, CA 94585-6171
(951)697-7300

Provider Number: 330956713

Check #: **CE-598450**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/03/12
Doc #: 024541382

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05181686		
1	51879	02/22/12	02/22/12	Interpreter fees	1		250.00
					Total Allowances:		**$250.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05181686	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
APR 05 2012
BY: D

0105024541382012

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

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

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

*** INVOICE ***
Date NO#
04/09/12 51187

Claim # : 003289-001775-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: KARLO NATIVIDAD
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs C.A.N. TRANSPORT, INC./LEASE
Date Of Injury: 10/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/07/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/04/12	PMT BY CHECK	DOS 1/16/12-2/7/12 # 0092616868	-406.50

BALANCE 0.00

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

003289 PAGE 1 OF 1 , 003520

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

APR 05 2012

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.: 003289 001775 WC 01 (674)
CLAIMANT:
DESCRIPTION: INV#51187 INVDAT03/09/12 DOS01/16/12-02/02/12

DATES OF SERVICE: 16Jan2012 **THRU** 02Feb2012
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 03Oct11

NO.: 0092616868
VN: 0000122792
DATE: 04Apr12
AMOUNT: 406.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004567 005269 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#
04/09/12	51677

Claim # : 3011242120-0001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ROSS STORES
Date Of Injury: 5/19/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/12	DEPO PREP	@ THE L/O OF PRINDLE, AMARO, GOETZ	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
04/06/12	PMT BY CHECK	DOS 2/17/12 # 0033215561	-156.50

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMT	CHECK NO.
04/06/2012	156.50	0033215561

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

SCMS UNIT	PAGE
100 Sedgwick Claims Management Services	001

*004329 0033215561 00001 OF 00001 OPM 120405 1453

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

Claimant Name	Loss Date	Claim Number	SSN
	05/19/2011	30111242120-0001	

Amt Paid: 156.50
Amt Billed: 156.50
Dates: 02/17/2012 - 02/17/2012

Description: Miscellaneous Medical
Invoice: INV# 51677
ICN: 114911154.338
Comment: INV# 51677

APR 09 2012

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

E1991.PRM (02-28-01)

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

*** INVOICE ***

Date	NO#
04/09/12	50732

Claim # : 21130221A
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ORANGE COUNTY DRYWALL
Date Of Injury: 3/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/27/11	PRE-OP	DR PAQUETTE @ MONROVIA HOSPITAL *	180.00
/ /	INTERPRETER:	TITO SILVA #500272	0.00
12/28/11	SURGERY	DR PAQUETTE: C/S @ MONROVIA HOSPITAL (11H 45M)	1057.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
04/06/12	PMT BY CHECK	DOS 12/27/11-12/28/11 # 24152	-1237.50

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.

Praetorian Insurance Co Contractors First (ARM) RD 00867
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: Orange County Drywall

Chase Bank USA, N.A.
Syracuse, NY

Second Signature Required
VOID AFTER 180 DAYS

50-937/213
6301542274509
Account Number
Check No. 24152
Date 04/06/2012

$1,237.50

PAY One Thousand Two Hundred Thirty-Seven & 50/100 Dollars

TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

Barbara Smith
Signature

⑈00000 24152⑈ ⑆021309379⑆ 6301542274509⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000096992		03/05/2007	50732	12/27/2011 - 12/28/2011

Reference: **BR# LWPSPB2639467*
Comments: **ImgID 2639467*

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Medical Miscellaneous		12/27/2011 - 12/28/2011	1,237.50	1,237.50

Fee Sched Discount:	0.00	PPO Discount:	0.00	Other Discounts:	0.00	Lien:	0.00

APR 09 2012

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

*** INVOICE ***

Date	NO#
04/12/12	50758

Claim # : C494C2125123
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: JOHN GARZA
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs BUMBLE BEE SEAFOOD
Date Of Injury: 3/14/10-3/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/11	CT SCAN	REF BY DR LONG: L/S @ CALIF IMAGING (3HRS 10MIN)	243.75
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/09/12	PMT BY CHECK	DOS 12/23/11 # DA67424639	-243.75

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.

PDWLDMCD 002435-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 04/09/12

CHECK NO. **DA67424639**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00662 DA67424639
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C2125123

DOLLARS
$********243.75

* NOT NEGOTIABLE *

FOR
12/23/11 THRU 12/23/11 50758

CLAIMANT

DATE OF EVENT
03/14/11

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

APR 12 2012
BY:

PDWLDMCD-002435-01-01-00

DETACH THIS PORTION BEFORE CASHING

BOA18B (078/2009)

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/19/12	52509

Claim # : 01439738
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: JOYCE CHEUK
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs RAMCAR BATTERIES
Date of Injury: 10/6/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
04/16/12	PMT BY CHECK	DOS 3/6/12 # CP-571977	-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.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **CP-571977**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/16/12
Doc #: 024602283

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 01439738		
1	~~29950~~ S2509	03/06/12	03/06/12	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01439738	156.50	.00	156.50

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

RECEIVED
APR 19 2012
BY:

01380625024602283012

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/19/12	46757

Claim # : 51C826635
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SENTRY INSURANCE (PHOENIX,AZ)
W.C. DEPARTMENT
ATTN: CHRIS FRANK
P.O. BOX #29466
PHOENIX, AZ 85038-9466

Case: vs COLOR CONCEPT INC.
Date Of Injury: 10/10/07

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/11	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
/ /	INTERPRETER:	IVANIA R. ALBERTO # 301331	0.00
08/29/11	PMT BY CHECK	DOS 7/1/11 # 43351942	-156.50
09/07/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
09/29/11	PMT BY CHECK	DOS 9/7/11 # 43402218	-250.00
03/28/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
04/13/12	PMT BY CHECK	DOS 3/28/12 # 43704789	-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.

Please retain for your records. No. 43704789

BP CLAIMS WC WEST
PO BOX: 8032
STEVENS POINT, WI 54481

1 1 1,397 12104 BCLM.F2T70SEN

REFERENCE NO. 104755722
EMPLOYEE/PATIENT:

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

INVOICE# 46757

APR 19 2012

BY:

CL NO. 51C826635
NOT NEGOTIABLE
$******156.50

THIS PAYMENT COVERS--032812 THRU 032812 ACCT#46757

(10/05)

20-656B

▼ Detach Here ▼

No.43704789

CLAIM ACCOUNT

WELLS FARGO BANK OHIO, N.A.
115 HOSPITAL DRIVE
VAN WERT, OH 45891

53-382
412

CLAIM NO.	DATE OCC.	INSURED	DATE ISSUED
51C826635	10/10/07	COLOUR CONCEPTS INC	04/13/12

PAYMENT COVERS	AMOUNT
032812 THRU 032812 ACCT#46757	$******156.50

ONE HUNDRED FIFTY-SIX AND 50/100 DOLLARS

VOID VOID VOID

SENTRY INSURANCE A MUTUAL COMPANY

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

Jerry Baars

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/23/12	46621

Claim # : YLR56815
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W.C. DEPARTMENT
ATTN: DESIREE PERRY
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs EPLASTERING INC
Date Of Injury: 9/30/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/11	DEPO PREP	@ THE L/O OF BRADFORD	156.50
/ /	INTERPRETER:	IVANIA ROSELIN ALBERTO # 301331	0.00
07/25/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/12/11	PMT BY CHECK	DOS 5/12/11-7/25/11 # 0000951440	-406.50
03/21/12	WCAB LB	PRIORITY CONERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
04/17/12	PMT BY CHECK	DOS 3/21/12 # 201836232 1 SRS	-156.50

BALANCE 0.00

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Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
866/885-2369

SRS
SPECIALTY RISK SERVICES

000012
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00013

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 201836232 1

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
46621 ✓ 02-14-11	72HMC TG0992 YLRC 56815	EPLASTERING, INC.	$156.50
Nature of Payment: Other Medical 46542		Service Dates 03-21-2012 03-21-2012	$156.50
Claim Handler: Desiree Perry 866/885-2369 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: DCN 5120120404036122	

Received
APR 23 2012
BY:

Issue Date	04-17-2012	Check Number	201836232 1	Total Amount of Check	$156.50

Please keep the above information for your records.

098340040

FOLD AT DOTTED LINE AND DETACH

HAR-100-2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/23/12	52126

Claim # : 2010117117
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
EMPLOYERS INS GROUP (NEVADA)
W.C. DEPARTMENT
ATTN: CRISTINA ROMEO
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs PROPERTY MANAGEMENT ASSOCIATES
Date Of Injury: 3/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/12	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
03/15/12	C&R READING	@ THE L/O OF DENNIS FUSI (AMENDED)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/20/12	PMT BY CHECK	DOS 3/12/12-3/15/12 # 200704953	-406.50

BALANCE 0.00

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DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

EMPLOYERS®

Employers Compensation Insurance Company
PO Box 539004 Henderson, NV 89053-9004

Check Number: 200704953
Check Date: 04/20/2012

Claim Number: 2010117117
Injured Employee:

Payment Description: Court Reporter
Billed Date: 04/06/2012
Service Period: 03/15/2012 through 03/15/2012
Invoice Number: 52126
Billed Amount: $250.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $250.00

Check Total: **$250.00**

APR 23 2012

BY:

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/23/12	51680

Claim # : 298882
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MARRIOTT CLAIMS SVCS (ARIZONA)
W.C. DEPARTMENT
ATTN: THELMA LAU
P.O. BOX # 29210
HOT SPRINGS, AR 71903-9010

Case: vs FAIRFIELD INN
Date Of Injury: 4/21/06-4/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/13/12	WCAB LB	EXP HEARING	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
04/17/12	PMT BY CHECK	DOS 2/13/12 # 86776050	-156.50

BALANCE 0.00

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MCS - on behalf of Marriott

PO Box 250054 Plano, TX 75025-0054

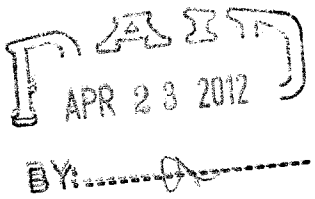
Workers Compensation

Payee: Joyce Altman Interpreting, Inc.
Employer: ANAHEIM MAINGATE FAIRFIELD INN
Claim Number: 298882
Claimant Name:
Injury Date: 04/21/2010
Description: Misc Associated Expense
Instruction: No Attachment or Special Instruction Required
Comment:

IRS/SSN: 330956713
Check Number: 86776050
Claimant SSN:
Invoice Number: 51680
Account Number:

Examiner: TLAU
Check Total: 156.50
Check Date: 04/17/2012
From Date: 02/13/2012
Through Date: 02/13/2012
Status: Open
Delivery Type: Regular Mail

Document Number:



Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/23/12	51672

Claim # : 05654274
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (SUISUN CITY)
W.C. DEPARTMENT
ATTN: GRACE MACARANAS
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs GUANGYI GROUP USA
Date Of Injury: 12/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/12	WCAB LB	EXP HEARING	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/19/12	PMT BY CHECK	DOS 2/22/12 # CP-573053	-156.50

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **CP-573053**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/19/12
Doc #: 024623576

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05654274		
1	51672	02/22/12	02/22/12	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05654274	156.50	.00	156.50

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

RECEIVED
APR 23 2012
BY:

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/23/12	50965

Claim # : MG-11010228
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CORVEL CORPORATION
W.C. DEPARTMENT
ATTN: TONY ROSS
5694 MISSION CENTER RD., #700
SAN DIEGO, CA 92108

Case: vs ABLE AERO
Date Of Injury: 5/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/12	DEPO PREP	@ THE L/O OF GLENN & SILVERII	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
02/03/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/17/12	PMT BY CHECK	DOS 1/12/12-2/3/12 # 5092309	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MAGNA CARTA COMPANIES

PSM Insurance Companies

Public Service Mutual Insurance Company

One Park Avenue, New York NY 10016-5807

Check No.: **5092309**

Date: **4/17/2012**

52-153

112 ME

Policy	Claim	Type	Claimant
00WC044983	0400271402	Expense	
Insured: *Desai-Aire, Inc. (dba) Able Ae*			Provider No.: *0617368*

PAY: *Four hundred six and 50/100 Dollars* **$406.50**

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

BANK OF AMERICA

Authorized Signature

THIS CHECK CONTAINS: CHEMICAL PROTECTION • MICRO PRINT BORDER • GENUINE WATERMARK • VISIBLE FIBERS • COLORED BACKGROUND

⑈5092309⑈ ⑆011201539⑆ 00222001?906⑈

DATE	DESCRIPTION	AMOUNT
4/17/2012	Check Number: 5092309 Public Service Mutual Insurance Company Payment Type is: Expense Policy: 00WC044983 Claim: 0400271402 Date of Loss: 5/13/2011 In Payment of: INV#:50965 D/S 01/12/12 - 02/03/12 Claimant: Insured: Desai-Aire, Inc. (dba) Able Ae Payee: JOYCE ALTMAN INTERPRETERS INC From: To: Weeks: Rate: NF-CSE: 000	406.50

PAID
APR 23 2012
BY:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/23/12	50477

Claim # : WC2010334409
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: ANDREW WALTER
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: vs LEADING EDGE AVIATION SERV
Date Of Injury: 6/6/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/11	MRI	& MRA REF BY DR STOKES: L/SHLDER (6H 10M)	468.75
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ #500341	0.00
04/19/12	PMT BY CHECK	DOS 12/9/11 # 160378	-468.75

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.

Chubb Services Corporation O/B/O
Federal Insurance Company

Claim Number: WC2010334409

PAY: Four Hundred Sixty-Eight and 75/100 Dollars**********

TO THE ORDER OF
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781-4165

Large Corporate Account
Payable at: Bank of America, NA
Dallas, Texas

32-1/1110

DATE	CHECK NO.
4/19/2012	160378
AMOUNT	
$ **468.75**	

NOT VALID AFTER ONE YEAR

Authorized Signature

Authorized Signature

⑈00160378⑈ ⑆111000012⑆ 442 657 5063⑈

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING
DIRECT CHECK INQUIRIES TO:

CHUBB SERVICES CORPORATION
15 Mountain View Road Entry West
Mail Stop 100
Warren, NJ 07059

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Interpreter Medical	12/9/2011	12/9/2011	50477	$468.75	$468.75

Claim Number: WC2010334409 Claimant: Payee: Joyce Altman Interpreters, Inc.
Check Number: 160378 Total Check Amt: $468.75 Event Date: Department: CVSA-LEAS-13516 Leading Edge Aviation
Adjuster Name: Colette Richard Adjuster Phone #: (213) 612-5752

RECEIVED
APR 23 2012
BY: _____

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/20/12	46963

Claim # : 2080252196
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: DELIA ROBES
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs PACIFIC VIEW INN
Date Of Injury: 5/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/11	MRI	REF BY DR TORRES: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
11/05/11	MRI	REF BY DR HONG: BIL SHLDRS*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
12/08/11	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/19/12	PMT BY CHECK	DOS 8/1/11-12/8/12 # 1101617882	-456.50
01/23/12	CT SCAN	REF BY DR HONG: L/S @ CALIF IMAGING *	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/09/12	CT SCAN	REF BY DR HONG: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
04/17/12	PMT BY CHECK	DOS 1/23/12-3/9/12 # 1101740411	-300.00

BALANCE 0.00

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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

01088

APR 20 2012

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0252196 001 DD	WC 03907559	46963		05/03/11	08/11/11-03/09/12

Check Number	1101740411	Date Issued	04/17/12	Amount	$****300.00
Insured	Pacific View Company				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Tamil CG-Ilakkia				
File Supervisor	Delia Robes	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	300.00		
TOTAL	$300.00		

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#
04/20/12	51980

Claim # : 05591624
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE - 65005)
W.C. DEPARTMENT
ATTN: VICTOR TISTER
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs BANOUN ENGINEERS
Date Of Injury: 9/25/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/11	WCAB LB	MSC - MANUEL DE LA TORRE # 100549	156.50
02/29/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/18/12	PMT BY CHECK	DOS 9/7/12-2/29/12 # CS-372802	-406.50

BALANCE 0.00

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **CS -372802**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/18/12
Doc #: 024613754

51980

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 05591624		
1		09/07/11	02/29/12	Medical Services	1		406.50
					Total Allowances:		**$406.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05591624	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:

05591624 MSC BEFORE WCJ MANUEL DE; LA TORRE; C& R READING;

APR 20 2012
BY:

0126713024613754012

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU!

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/20/12	51840

Claim # : WC648-A-10912
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : N/A
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: ROLSALVA FRIAS
P.O. BOX # 4025
BEAVERTON, OR 97076

Case: vs JF SHEA CO., INC.
Date Of Injury: 8/7/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/12	DEPO PREP	@ THE L/O OF ARMSTRONG & SIEGEL	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
03/26/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/16/12	PMT BY CHECK	DOS 2/21/12-3/26/12 # 96576374	-406.50

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	96576374	04/16/12
	CHECK AMOUNT ****$406.50	BLOCK NUMBER 006173

OSN: EE3001041603-004504

CLAIM #: WC 648-A10912
CONTRACT #: WA2-66D-066115-031-92

CONTROL #: 000001482 ID: C648B84

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 08/07/11
EMPLOYEE:

EMPLOYER: JF SHEA CO INC
DATES OF SERVICE 02/21/12-02/21/12
LOCATION CODE: 2121024R00

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
02/21/12	02/21/12	EXPENSE		.00	156.50	156.50	
03/26/12	03/26/12	EXPENSE		.00	250.00	250.00	

NOTE: INV#:51840 FOR DOS:2/21/12 & 03/26/12

TOTAL CHARGES	406.50
TOTAL PAYABLE:	406.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	406.50

PAID
APR 20 2012
BY:

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

* 4/9/12 mtime

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/27/12	52703

Claim # : 03920860; 47-092708
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
HANOVER INS (WORCESTER 15144)
W.C. DEPARTMENT
ATTN: JULIE HALL
PO BOX 15144
WORCESTER, MA 01615

Case: vs SAN PEDRO CAR WASH
Date Of Injury: 1/30/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/22/12	PMT BY CHECK	DOS 4/23/12 # 05573928	-156.50

BALANCE 0.00

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THE HANOVER INSURANCE COMPANY
P O BOX 15149
WORCESTER, MA 01615-0149

05573928

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Notes:

PAID
BY:

52703

DETACH AND RETAIN TOP SECTION FOR YOUR RECORDS

THE ORIGINAL DOCUMENT CONTAINS A VOID PANTOGRAPH AND A MICROPRINT BORDER.

THE HANOVER AMERICAN INSURANCE CO
Deutsche Bank Trust Company Delaware, Wilmington, Delaware

62-38
311

Date Issued 06222012

287

Insured WOOIL INTERNATIONAL INC

CHECK 05573928

For INV #52703
RELATED SUIT COSTS

Not Valid After 6 MONTHS
Pay: *****156.50

Authorized By: Ann K. Tripp

Pay To:
JOYCE ALTMAN INTERPRETERS
PO BOX 4166
TUSTIN, CA 92781

Claim Number 4709270801
Adjuster 0H1
Policy Number WZF 9098169
Claimant

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

09457 (11/05)

4666834

⑈05573928⑈ ⑆031100380⑆ 00535320⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/28/12 42070

Claim # : YMA50855C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LX-14153)
W.C. DEPARTMENT
ATTN: MICHAEL POSPISIL
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: /s SOUTH BAY CHRYSLER
Date Of Injury: 10/6/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/11	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
02/28/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
03/10/11	EMG TESTING	& NCV BY DR DIJULIO: U/E*	150.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
03/21/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
04/20/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/18/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/24/11	INITIAL EXAM	W/ ACUPUNCTURIST STEVE HING @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/15/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/27/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/31/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/05/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/18/12	PR2/REEVAL	DR DOMARACKI* BLANCA MEJIA # 100741	180.00
05/29/12	PMT BY CHECK	DOS 1/31/11-4/18/12 # 0034058394	-2230.00
05/30/12	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
06/25/12	PMT BY CHECK	DOS 5/30/12 # 0034058935	-180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/28/12	42070

Claim # : YMA50855C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LX-14153)
W.C. DEPARTMENT
ATTN: MICHAEL POSPISIL
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs SOUTH BAY CHRYSLER
Date Of Injury: 10/6/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

DATE	CHECK AMT	CHECK NO.
06/25/2012	180.00	0034058935

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

*000966 0034058935 00001 OF 00001 OAM 120625 1003

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN
	10/13/2010	YMA C 50855	

Amt Paid: 180.00
Amt Billed: 180.00
Dates: 01/31/2011 - 05/30/2012

Description:
Invoice: 42070
Comment:

ICN: 46494967.6

PAID
JUN 29 12
BY:

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/29/12	52268

Claim # : 1010-11-01640
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W.C. DEPARTMENT
ATTN: BETH ALLEN
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: _____ vs COVERT IRON WORKS
Date Of Injury: 4/4/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/12	CT SCAN	REF BY DR VALLY: ABDOMEN @ CALIF IMAG (2H 55M)	225.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/24/12	CT SCAN	REF BY D RUDOLPH: LT INGUINAL @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/25/12	PMT BY CHECK	DOS 3/21/12-5/24/12 # 0000152993	-375.00

BALANCE 0.00

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Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 06/25/2012
Check Number: 0000152993
Check Amount: $375.00

52268

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, E54K1H

00273 JOP1ZS01 1Z 6300016132-6300433118

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amoun
1010-11-01640		04/14/2011	52268	02	03/21/2012	05/24/2012	$375.0(

Cat	SubPC	Stub Notes	Stub Amount
02		MISC MEDICAL @ CALIF IMAGING	$375.00
			$375.00

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#
06/29/12 48136

Claim # : 9001-2009-1810
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CITY OF LOS ANGELES (TEMPLE)
W.C. DEPARTMENT
ATTN: YOLANDA WILLIAMS
700 E. TEMPLE STREET,STE.210
LOS ANGELES, CA 90012

Case: vs CITY OF L.A./ARROYO SECO DIST.
Date Of Injury: 2/26/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/09/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/04/12	STIPULATION	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIA PACO CORTEZ # 100533	0.00
06/26/12	PMT BY CHECK	DOS 8/17/11-4/4/12 # 0404854091	-469.50

BALANCE 0.00

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CITY OF LOS ANGELES

200 N. Main Street, Room 300 CHE, Los Angeles, CA 90012

GENERAL DEMAND FUND 824
WORKERS' COMPENSATION
REMITTANCE ADVICE

48136-

PAY TO:

JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781 - 4165

DEMAND/WARRANT: 0404854091
CHECK DATE: Jun 26, 2012
CHECK AMOUNT: $469.50

FUND/DEPT: 100/ 61
ACCOUNT: 9910
OBJECT/SUBOBJ: 151/01
FISCAL YEAR: 12

PAYEE ID: 330956713
DEPT. NAME: PERSONNEL

CASE NUMBER	EMPLOYEE NAME	PAY CODE	PAYMENT DESCRIPTION	AMOUNT
INVOICE NO.	SERV FROM SERV TO DOI	EMP. DEPT. SSN.	TRANS. ID.	VOUCHER NO.
9001-2009-1810		32	INTERPRETER FEE	469.50
	08/17/2011 04/04/2012 02/26/2010	7903	*****6784 0626121953	9530330

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, Usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

Please Detach Before Presenting for Payment

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/29/12	45563

Claim # : 11-057-868
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: SARAH CATO
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs WENDY'S RESTAURANT
Date Of Injury: 1/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/11	MRI	REF BY DR KOSENZWIZS:CERVICAL @ CAL IMAGING *	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
09/07/11	MRI	REF BY DR KOSENZWIZS: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	FRANCISCO SOMAONO # 500263	0.00
05/14/12	PENALTIES	FOR DATE OF SERVICE 6/7/11	22.50
05/14/12	INTEREST	FOR DATE OF SERVICE 6/7/11	17.11
05/14/12	PENALTIES	FOR DATE OF SERVICE 9/7/11	22.50
05/14/12	INTEREST	FOR DATE OF SERVICE 9/7/11	12.76
06/27/12	PMT BY CHECK	DOS 6/7/11-5/14/12 # 49201	-374.87

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.

California Restaurant Mutual Benefit Corporation

American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 49201

DATE
06/27/2012

California Workers' Compensation Payment

**********374.87

Pay Three Hundred Seventy Four Dollars And 87/100

VOID AFTER 90 DAYS

VOID

TO THE ORDER OF

Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈004920⑈ ⑆122235821⑆ 153495850833⑈

Payee: Joyce Altman Interpreters, Inc.

Check Number: 49201

IRS/SSN: XX-XXX6713

Check Date: 06/27/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
11-057868		01/03/2011	Interpreting Fees	06/07/2011	05/14/2012	05/16/2012	45563	374.87

PAID

BY:

REORDER 901 • U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/02/12	53015

Claim # : YPL01421C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14535)
W.C. DEPARTMENT
ATTN: JOHN MARTINEZ
PO BOX 14535
LEXINGTON, KY 40512

Case: _ vs DOLE FOOD
Date Of Injury: 12/31/75-6/21/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/12	ULTRASOUND	REF BY DR ZLOTOLOW: ECHO @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/28/12	PMT BY CHECK	DOS 5/3/12 # 0035492487	-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.

Sedgwick Claims Management Services, Inc
PO Box 14154
Lexington, KY 40512-4154

DATE	CHECK AMT	CHECK NO.
06/28/2012	150.00	0035492487

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

*005708 0035492487 00001 OF 00003 OPM 120627 1434

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN
	06/08/2011	YPL C 01421	

Amt Paid: 150.00
Amt Billed: 150.00
Dates: 05/03/2012 - 05/03/2012

Description:
Invoice: 53015
Comment:

ICN: YPL C 01421

PAID
JUL 02 2012
BY:

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/02/12	52346

Claim # : YLRC58472
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: CHRIS ARLIN
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs CR & R REYCYCLING CENTER
Date Of Injury: 5/11/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/12	SURGERY	DR FONSECA: RT SHLDR @ MONROV HOSP (3hrs 45mins)	337.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/28/12	PMT BY CHECK	DOS 3/27/12 # 0035255792	-337.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
06/28/2012	337.50	0035255792

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

005708 0035255792 00002 OF 00003 OPM 120627 1434

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN
	05/11/2011	YLR C 58472	

Amt Paid: 337.50 Description:
Amt Billed: 337.50 Invoice: 52346 ICN: 46509041.6
Dates: 03/27/2012 - 03/27/2012 Comment:

PAID
JUL 02 2012
BY: _____

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/02/12	35813

Claim # : 90826006900-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: PAM EDWARDS
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs DHL GLOBAL FORWARDING
Date Of Injury: 7/7/09; 12/3/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/28/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/18/09	INITIAL EXAM	DR JARCHI @ WILLOW MED*	230.00
03/18/10	PENALTIES	FOR DATE OF SERVICE 11/18/09	34.50
03/18/10	INTEREST	FOR DATE OF SERVICE 11/18/09	10.15
04/29/10	PMT BY CHECK	DOS 11/16/09 THRU 3/18/10 # 0024192460	-634.65
06/18/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
06/28/12	PMT BY CHECK	DOS 6/18/12 # 0033830811	-156.50

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
06/28/2012	156.50	0033830811

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
190 Sedgwick Claims Management Services	001

005708 0033830811 00003 OF 00003 OPM 120627 1434

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN
	07/07/2009	90826006900-01	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 35813 ICN: 9082600690001
Dates: 06/12/2012 - 06/12/2012 Comment:

PAID
JUL 02 2012
BY:

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/02/12	53415

Claim # : 11164754
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: DAVID LAMBERT
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs AMERICAN MEDICAL RESPONSE OF
Date Of Injury: CT 7/4/00-11/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/01/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/29/12	PMT BY CHECK	DOS 6/1/12 # 0034439034	-156.50

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

RETURN SERVICE REQUESTED

DATE	CHECK AMT	CHECK NO.
6/29/2012	156.50	0034439034

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
529 Sedgwick Claims Management Services	1

706

JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

Claimant Name	Loss Date	Claim Number	SSN
	07/04/2010	11164754	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 53415 ICN: 11164754
Dates: 06/01/2012 - 06/01/2012 Comment:

PAID
JUL 02 2012
BY:

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/02/12	52202

Claim # : 480-CB-EKG1224
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W.C. DEPARTMENT
ATTN: LANCE LONERT
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs CIPS MARKETING GRP
Date Of Injury: 6/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/12	DIAGN STUDY	REF BY DR BRAUTBAR: UGI-KUB, ESOPHOGRAM*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/19/12	ULTRASOUND	REF BY DR NACHMAN LIVER & ECHO @ CA IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA 100761	0.00
06/27/12	PMT BY CHECK	DOS 3/13/12-3/19/12 # 891A 82662152	-300.00

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

SB00931

891A 82662152

TRAVELERS

DATE: 06/27/12
LOSS DATE: 06/22/10
FILE NUMBER: 480 CB EKG1224 K

EMPLOYEE

ACCOUNT NAME:
CIPS MARKETING GROUP, INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

TRAVELERS CAS INS CO OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/13/2012 TO: 03/19/2012

TOTAL PAID: $300.00
TAX INFO: 330956713331748 1Y
PAY MISC: 52202
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUL 02 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: LANCE C LOWRY AT (916)638-6557

79011022
DETACH CHECK

UNSUMM-11131
OVRPUNS2-12128
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#
07/05/12	50363

Claim # : 710796314
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: KELLY GARCIA
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs PARKS KNITTING
Date Of Injury: 10/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/11	MRI	REF BY DR HEKMAT: B/SHOULDERS L/WRIST @ CAL IMAG*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
05/07/12	MRI	REF BY DR HEKMAT: L/ELBOW, C/S @ CA IMG (5HRS)	375.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/30/12	PMT BY CHECK	DOS 12/3/11-5/7/12 # 21233921	-525.00

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 001 2 7102123392100952006

PAID
JUL 05 2012
BY: a

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA 92781-4165

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 21233921
RFP No.: 00952006
06/30/2012

Insured: PARKS KNITTING INC
Claimant:
Producer:
ACT: 50363

Claim Office: 710

120311-050712

Policy	Claim	Sym.	DOL	Typ	S	Amount
000051751683	00796314	01	10/27/2011	MED	O	$525.00

Use file # 710-00796314 **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#
07/05/12	52576

Claim # : 12D15C119369
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CANNON COCHRAN MGMT SVCS (CON)
W.C. DEPARTMENT
ATTN: JENNIFER SCHUFFER
1800 SUTTER ST BOX#29, STE 200
CONCORD, CA 94520

Case: vs SBM SITE SRV
Date Of Injury: 2/14/12

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/12	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH CENTER*	230.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
07/02/12	PMT BY CHECK	DOS 4/2/12 # 118503123	-230.00

BALANCE 0.00

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THE FACE OF THIS CHECK CONTAINS A MICROPRINT BORDER AND A BLUE SECURITY VOID BACKGROUND PATTERN - DO NOT CASH IF VOID IS VISIBLE.

CCMSI o/b/o SBM Site Services, LLC
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check Number 118503123

Date: 07/02/2012

Batch #: 300516320

Amount

$****230.00

Amount: TWO HUNDRED THIRTY AND XX/100**********

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Void After 90 Days
Two Signatures Required for Amounts over 5,000.00

Rodney J. Golden

VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

⑈0118503123⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
52576	02/14/2012	12D15C119369	230.00	0.00	230.00	52576 DS 4/2/2012 - 4/2/2012	JSCHAFFER

PAID
JUL 05 2012
BY:

atch #: 300516320

Loc:SBM/3M NORTHRIDGE

Check Number 118503123

Check Amount $****230.00

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#
07/05/12	53406

Claim # : 1000-12-0352
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
THE WALT DISNEY CO. (AHANEIM)
W.C. DEPARTMENT
ATTN: JANE HINTON
P. O. BOX 3909
ANAHEIM, CA 92803

Case: vs DISNEYLAND
Date Of Injury: 4/22/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/12	DEPO PREP	@ THE L/O OF WALL, MCCORMIC & BAROLDI	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
07/03/12	PMT BY CHECK	DOS 6/4/12 # 0942302	-156.50

BALANCE 0.00

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Walt Disney Parks and Resorts U.S., Inc.

P.O. Box 3909
Anaheim, California 92803
714-781-1680

Remittance Advice
Check No. 0942302

7-3-12

818518* 0942302

1000-12-0352 DOI: 04-22-11
Invoice# : 53406
From: 06-04-12 Thru: 06-04-12

13	DEPOSITION EXPENSE	156.50
Total Paid:		$156.50

PAID
JUL 05 2012
BY: O

Please Detach This Stub Before Deposit

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/06/12	51951

Claim # : PZC00490298
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRUM & FORSTER (ORANGE)
W.C. DEPARTMENT
ATTN: GARY WHITE
P.O. BOX # 14217
ORANGE, CA 92863

Case: vs OPI PRODUCTS
Date Of Injury: 5/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/12	DIAGN STUDY	REF BY DR ZLOTOLOW: ECHOCARDIOGRAM (2H 20M)	168.75
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
06/30/12	PMT BY CHECK	DOS 2/28/12 # 0002162911	-168.75

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: 0002162911

Vendor Number: **408701988** Issuing Location: **Orange County Claims** Check Date: **06/30/2012**

Payee:

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin, CA 92781

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
51951	PZC00490298	MC	51951	05/17/2011	$168.75

PAID
JUL 06 2012
BY: ____

TOTAL: $168.75

Send Inquiries to:
P.O. Box 14217
Orange, CA 92863

Processor: **U. Mora**

Internal Reference No: 51951

Please Detach Before Depositing

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/06/12	51958

Claim # : DWC00324514
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRUM & FORSTER (ORANGE)
W.C. DEPARTMENT
ATTN: SANDY GARCIA
P.O. BOX # 14217
ORANGE, CA 92863

Case: vs BRE PROPERTIES
Date Of Injury: 3/23/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/29/12	ULTRASOUND	DIAG STUDY REF BY DR CHODA-KIEWITZ: PVPL, PAPL*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/03/12	PMT BY CHECK	DOS 2/29/12 # 0002164246	-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.

CRUM&FORSTER

Number: 0002164246

Vendor Number: 406680111 Issuing Location: Dallas Claims Check Date: 07/03/2012

Payee:

Joyce Altman Interpreters
Po Box #4165
Tustin, CA 92781

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	DWC00324514	MC	406500917376800	03/23/2006	$150.00

INVOICE #51958, DOS 02-29-2012

PAID
JUL 06 2012
BY:

TOTAL: $150.00

Send Inquiries to:
6404 International Parkway Suite 1000
Plano, TX 75093

Processor: **D. Derham**

Internal Reference No: 40650

Please Detach Before Depositing

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/10/12	52630

Claim # : 11-98812
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CORVEL CORPORATION (SACREM)
W.C. DEPARTMENT
ATTN: JEREMY MARIANO
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES
Date Of Injury: 12/2/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/22/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/03/12	PMT BY CHECK	DOS 4/18/12-5/22/12 # 143311	-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.

VOID VOID VOID

CORVEL CORPORATION
MEDCHECK DEPARTMENT
2355 GOLD MEADOW WAY, STE 100
GOLD RIVER, CA 95670

CORVEL

Bank Code= BBWC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
143311	07/03/12

*******$406.50

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Four hundred six and 50/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000143311⑈ ⑆121000248⑆ 4121 5140 12⑈

VOID VOID VOID

ACH HERE

CORVEL

DETACH HERE

Employer
Patient:

Explanation of Review

Business Unit: BBSI/Santa Barbara (Camarillo)
Corvel Corporation
PO Box 277550
Sacramento, CA 95827

LOB: Workers' Compensation
Site/Bill #: 48/1442256 - 1
Reprice: CA, 92780
Billed Date: 05/22/2012
Business Rcvd: 06/14/2012
MBR Rcvd: 06/15/2012
MBR Date: 06/27/2012
Date Approved: 06/27/2012
DOS From - To: 04/18/2012 - 05/22/2012

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Jeremy Mariano

Vendor #: 37865
PIN:
Payee Vendor Number :

Treating Provider:
Referring Physician:
Patient Control #: 52630
Provider Tax Id: 33-0956713

Claim #: 11-98812
Processor Initials: EB
DOI: 12/02/2011
RX Number:

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
04/18/12	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	11	$156.50		1	$0.00	$156.50
05/22/12	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	11	$250.00		1	$0.00	$250.00
Sub-Totals for Bill: 1442256					$406.50			$0.00	$406.50

Totals for Bill:1442256 $406.50

PAID
JUL 10 2012
BY:

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/10/12	51748

Claim # : 1199342
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CORVEL CORPORATION (SACREM)
W.C. DEPARTMENT
ATTN: MARTA SCHUTZ
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BBSI
Date Of Injury: 11/3/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/12	QME EVAL	DR CHAN @ COAST CITY MEDICAL GROUP*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/03/12	PMT BY CHECK	DOS 2/23/12 # 143462	-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.

VOID VOID VOID
VOID VOID VOID

CORVEL CORPORATION
MEDCHECK DEPARTMENT
2355 GOLD MEADOW WAY, STE 100
GOLD RIVER, CA 95670

CORVEL

Bank Code= BBWC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
143462	07/03/12

PAY EXACTLY: *Two hundred thirty and 00/100 Dollars*

*******$230.00

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000143462⑈ ⑆121000248⑆ 4121 514012⑈

'ACH HERE

CORVEL

DETACH HER

Explanation of Review

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Business Unit: BBSI/Ontario
Corvel Corporation
PO Box 277550
Sacramento, CA 95827

LOB: Workers' Compensation
Site/Bill #: 48/1439518 - 1
Reprice: CA, 92780
Billed Date: 02/23/2012
Business Rcvd: 06/05/2012
MBR Rcvd: 06/13/2012
MBR Date: 06/26/2012
Date Approved: 06/28/2012
DOS From - To: 02/23/2012 - 02/23/2012

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.: Annabelle Baligod

Treating Provider:
Referring Physician: CHAN
Patient Control #: 51748,
Provider Tax Id: 33-0956713

Claim #: 11-99342
Processor Initials: EB
DOI: 11/03/2011
RX Number:

Vendor #: 37865
PIN:
Payee Vendor Number :

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
02/23/12	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER	1	11	$230.00		1	$0.00	$230.00
Sub-Totals for Bill: 1439518					$230.00			$0.00	$230.00

Totals for Bill:1439518 $230.00

PAID
JUL 10 2012
BY:

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/09/12	50793

Claim # : EHJ0029
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: INDIA KING
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs WINDSOR FOODS
Date Of Injury: 3/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/12/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/05/12	PMT BY CHECK	DOS 12/28/11 # 896D 80053764	-313.00

BALANCE 0.00

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001061

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 80053764

TRAVELERS

DATE: 04/05/12
LOSS DATE: 03/22/10
FILE NUMBER: 152 CB EHJ0029 H

EMPLOYEE

ACCOUNT NAME:
WINDSOR QUALITY FOOD COMPANY

JOYCE ALMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 12/28/2011 TO: 03/12/2012

TOTAL PAID: $313.00
TAX INFO: 330956713372147 6Y
PAY MISC: 50793
PAYEE:
JOYCE ALMAN INTERPRETERS

APR 09 2012

FOR ADDITIONAL INFORMATION, CONTACT: INDIA J KING AT (909)612-3159

096010554
DETACH CHECK

UNSUMM
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#
07/10/12	50793

Claim # : EHJ0029
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: INDIA KING
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs WINDSOR FOODS
Date Of Injury: 3/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/28/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/12/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/05/12	PMT BY CHECK	DOS 12/28/11 # 896D 80053764	-313.00
06/12/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
07/06/12	PMT BY CHECK	DOS 6/12/12 # 896D 80558279	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB02090

896D 80558279

TRAVELERS

DATE: 07/06/12
LOSS DATE: 03/22/10
FILE NUMBER: 152 CB EHJ0029 H

EMPLOYEE

ACCOUNT NAME:
WINDSOR QUALITY FOOD COMPANY

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 12/28/2011 TO: 06/12/2012

TOTAL PAID: $156.50
TAX INFO: 330956713331748 1Y
PAY MISC: 50793
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUL 10 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: INDIA J KING AT (909)612-3159

188012214
DETACH CHECK

UNSUMM OVRPUNS2-1212
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/10/12	36872

Claim # : YMH24842
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
THE HARTFORD (LEXINGTON-14187)
W.C. DEPARTMENT
ATTN: CINDY THRASHER
P.O. BOX # 14187
LEXINGTON, KY 40512

Case: vs HAMILTON FIXTURES
Date Of Injury: 1/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/14/10	PMT BY CHECK	DOS 3/4/10 # 115215247 5	-156.50
04/26/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/13/11	PMT BY CHECK	DOS 4/26/11 # 116804432 4	-250.00
01/09/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/22/12	PMT BY CHECK	DOS 1/9/12 # 118094276 0	-156.50
06/12/12	C&R READING	@ THE L/O OF DENNIS FUSI (ADDENDUM)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100785	0.00
07/03/12	PMT BY CHECK	DOS 6/12/12 # 118570167 2	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000150
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 927[illegible]

PAID
JUL 10 2012
BY:

00151 *

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 1185701672

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
36872 ✓ 01-20-09	33WE IN8054 YMHC 24842	HAMILTON FIXTURE CORP.	$250.00
Nature of Payment: Miscellaneous Medical		Service Dates 06-12-2012 06-12-2012	$250.00
Claim Handler: Syndee M. Thrasher 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments:	

Issue Date	07-03-2012 ✓	Check Number	118570167 2 ✓	Total Amount of Check	$250.00 ✓

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

099198752

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/29/12	52544

Claim # : 2010143031
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: JOHN RAMIREZ
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs LAW OFFICES LIONEL GIRON
Date Of Injury: 8/12/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/12	SURGERY	DR BURNHAM: BODY FUSION @ MONROVIA HOSP (7.5H)	675.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
04/02/12	PRE-OP	DR BURNHAM @ MONROVIA MEDICAL HOSPITAL*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/16/12	SURGERY	DR BURNHAM: LOW BACK @ MONROV HOSPITAL (9hrs 33mn)	855.00
/ /	INTERPRETER:	ERENDIRA GUTIERREZ	0.00
06/25/12	PMT BY CHECK	DOS 4/2/12-4/3/12 # 200748669	-855.00

BALANCE 855.00

* 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: 200748669
Check Date: 06/25/2012

Claim Number: 2010143031
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: n/a
Service Period: 04/02/2012 through 04/03/2012
Invoice Number: 52544
Billed Amount: $855.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $855.00

Claim Number: 2011136325
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 06/11/2012
Service Period: 02/27/2012 through 02/27/2012
Invoice Number: 51935
Billed Amount: $150.00
Comments: n/a

Account Number: n/a
Document Number: n/a
Paid Amount: $150.00

Check Total: **$1,005.00**

PAID
JUN 29 2012
BY:.....

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/01/12	51680

Claim # : 298882
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MARRIOTT CLAIMS SVCS -ARKANSAS
W.C. DEPARTMENT
ATTN: THELMA LAU
P.O. BOX # 29210
HOT SPRINGS, AR 71903-9010

Case: vs FAIRFIELD INN
Date Of Injury: 4/21/06-4/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/13/12	WCAB LB	EXP HEARING	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
04/17/12	PMT BY CHECK	DOS 2/13/12 # 86776050	-156.50
09/04/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/27/12	PMT BY CHECK	DOS 9/4/12 # 86835730	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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MCS - on behalf of Marriott

PO Box 250054 Plano, TX 75025-0054

Workers Compensation

Payee: Joyce Altman Interpreting, Inc.
Employer: ANAHEIM MAINGATE FAIRFIELD INN
Claim Number: 298882
Claimant Name:
Injury Date: 04/21/2010
Description: Misc Associated Expense
Instruction: No Attachment or Special Instruction Required
Comment:

IRS/SSN: 330956713
Check Number: 86835730
Claimant SSN:
Invoice Number: 51680
Account Number:

Examiner: TLAU
Check Total: 156.50
Check Date: 09/27/2012
From Date: 09/04/2012
Through Date: 09/04/2012
Status: Open
Delivery Type: Regular Mail

Document Number:

PAID

BY:

BY:

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
09/06/12	54351

Claim # : 710813117
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: PATRICIA FRIDERLANG
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: . vs PARK'S KNITTING INC
Date Of Injury: CT 1/11 - 6/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/12	DEPO PREP	@ THE L/O OF KEGEL, TOBIN, TRUCE	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/13/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/01/12	PMT BY CHECK	DOS 8/6/12 # 21766860	-156.50

BALANCE 156.50

* 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.

AIG004

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7102176686000152662

PAID
SEP 04 2012
BY:.....

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA 92781-4165

54351

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 21766860
RFP No.: 00152662
09/01/2012

Insured: PARKS KNITTING INC
Claimant:
Producer:
080612-080612

Claim Office: 710

D

Policy	Claim	Sym.	DOL	Typ	S	Amount
000051751683	00813117	01	02/01/2012	EXP	O	$156.50

Use file # 710-00813117 **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#
10/01/12	54351

Claim # : 710813117
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: PATRICIA FRIDERLANG
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs PARK'S KNITTING INC
Date Of Injury: CT 1/11 - 6/18/11

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/12	DEPO PREP	@ THE L/O OF KEGEL, TOBIN, TRUCE	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/13/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
09/01/12	PMT BY CHECK	DOS 8/6/12 # 21766860	-156.50
09/27/12	PMT BY CHECK	DOS 8/13/12 # 21964587	-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 001 2 7102196458700229241

PAID

BY:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA 92781-4165

54351

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 21964587
RFP No.: 00229241
09/27/2012

Insured: PARKS KNITTING INC
Claimant:
Producer:
081312-081312

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000051751683	00813117	01	02/01/2012	EXP	O	$156.50

Use file # 710-00813117 **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#
10/09/12	52700

Claim # : 007197-080481-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: DEBRA SMITH
PO BOX 610
ROSEVILLE, CA 95661

Case: vs GARFIELD BEACH CVS dba CVS
Date Of Injury: CT 11/1/10-7/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/28/12	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/25/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/30/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/02/12	PMT BY CHECK	DOS 4/24/12-8/30/12 # 0096624254	-813.00

BALANCE 0.00

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GALLAGHER BASSETT-LA/ONTARIO
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

0103067 01 RE 0.401 **AUTO T8 0 5891 92781 -P03070

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID
OCT 09 2012
BY:

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

CVS PHARMACY, INC.

CLAIM NO. 007197 080481 WC 01

CLAIMANT:

DESCRIPTION: INVOICE# 52700

DATE OF SERVICE: 24-Apr-2012 TO 30-Aug-2012

BRANCH NO. 164

ACC. DATE 06-Jul-2011

CHECK NO. 0096624254

VN. 0002146861

DATE: 02-Oct-2012

PAYMENT AMOUNT: $813.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

Date	NO#
10/09/12	46657

Claim # : 186085285
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W.C. DEPARTMENT
ATTN: GREG MEDLEY
PO BOX 14352
LEXINGTON, KY 40512

Case: vs ADECCO EMPLOYMENT SERVICES
Date Of Injury: 4/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/11	WCAB POM	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	LORRAINE MORELL # 300628	0.00
10/17/11	WCAB POM	TRIAL - LOARRAINE MORRELL # 300628	156.50
01/06/12	PMT BY CHECK	DOS 7/18/11-10/17/11 # 6510942689	-313.00
02/07/12	WCAB POM	TRIAL - LORRAINE MORELL # 300628	156.50
05/10/12	PENALTIES	FOR DATE OF SERVICE 2/7/12	23.48
05/10/12	INTEREST	FOR DATE OF SERVICE 2/7/12	5.57
07/09/12	CT SCAN	REF BY DR LONG: BRAIN, NECK SOFT TISSUE (2H 20M)	168.75
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
08/15/12	PMT BY CHECK	DOS 7/18/11-5/10/12 # 6520191593	-185.55
10/02/12	PMT BY CHECK	DOS 7/18/11-8/15/12 # 6520245164	-168.75

BALANCE 0.00

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BROADSPIRE®
a Crawford Company
P O BOX 14352
LEXINGTON KY 40512-4352

Check Date	:	10/02/2012
Check Amount	:	$168.75
Check Number	:	6520245164

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

Claim Number Claimant Name Contact Info: Adjusting Office Transaction Description	Date of Loss Amount Adjusting Phone# Transaction Amount	Adjuster Name Invoice#	Adjuster Phone# Invoice Date Service Dates
186085285-001 WC BREA Professional Service	04/24/2009 $168.75 714-579-8100 $168.75	Gregg A. Medley 46657	714-989-4419 07/18/2011-08/15/2012

PAID
OCT 09 2012
BY:

Please Fold on Perforation Before Tearing

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/15/12	52479

Claim # : 2010198793
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: JOE MORGAN
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs HYDRO SYSTEMS
Date Of Injury: 5/19/10-11/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/12	MRI	REF BY DR HARONIAN: L/SHLDER @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
08/02/12	PMT BY CHECK	DOS 3/23/12 # 1101887220	-150.00
08/01/12	MRA	REF BY DR HARONIAN: LT SHDR @ @ CA IMAG (2H 50M)	206.25
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
10/11/12	PMT BY CHECK	DOS 8/1/12 # 1101981481	-206.25

BALANCE 0.00

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PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

PAID
BY:.....

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

01423

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0198793 001 J3	WC 4886835	52479		12/06/10	08/01/12-08/01/12

Check Number	1101981481	Date Issued	10/11/12	Amount	$****206.25
Insured	HYDRO SYSTEMS, INC.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Kishore CG-Muralidharan				
File Supervisor	Joseph Magin	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	206.25		
TOTAL	$206.25		

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#
10/15/12	51409

Claim # : SCA900058066
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: JACK DIAMOND
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs AD AIR CONDITIONING & HEATING
Date Of Injury: 10/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/12	EMG TESTING	& NCV REF BY DR BAZEL: U/L/E @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
05/25/12	PMT BY CHECK	DOS 2/1/12 # 278056	-150.00
08/11/12	MRI	REF BY DR BAZEL: C/S, L/KNEE, L/ANKLE @ CA IMG*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/09/12	PMT BY CHECK	DOS 8/11/12 # 307463	-150.00

BALANCE 0.00

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FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: SCA900058066
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 307463
Check Date: 10/09/2012
Check Amount: 150.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WSI0031464
CLAIMS TYPE: ME EXPENSE TYPE: 15

PAID
BY:

Invoice Number: 51409
Invoice Date: 09/26/2012

Service From: 08/11/2012 **Service To:** 08/11/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 08/11/2012 08/11/2012

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/15/12	53764

Claim # : 7190218887
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
RISK ENTERPRISE SVCS (BREA600)
W.C. DEPARTMENT
ATTN: MORENA MARTINEZ X 2486
P.O. BOX # 600
BREA, CA 92822-0600

Case: vs TOG LANDSCAPING
Date Of Injury: 12/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/12	PRE-OP	DR JARCHI @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/27/12	SURGERY	DR GALLONI: RT WRIST @ MONRO. HOSPITAL (5.5 HRS)	495.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
10/08/12	PMT BY CHECK	DOS 6/8/12-6/27/12 # 70684826	-675.00

BALANCE 0.00

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RISK ENTERPRISE MANAGEMENT LIMITED
P.O. Box 9801
Cranbury, NJ 08512-9801

7

1223

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin CA 92781-4165

We are pleased to present you with this check. Should you have any questions concerning this check, Please contact:

Name

Telephone# 714-543-0700-X248

Check# 70684826
Check Date 10/08/2012
Check amount $ 675.00
Invoice 53764
Services/period From 06/08/2012

Claim Number 7190218887
Date of Loss 12/11/2010
Claimant
Client/Insured TOG LANDSCAPING INC
To 06/27/2012

Payee Joyce Altman Interpreters, Inc

For Inv 53764

PAID
OCT 15 2012
BY: _____

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/19/12	39575

Claim # : A4Z8408
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: ERICK BROWN X3047
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs ELECTROFILM MFG. CO.
Date Of Injury: CT 10/28/09-11/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/10	MRI	REF BY DR LAVI: BIL SHLDRS*	150.00
/ /	INTERPRETER:	ODALYS DOMINGUEZ # 500014	0.00
06/22/11	PMT BY CHECK	DOS 11/4/10 # 891A 81316178	-150.00
08/28/12	SURGERY	DR PELTON: RT SHDR @ MONROVIA HOSPITAL (6.5 HRS)	585.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/12/12	PMT BY CHECK	DOS 11/4/10-8/28/12 # 891A 83079107	-585.00

BALANCE 0.00

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THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
SB01146

891A 83079107

TRAVELERS

DATE: 10/12/12
LOSS DATE: 08/17/09
FILE NUMBER: 152 CB A4Z8408 A

EMPLOYEE

ACCOUNT NAME:
HARTZELL PROPELLER INC

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

TRAVELERS INDEMNITY CO OF CT

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 11/04/2010 TO: 08/28/2012

TOTAL PAID: $585.00
TAX INFO: 330956713547893 9Y
PAY MISC: 39575
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

RECEIVED
OCT 19 2012
BY:

FOR ADDITIONAL INFORMATION, CONTACT: ERIC A BROWN AT (909)612-3047

86011246
DETACH CHECK

UNSUMM
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#
02/20/13	45413

Claim # : EMW0779
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: KATIE LAYNE
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: vs TJ GIANT LLC/MIAS FASHION MFG.
Date Of Injury: 1/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/24/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/22/11	PMT BY CHECK	DOS 5/23/11-6/24/11 # 891A 81424654	-406.50
01/14/13	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
02/15/13	PMT BY CHECK	DOS 1/14/13 # 891A 83547988	-156.50

BALANCE 0.00

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002306

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SB01103

891A 83547988

TRAVELERS

DATE: 02/15/13
LOSS DATE: 01/14/11
FILE NUMBER: 158 CB EMW0779 A

EMPLOYEE

ACCOUNT NAME:
MIAS FASHION MFG. CO., INC.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

LEGAL DISBURSEMENTS/COURT COSTS

SERVICE DATE: 01/14/2013

TOTAL PAID: $156.50
TAX INFO: 330956713331748 1Y
PAY MISC: 45413
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID FEB 2 0 2013

FOR ADDITIONAL INFORMATION, CONTACT: KATIE J LAYNE AT (925)945-4234

046011203
DETACH CHECK

UNSUMM 111311
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/20/13 47729

Claim # : 04983278
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: Darrin Tamura
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs JOHNSON CONTROLS
Date Of Injury: CT 10/05 - 11/2/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
09/30/11	PMT BY CHECK	DOS 8/23/11 # CP-522487	-156.50
01/22/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/15/13	PMT BY CHECK	DODS 1/22/13 # CP-665634	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: 330956713

Check #: **CP-665634**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/15/13
Doc #: 026240779

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 04983278			
1	47729	01/22/13	01/22/13	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04983278	156.50	.00	156.50

The preceding invoice totals reflect the amount reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork. Charges that are either denied payment or found in excess of the amount allowed are objected to for the above reasons. You may contact us at the address and phone number listed if there is an issue regarding payment.

Notations:
04983278 #47729;

PAID FEB 20 2013

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/26/13 50055

Claim # : YMH61926; YMH55508
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
THE HARTFORD (LEXINGTON-14475)
W.C. DEPARTMENT
ATTN: PIGGY FOSTER/ALISA HETTIA
P.O. BOX 14475
LEXINGTON, KY 40512

Case: vs O'NEIL DATA SYSTEM
Date Of Injury: 7/9/11; 4/6/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/28/11	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
12/29/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/20/12	PMT BY CHECK	DOS 11/28/11-12/29/11 # 117938322 2	-406.50
02/04/13	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/21/13	PMT BY CHECK	DOS 2/4/13 # 119707264 0	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Western Workers' Compensation Claim Center
P.O. Box 14475
Lexington, KY 40512
866/401-9222

THE HARTFORD

000019
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00020

Attention: This remittance incorporates 1 claim payments

PAID FEB 26 2013

Special Handling ID: RM 00

Explanation of Benefits

*000012 119707264 0

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
50055 07-09-11	72WE FY1595 YMHC 61926	DATA ANALYSIS INC	$156.50
Nature of Payment: Miscellaneous Medical		Service Dates 02-04-2013 02-04-2013	$156.50
Claim Handler: 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments:	

Issue Date	02-21-2013	Check Number	119707264 0	Total Amount of Check	$156.50

Please keep the above information for your records.

101541664

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#
02/20/13	53838

Claim # : 30120302032
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: DOROTHY ALBRIGHT
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case: vs ROSS
Date Of Injury: CT 6/10-10/14/11

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/12	DEPO PREP	@ THE L/O OF PRINDLE, AMARO & GOETZ	156.50
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
08/27/12	PMT BY CHECK	DOS 6/20/12 # 0035539691	-156.50
08/20/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
09/21/12	PMT BY CHECK	DOS 8/20/12 # 0036033964	-250.00
11/29/12	DEPO PREP	@ THE L/O OF PRINDLE AMARO	156.50
/ /	INTERPRETER:	GERARDO WOLFF # 100024	0.00
01/02/13	PMT BY CHECK	DOS 11/29/12 # 0037370613	-156.50
01/09/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/15/13	PMT BY CHECK	DOS 1/9/13 # 0039101323	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMT	CHECK NO.
02/15/2013	250.00	0039101323

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
100 Sedgwick Claims Management Services	001

*006632 0039101323 00001 OF 00001 OPM 130214 1514

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN
	10/14/2011	30120302032-0001	

Amt Paid: 250.00 Description:
Amt Billed: 250.00 Invoice: 53838 ICN: 301203020320001
Dates: 01/09/2013 - 01/09/2013 Comment:

PAID FEB 20 2013

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

E1991.FRM (02-28-01)

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/22/13	50732

Claim # : 21130221A
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W.C. DEPARTMENT
ATTN: JOHN PETERSON
P.O. BOX 349016
SACRAMENTO, CA 95834

Case: vs ORANGE COUNTY DRYWALL
Date Of Injury: 3/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/27/11	PRE-OP	DR PAQUETTE @ MONROVIA HOSPITAL *	180.00
/ /	INTERPRETER:	TITO SILVA #500272	0.00
12/28/11	SURGERY	DR PAQUETTE: C/S @ MONROVIA HOSPITAL (11H 45M)	1057.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
04/06/12	PMT BY CHECK	DOS 12/27/11-12/28/11 # 24152	-1237.50
12/07/12	PRE-OP	DR PAQUETTE @ MONROVIA HOSP*	180.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
12/08/12	SURGERY	DR PAQUETTE:L/S @ MONROVIA HOSPITAL (7 HRS)	630.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/19/13	PMT BY CHECK	DOS 12/07/12-12/8/12 # 26032	-810.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Praetorian Insurance Co Contractors First (ARM) RD 00867
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: Orange County Drywall

Chase Bank USA, N.A.
Syracuse, NY

Second Signature Required
VOID AFTER 180 DAYS

50-937/213
6301542274509
Account Number
Check No. 26032
Date 02/19/2013

$810.00

PAY Eight Hundred Ten & 00/100 Dollars

TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

Barbara Lincoln
Signature

⑈00000260321⑈ ⑆021309379⑆ 630154227450 9⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000096992		03/05/2007	50732	12/07/2012 - 12/08/2012

Reference: **BR# LWPSPB3146747*
Comments: **ImgID 3146747*

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Medical Miscellaneous		12/07/2012 - 12/08/2012	810.00	810.00

Fee Sched Discount:	0.00	PPO Discount:	0.00	Other Discounts:	0.00	Lien:	0.00

PAID FEB 20 2013

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/21/13	52630

Claim # : 11-98812
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CORVEL CORPORATION (SACREM)
W.C. DEPARTMENT
ATTN: JEREMY MARIANO
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs BARRETT BUSINESS SERVICES
Date Of Injury: 12/2/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/22/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/03/12	PMT BY CHECK	DOS 4/18/12-5/22/12 # 143311	-406.50
01/02/13	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/18/13	PMT BY CHECK	DOS 1/2/13 # 7018428	-156.50

BALANCE 0.00

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REDACTED

CORVEL CORPORATION
BANK CODE = BBSEC
2355 GOLD MEADOW WAY, STE 100
GOLD RIVER, CA 95670

CORVEL

bankcode=BBSEC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
7018428	02/18/13

*******$156.50

PAY EXACTLY: *One hundred fifty six and 50/100 Dollars*

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈000701842⑈ ⑆121000248⑆ 4121 514012⑈

DETACH HERE

CORVEL

DETACH HER

Claim No.	D/A	Claimant	From	Thru	Invoice Reference/Comments	Remittance
BB-11-0501934	12/02/2011		04/18/2012	01/02/2013	Invoice #52630	*******$156.50

PAID FEB 20 2013

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/06/13	56561

Claim # : SCA900091996
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: ELIZABETH HORECZKO
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs SAS UNLOADING INC,
Date Of Injury: 10/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/06/12	DEPO PREP	@ THE L/O OF STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/26/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/28/13	PMT BY CHECK	DOS 12/6/12 # 325752	-156.50

BALANCE 156.50

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FIRST COMP
MARKEL Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: SCA900091996
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 325752
Check Date: 01/28/2013
Check Amount: 156.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WSI0013660
CLAIMS TYPE: EX EXPENSE TYPE: 10

PAID FEB 04 2013

Invoice Number: 56561 depo
Invoice Date: 01/11/2013

Service From: 12/06/2012 **Service To:** 12/06/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 12/06/2012 12/06/2012

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/18/13	56561

Claim # : SCA900091996
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: ELIZABETH HORECZKO
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs SAS UNLOADING INC,
Date Of Injury: 10/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/06/12	DEPO PREP	@ THE L/O OF STOCKWELL HARRIS	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/26/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/28/13	PMT BY CHECK	DOS 12/6/12 # 325752	-156.50
02/12/13	PMT BY CHECK	DOS 12/26/12 # 328382	-156.50

BALANCE 0.00

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FIRST COMP
MARKEL® Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: SCA900091996
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 328382
Check Date: 02/12/2013
Check Amount: 156.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WSI0013660
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 56561 wcab
Invoice Date: 01/17/2013

PAID FEB 18 2013

Service From: 12/26/2012 **Service To:** 12/26/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 12/26/2012 12/26/2012

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
02/18/13 50926

Claim # : R00016737
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. : / /
Terms : 45 days

BILL TO:
REPUBLIC INDEMNITY (ENCINO)
W.C. DEPARTMENT
ATTN: LIN PRATHER
P.O. BOX # 20036
ENCINO, CA 91416-0036

Case: vs PHOENIX RESTAURANT
Date Of Injury: 12/13/11

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/12	ULTRASOUND	DIAG STUDY REF BY DR KOMBERG: INGINUAL @ CA IMG*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/27/12	DEPO PREP	@ HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/05/12	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR KOMBERG @ CALIF SLP*	150.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
04/09/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/17/12	PMT BY CHECK	DOS 1/5/12-3/5/12 # 1000145543	-456.50
04/26/12	PMT BY CHECK	DOS 4/9/12 # 1000146825	-250.00
01/14/13	WCAB LB	MSC - JOHANNA JORDAN # 100793 (FULL DAY)	313.00
02/13/13	PMT BY CHECK	DOS 1/14/13 # 1000188670	-313.00

BALANCE 0.00

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DR0808

REPUBLIC INDEMNITY COMPANY OF AMERICA
P.O. Box 20036
Encino, CA 91416
(818) 990-9860

Republic Indemnity

Date: 02/13/2013
Check #: 1000188670
Payment Amount: 313.00

000491 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00016737		50926	02/01/2013	01/14/13	01/14/13	0.00	313.00	
	Interpreter For Medical/WCAB					Total	313.00	

PAID FEB 18 2013

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#
02/13/13 56236

Claim # : 002459-016781-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAN DIEGO)
W.C. DEPARTMENT
ATTN: JERRY GRANT
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: ---- vs HILL STORIE RESTAURANT
Date Of Injury: CT 5/15/11 - 5/9/12

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/12	WCAB LB	PRI-CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
12/10/12	DEPO PREP	@ THE L/O OF PETERSON, COLAN-TONI, COLLINS & DAVI	156.50
/ /	INTERPRETER:	OSVALDO LOPEZ # 301367	0.00
01/09/13	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/06/13	PMT. BY CHECK	DOS 11/20/12-1/9/13 # 0099346082	-563.00

BALANCE 0.00

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GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

0103827 01 RE 0.402 **AUTO T1 0 5725 92781 -P03830

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID FEB 13 2013

DIRECT INQUIRIES TO:

PHONE: 1-619-471-1219
GALLAGHER BASSETT-SAN DIE
P.O. BOX 85013
SAN DIEGO CA 92186-5013

HILLSTONE RESTAURANT GROUP, INC

CLAIM NO. 002459 016781 WC 01

CLAIMANT:

DESCRIPTION: INVOICE 56236

DATE OF SERVICE: 20-Nov-2012 TO 09-Jan-2013

BRANCH NO. 187

ACC. DATE 09-May-2012

CHECK NO. 0099346082

VN. 0000038575

DATE: 06-Feb-2013

PAYMENT AMOUNT: $563.00

RE0103827-0001_of_0001 5725-0004794 (F26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0099346082 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#
02/08/13	46754

Claim # : 04841428
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (FRESNO)
W.C. DEPARTMENT
ATTN: JOSETTE PYPER
P.O. BOX # 65005
FRESNO, CA 93650

Case: vs AMCYTE
Date Of Injury: 4/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/11	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
05/30/11	PENALTIES	FOR DATE OF SERVICE 01/12/11	23.48
05/30/11	INTEREST	FOR DATE OF SERVICE 01/12/11	7.79
06/07/11	PMT BY CHECK	DOS 10/19/09 THRU 5/30/11 # 6706504	-187.77
06/29/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
07/29/11	PMT BY CHECK	DOS 6/29/11 # 6823348	-156.50
12/11/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
01/14/13	PMT BY CHECK	DOS 12/11/12 # 8051789	-156.50
01/22/13	WCAB LB	CHUBB TRIAL - JOYCE ALTMAN # 300624 (FULL DAY)	313.00
02/06/13	PMT BY CHECK	DOS 1/22/13 # CP-662754	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: 330956713

Check #: **CP-662754**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/06/13
Doc #: 026186391

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name: ( )	**Claim #:** 01461048			
1	46754	01/22/13	01/22/13	Interpreter fees	1		313.00
					Total Allowances:		**$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01461048	313.00	.00	313.00

The preceding invoice totals reflect the amount reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork. Charges that are either denied payment or found in excess of the amount allowed are objected to for the above reasons. You may contact us at the address and phone number listed if there is an issue regarding payment.

Notations:
01461048 INV 46754;

PAID FEB 08 2013

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/17/13	46957

Claim # : 186165697
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W.C. DEPARTMENT
ATTN: MIMA LUBINSKI
P.O. BOX 14352
LEXINGTON, KY 40512

Case: vs SHURFLO
Date Of Injury: 8/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/29/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/18/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	CLAUDIA CALLE # 100733	0.00
12/21/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/13/12	PMT BY CHECK	DOS 8/3/11-8/29/11 # 6510984576	-406.50
02/16/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
04/06/12	PMT BY CHECK	DOS 7/18/11 # 6520047333	-156.50
09/13/12	PMT BY CHECK	DOS 2/16/12 # 2860077219	-90.00
10/05/12	PMT BY CHECK	DOS 8/3/11-9/15/12 # 6520248755	-223.00
11/06/12	WCAB SA	MSC - GRACE HERNANDEZ # 22059878	156.50
01/07/13	WCAB SA	EXPEDITED HEARING	156.50
/ /	INTERPRETER:	GRACE HERNANDEZ # 22059879	0.00
02/05/13	PMT BY CHECK	DOS 11/6/12-1/7/13 # 286033558	-313.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/17/13	46957

Claim # : 186165697
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (SCAN-DEPT)
W.C. DEPARTMENT
ATTN: MIMA LUBINSKI
P.O. BOX 14352
LEXINGTON, KY 40512

Case: vs SHURFLO
Date Of Injury: 8/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

BROADSPIRE®
a Crawford Company

[redacted]

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:

Date of Injury: 08/21/2009

Bill ID #: 888-H-15510032
EOR Date: 02/01/2013
Previous Bill ID #:
Unique Image ID: 201301211032166
Page: 1

Claim/Seq #: 186165697-001
Juris Claim #:
Patient Ref#: 46957

Adjustor: VXH

This Audit was prepared in complicance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER: PENTAIR, INC. C08410-HOFFMAN ENCLOSURE-MSO M 200 OAK GROVE DRIVE MT. STERLING, KY 40353-0000	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: New Hamphire Insurance Co. 1 Connell Drive 4th Floor Berkeley Heights, NJ 07922	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	EOMB Codes
08/03/2011	C0103	C0103	MISC SERVICES	1	1	156.50	0.00	G67 (113-021, 886)
08/29/2011	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	G67 (113-021, 886)
07/18/2011	C0103	C0103	MISC SERVICES	1	1	156.50	0.00	G67 (113-021, 886)
12/21/2012	C0103	C0103	MISC SERVICES	1	1	156.50	0.00	G67 (113-021, 886)
02/16/2012	C0103	C0103	MISC SERVICES	1	1	156.50	0.00	G67 (113-021, 886)
11/06/2012	C0103	C0103	MISC SERVICES	1	1	156.50	156.50	G67 (113-021, 885)
01/07/2013	C0103	C0103	MISC SERVICES	1	1	156.50	156.50	G67 (113-021, 885)

Total Actual Charges	:	$1,189.00
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$876.00
Contracted % Discount Reduction	:	$0.00
Total Reimbursable Amount	:	$313.00

Summary of Codes

Diagnostic Codes: (1) 959.9 INJURY OTHER AND UNSPECIFIED UNSPECIFIED SITE

(Continued on next page)

PAID FEB 11 2013

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

Broadspire Services, Inc. on behalf of AIG

PAID ON BEHALF OF
New Hamphire Insurance Co.

CLAIM CHECK NUMBER **2860338558**

64-1278
611 GA

Bank of America
Controlled Disbursement
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

3299111676
Void if not presented for payment within 180 days after date of issue

ISSUED AT
SUNRISE

DATE ISSUED
February 5, 2013

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

AMOUNT
$**********313.00

AMOUNT
Three hundred thirteen and 00/100 Dollars

PAYMENT FOR Dates of service: 7/18/2011 - 1/07/2013

CLAIM NUMBER
186165697-001

COMPANY USE ONLY

CUSTOMER CLAIM NUMBER
46957

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781 4165

BY

⑈2860338558⑈ ⑆061112788⑆ 329 911 1676⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/11/13	45983

Claim # : WC17718
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TOKIO MARINE MGMT (PASADENA)
W.C. DEPARTMENT
ATTN: LYDIA ARMENTA
P.O. BOX 4507
NEW YORK, NY 10017

Case: vs PLASTICORP
Date Of Injury: 10/6/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/28/11	MRA	& MRI REF BY DR BROCKEL: RT KNEE (3hrs 45mins)	281.25
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
12/01/11	MRI	REF BY DR BROCKEL: RT HIP, L/S*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
01/17/12	PMT BY CHECK	DOS 6/28/11-12/1/11 # 800081361	-431.25
12/07/12	MRA	REF BY DR BROCKEL:RT HIP, MRI MRA: RT KNEE (5HRS)	375.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/05/13	PMT BY CHECK	DOS 12/7/12 # 001778532	-375.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Trans Pacific Insurance Company
CLAIMS ACCOUNT - WESTERN REGION
800 E. Colorado Blvd., Pasadena, CA 91101

UNION BANK
445 S. Figueroa Street, Los Angeles, CA 90071-1602

Claim Number: 210WC0000071718
Policy Number: WC9015614

16-49-6 / 1220

CONTROL NO. 001778532
CHECK NO. 800096145

Three hundred seventy five and 00/100 Dollars

$ **********$375.00

Date of Issue 02/05/2013
Date of Loss 10/06/2010

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS

FOR: /45983

Insured/Claimant
PLASTICORP, INC.

Arlene Mahmoud
AUTHORIZED SIGNATURE
VOID AFTER 90 DAYS

THIS CHECK CONTAINS SECURITY FEATURES: VOID PANTOGRAPH - WATERMARK ON BACK (HOLD AT ANGLE TO VIEW) - CHEMICAL PROTECTION

⑈800096145⑈ ⑆122000496⑆ 139147238⑈

PLEASE DETACH BEFORE DEPOSITING

Trans Pacific Insurance Company
230 Park Avenue
New York, NY 10169

CHECK NO. 800096145

FROM 12/07/2012 TO 12/07/2012
Inv.#45983

Payment explanations may be mailed to you separately

PAID FEB 11 2013

MAIL TO
Joyce Altman Interpreters
P.O. Box 4165
Tustin, CA 92781

AGENT
BB&T INSURANCE SERVICES
19100 VON KARMAN, SUITE 900
IRVINE, 7
92612

sod

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/11/13	55456

Claim # : 12005192
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ATHENS ADMIN (CONCORD)
W.C. DEPARTMENT
ATTN: SHYLA DOUNAT
P.O. BOX # 696
CONCORD, CA 94522

Case: vs GS BROTHERS
Date Of Injury: 5/2/12

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/12	MRI	REF BY DR MULVANIA: C/S & T/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
10/05/12	MRI	REF BY DR MULVANIA: R/SHOULDR L/S @ CA IMG (2H 40M	206.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/08/13	PMT BY CHECK	DOS 9/14/12-10/5/12 # 314517	-356.25

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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WELLS FARGO BANK, N.A.

11-24/121
1210(8)

CHECK NO: 314517

DATE: 02/08/2013

Ullico/Republic

WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

FOR: Per CompIQ reduction: 2251698
55456

TYPE	FROM	THROUGH
M160	09/14/2012	10/05/2012

THIS CHECK IS VOID AFTER 180 DAYS

AMOUNT
******$356.25

CLAIMANT:
CLAIM NO: 12005192

PAY *Three hundred fifty six and 25/100 Dollars*

PAYABLE TO
JOYCE ALTMAN INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈00314517⑈ ⑆121000248⑆ 4122178775⑈

PAID FEB 11 2013

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/11/13	52897

Claim # : 1010-11-04626
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W.C. DEPARTMENT
ATTN: ASHLEY NOLLEN
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs GCMHP, INC.
Date Of Injury: 9/27/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/02/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/10/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 100656	0.00
06/04/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/13/12	WCAB LB	PRIORITY-CONFERENCE	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/26/12	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/13/12	PMT BY CHECK	DOS 5/2/12-9/26/12 # 0000226506	-876.00
12/19/12	WCAB LB	TRIAL - (FULL DAY)	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624 (A.M.)	0.00
/ /	INTERPRETER:	JOHANA JORDAN # 100793 (P.M.)	0.00
02/06/13	PMT BY CHECK	DOS 12/19/12 # 0000251425	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 02/06/2013
Check Number: 0000251425
Check Amount: $313.00

82EP1X

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, 82EP1X

00177 JOP1ZS01 1Z 6300016362-6300491291

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID FEB 11 2013

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
010-11-04926		09/30/2011	52897	43	12/19/2012	12/19/2012	$313.00

Cat	SubPC	Stub Notes	Stub Amount
43		MISC EXPENSE	$313.00
			$313.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/24/13	53568

Claim # : ESB1581
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: LAURA STEVENS
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs GATE GOURMET INC
Date Of Injury: 1/1/09 - 2/28/12

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100785	0.00
07/17/12	PENALTIES	FOR DATE OF SERVICE 6/18/12	23.48
01/24/13	INTEREST	FOR DATE OF SERVICE 6/18/12	10.40
01/24/13	APEARNCE FEE	APEARNCE FEE	59.62
02/04/13	PMT BY CHECK	DOS 6/18/12-1/24/13 # 896D 81758999	-250.00

BALANCE 0.00

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014404

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA07155

896D 81758999

TRAVELERS

DATE: 02/04/13
LOSS DATE: 02/28/12
FILE NUMBER: 152 CB ESB1581 J

JOYCE ALMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

EMPLOYEE

ACCOUNT NAME:
GATE GOURMET INC

TRAVELERS PROP CAS CO OF AMERIC 53568

EXPLANATION OF PAYMENT

LUMP SUM SETTLEMENT

SERVICE DATE: 02/28/2012 TO: 01/27/2013

F.F. DE

TOTAL PAID: $250.00
TAX INFO: 330956713372147 6Y
PAY MISC: LIEN FULL AND FINAL ALL DOS
PAYEE:
JOYCE ALMAN INTERPRETERS

IG

PAID FEB 11 2013

FOR ADDITIONAL INFORMATION, CONTACT: LYNN AIRRINGTON AT (909)612-3217

035007249
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/11/13	45985

Claim # : 30080825666
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14623)
W.C. DEPARTMENT
ATTN: ERIC SIU
P.O. BOX 14623
LEXINGTON, KY 40512-4623

Case: vs L.A.U.S.D.
Date Of Injury: 8/13/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/28/11	MRA	-REF BY DR BROCKEL: RT SHDR & MRI C/S (3hrs 5mins)	225.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
04/25/12	PENALTIES	FOR DATE OF SERVICE 6/28/11	33.75
01/03/13	INTEREST	FOR DATE OF SERVICE 6/28/11	27.13
12/19/12	MRA	& MRI REF BY DR BROCKEL: RT @ CA IMG (2H 15M)	168.75
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
02/08/13	PMT BY CHECK	DOS 6/28/11-12/19/12 # 0001188785	-454.63

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Sedgwick Claims Management Services, Inc
P O Box 14623
Lexington, KY 40512-4623

DATE	CHECK AMT	CHECK NO.
02/08/2013	454.63	0001188785

PAYEE	TAX ID
JOYCE ALTMAN IMAGING	*****6716

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*002580 0001188785 00001 OF 00001 OAM 130208 1045

JOYCE ALTMAN IMAGING
PO BOX 4165
TUSTIN CA 92781

PAID FEB 11 2013

Claimant Name	Loss Date	Claim Number	SSN
	08/13/2008	30080825666-0001	

Amt Paid: 454.63
Amt Billed: 454.63
Dates: 06/28/2011 - 12/19/2012

Description: Miscellaneous Medical
Invoice: 45985
Comment:

ICN: 300808256660001

F-F, 0+

IG

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

E1991.FRM (02-28-01)

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/04/13	56229

Claim # : 2080255317
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: GEORGE TUPANJANIN
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs JONS MARKET PLACE
Date Of Injury: 8/5/11

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/12	DEPO PREP	@ THE L/O OF FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 301322	0.00
12/17/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/31/13	PMT BY CHECK	DOS 11/12/12-12/17/12 # 1102125299	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

PAID FEB 04 2013

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

01606

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0255317 001 ZG	WC 9309014	56229		08/05/11	11/12/12-12/17/12

Check Number	1102125299	**Date Issued**	01/31/13	**Amount**	$****406.50
Insured	Jons Marketplace				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Premanand CG-Asaithambi				
File Supervisor	George Tupanjanin	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	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#
02/01/13	42978

Claim # : 05269236
W.C.A.B.: N/A
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: MEL HALBFINGER
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs CHARLES MYREK & CO.
Date Of Injury: 3/10/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
08/18/11	WCAB LB	TRIAL-JOHANNA JORDAN #100793	156.50
03/18/11	PENALTIES	FOR DATE OF SERVICE 2/16/11	23.48
01/17/13	INTEREST	FOR DATE OF SERVICE 2/16/11	34.07
05/04/12	INTEREST	FOR DATE OF SERVICE 8/18/11	23.48
01/17/13	INTEREST	FOR DATE OF SERVICE 8/18/11	34.07
01/30/13	PMT BY CHECK	DOS 2/16/11-1/17/13 # CU-983669	-428.10

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: 330956713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-983669**

Issue Date: 01/30/13
Doc #: 026147250

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05771092			
1	53400	01/02/13	01/02/13	Interpreter fees	1		156.56
			Patient Name:	**Claim #:** 05269236			
2	STP&ORDER	03/10/08	01/17/13	Treating Physicians	1		428.10
						Total Allowances:	**$584.66**

42978

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05771092	156.56	.00	156.56
05269236	428.10	.00	428.10

The preceding invoice totals reflect the amount reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork. Charges that are either denied payment or found in excess of the amount allowed are objected to for the above reasons. You may contact us at the address and phone number listed if there is an issue regarding payment.

Notations:

05771092 INV 53400;
05269236 PER STIP & ORDER TO PAY:; SETTLED FULL & FINAL;

PAID FEB 01 2013

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

VOID VOID VOID

State Compensation Insurance Fund
Glendale District Office
PO BOX 65005
Fresno, CA 93650-5005

CU-983669
Union Bank
Los Angeles, California
90-4150
1222

Medical
SA

Payee IRS Number: 330956713

VOID After 365 Days

Check Date	Check Amount
January 30, 2013	**$*******584.66**

PAY ****Five Hundred Eighty-Four and 66/100 Dollars****ONLY

To The
Order Of JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

1947274

⑈521098366⑈ ⑆122241501⑆ ⑈908100104⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/28/13	56227

Claim # : 30090827344
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14623)
W.C. DEPARTMENT
ATTN: BONNIE YAPES
P.O. BOX 14623
LEXINGTON, KY 40512-4623

Case: vs L.A.U.S.D.
Date Of Injury: 8/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/12	DEPO PREP	@ THE L/O OF TOBIN LUCKS LLP	156.50
/ /	INTERPRETER:	VIRGINIA DE CABRERA # 100591	0.00
12/04/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/24/13	PMT BY CHECK	DOS 11/6/12-12/4/12 # 0001182051	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Sedgwick Claims Management Services, Inc
P O Box 14623
Lexington, KY 40512-4623

DATE	CHECK AMT	CHECK NO.
01/24/2013	406.50	0001182051

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

004659 0001182051 00002 OF 00002 OAM 130124 1057

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

PAID JAN 28 2013

Claimant Name	Loss Date	Claim Number	SSN
	08/27/2009	30090827344-0001	

Amt Paid: 406.50
Amt Billed: 406.50
Dates: 11/06/2012 - 12/04/2012

Description: Miscellaneous Medical
Invoice: 56227
Comment:

ICN: 30090827344001

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

E1991.FRM (02-28-01)

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/28/13	56564

Claim # : 2012182871
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
EMPLOYERS (NEVADA)
W.C. DEPARTMENT
ATTN: JOSIE BRITO
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs FAIRPLAY ELECTRIC CARS LLC
Date Of Injury: 7/2/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
01/03/13	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
/ /	INTERPRETER:	VERA DARLING # 301418	0.00
01/18/13	PMT BY CHECK	DOS 12/10/12 # 200884668	-156.50
01/23/13	PMT BY CHECK	DOS 1/3/13 # 200887712	-156.50

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: 200887712
Check Date: 01/23/2013

56564

Claim Number: 2012182871
Injured Employee:

Payment Description:	Intrepreter
Billed Date:	01/17/2013
Service Period:	01/03/2013 through 01/03/2013
Invoice Number:	n/a
Billed Amount:	$156.50
Comments:	n/a

Account Number:	n/a
Document Number:	n/a
Paid Amount:	$156.50

Check Total: **$156.50**

PAID JAN 28 2013

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/25/13	56552

Claim # : ETG7519
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W.C. DEPARTMENT
ATTN:
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs THE BEST GRILL, INC
Date Of Injury: CT 12/1/11 - 7/8/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/21/13	PMT BY CHECK	DOS 12/3/12 # 891A 83452529	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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013687

THE TRAVELERS - RANCHO CORDOVA CL C
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089
0

891A 83452529

TRAVELERS

DATE: 01/21/13
LOSS DATE: 07/08/12
FILE NUMBER: 480 CB ETG7519 R

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

EMPLOYEE

ACCOUNT NAME:
THE BEST GRILL, INC.

TRAVELERS PROP CAS CO OF AMERIC

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 12/03/2012

TOTAL PAID: $156.50
TAX INFO: 330956713547893 9Y
PAY MISC: 56552
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID JAN 25 2013

FOR ADDITIONAL INFORMATION, CONTACT: COURTNEY O'NEILL AT (916)638-6471

021006906
DETACH CHECK

UNSUMM-111311
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/24/13	56567

Claim # : AAS9-0057
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
YORK CLAIMS SVCS.(ROSE-619079)
W.C. DEPARTMENT
ATTN: MIRA GUTIERREZ
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs CONTINENTAL PARKING SERVICES
Date Of Injury: 6/22/12

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/12	WCAB LB	PRIORITY CONFERENCE - CARMEN GUZMAN # 100585	156.50
01/17/13	PMT BY CHECK	DOS 12/11/12 # 1055273	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

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

PAID JAN 24 2013

Claim Number: AASI-0057
Claimant:
Date of Loss: 06/22/2012

Check Number: 1055273
Check Date: 01/17/2013
Check Amount: $156.50
Type of Payment:
61 MISC. ALL OTHER

Location: 3 Continental Parking Services Inc 16161 Ventura Blvd.

For Period: 12/11/2012 to 12/11/2012
InvoiceNo: 56567
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#
10/19/11	40190

Claim # : 05516680
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: EVA DELGADILLO
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs AMERICAN UNITED FAMILY ASSOC.
Date Of Injury: 9/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
10/13/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
11/03/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
11/11/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
12/07/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
01/06/11	PMT BY CHECK	DOS 9/8/10 THRU 11/11/10 # CU-742070	-720.00
12/21/10	SURGERY	DR MILLER - EPIDURAL (3 HRS 45 MINS)	337.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
01/11/11	PMT BY CHECK	DOS 12/7/10 # CU-744212	-180.00
01/18/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
02/03/11	INITIAL EXAM	DR OBUKHOFF @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADSY REYNA # 100755	0.00
02/07/11	PMT BY CHECK	DOS 12/21/10 # CU-755581	-315.00
02/14/11	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
02/25/11	PMT BY CHECK	DOS 1/18/11 # CU-763258	-180.00
02/18/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
03/10/11	PMT BY CHECK	DOS 2/3/11 # CU-768398	-230.00
03/22/11	PMT BY CHECK	DOS 3/22/11 # CU-772769	-180.00
03/18/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/20/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/19/11	40190

Claim # : 05516680
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: EVA DELGADILLO
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs AMERICAN UNITED FAMILY ASSOC.
Date Of Injury: 9/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/11	PR2/REEVAL	# 500289 DR DOMARACKI* ELENA LOPEZ	180.00
08/08/11	PR2/REEVAL	# 500289 DR JARCHI* ELENA LOPEZ	180.00
08/30/11	PMT BY CHECK	# 500289 DOS 3/18/11,5/20/11,7/1/11	-360.00
09/12/11	PR2/REEVAL	# CU-833731 DR DOMARACKI* ELENA LOPEZ	180.00
10/12/11	PMT BY CHECK	# 500289 DOS 8/8/11 # CU-847012	-180.00

BALANCE 562.50

* 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
(855)250-5678

Provider Number: 330956713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-847012**

Issue Date: 10/12/11
Doc #: 023709384

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	05567394	**Date of Injury:**	03/10/10	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
1	SF1-SFCA-9058160	08/19/11	999Q2	Interpreter Treatmen	1	485.00	305.00	710 723	180.00
		Patient Name:			**Claim #:**	SA453970	**Date of Injury:**	01/14/04	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
2	SF1-SFCA-9059697	04/18/11	MDO10	Payment By Order	1	.00	.00		.00
3	SF1-SFCA-9059697	12/07/10	MDO10	Payment By Order	1	411.62	.00	961	411.62
4	SF1-SFCA-9059697			Medical Interest					.79
								Subtotal:	**412.41**
		Patient Name:			**Claim #:**	05516680	**Date of Injury:**	09/11/09	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
5	SF1-SFCA-9058474	08/08/11	999Q2	Interpreter Treatmen	1	180.00	.00	710 723	180.00
		Patient Name:			**Claim #:**	SA640816	**Date of Injury:**	06/22/04	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
6	SF1-SFCA-9058277	08/12/11	999Q2	Interpreter Treatmen	1	316.25	.00	723	316.25
							Total Allowances:		**$1,088.66**

PAID

BY:_____

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU!

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

17334257

State Compensation Insurance Fund

Medical
SA

Glendale District Office
P.O. Box 65005
Pinedale, CA 93650-5005

CU-847012
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: 330956713

VOID After 365 Days

Check Date	Check Amount
October 12, 2011	$*****1,088.66

PAY ****One Thousand Eighty-Eight and 66/100 Dollars****ONLY

To The Order Of
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/19/11	42588

Claim # : 05210748
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE - 65005)
W.C. DEPARTMENT
ATTN: ROSA SCHEPERD
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs IHSS PUBLIC
Date Of Injury: 10/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/11	MRI	REF BY DR MANRIQUEZ: L/S, RT KNEE*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
10/12/11	PMT BY CHECK	DOS 2/19/11 # C7-708057	-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.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713 MR1

Check #: **C7 -708057**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/12/11
Doc #: 023711700

42588

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	05210748	**Date of Injury:**	10/05/07	
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCM-122016	02/19/11	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
							Total Allowances:		**$150.00**

0137311502371700012

PAID
OCT 13 2011

BY:.....

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/21/11	42398

Claim # : 83866
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AM TRUST/MAJESTIC INS CO(IRVN)
W.C. DEPARTMENT
ATTN: IRENE LUNA
PO BOX 2359
SAN FRANCISCO, CA 94126

Case: vs THRIFTY TREE TRIMMING SERVICES
Date Of Injury: 9/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/11	DEPO PREP	@ THE L/O OF SAMUELSEN & GONZALEZ (VOL I)	156.50
/ /	INTERPRETER:	VIRGINIA DE CABRERA # 100591	0.00
03/03/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/10/11	PMT BY CHECK	DOS 2/4/11 AND 3/3/11 # 0100537927	-406.50
07/19/11	INITIAL EXAM	DR HIGASHI @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
08/19/11	EMG TESTING	& NCV BY DR SCHILLING: U/E*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
10/06/11	PR2/REEVAL	DR YOON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
10/13/11	PMT BY CHECK	DOS 2/4/11-8/19/11 # 0025538	-380.00

BALANCE 180.00

* 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 BLUE & BURGUNDY BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

Amtrust North America, Inc.

P.O. Box 740042
Atlanta, GA 30374-0042

JP Morgan/Chase Bank
Syracuse, NY

CHECK NO.
00025538
812948-1
C200906933-02

DATE	AMOUNT
10/13/2011	$380.00

PAY Three Hundred Eighty and 0/100s Dollars**********
Pay To: JOYCE ALTMAN INTERPRETERS

Mail To
JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781-4165

VOID AFTER 90 DAYS

⑈00025538⑈ ⑆021000021⑆ 937425238⑈

PAID
OCT 20 2011

BY:----------

Check Number	00025538
Claim Number:	812948-1
Bill Number:	0
Invoice Number:	76-H-49219-0
Policy / Insured:	C200906933-02/THRIFTY TREE SERVICE INC.
SSN / Employee Name:	
Payee ID / Name:	JOYCE ALTMAN INTERPRETERS
Loss Date:	9/14/2010
Location:	UNKNOWN LOS ANGELES CA 90001 -
Examiner Code:	cmiller2

#42398

Amount:	$380.00
Dates of Service:	2/4/2011-8/19/2011
Explanation:	invoice 42398
Category:	E10 - Interpreter
Placement:	4 - Expense
Transaction Type:	

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/20/11	46384

Claim # : A4A6735
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: JOE UBALDE
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs TRANSCONTINENTAL DIRECT
Date Of Injury: 2/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/11	MRI	REF BY DR VU: L/SP @ CAL IMG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
10/11/11	PMT BY CHECK	DOS 7/14/11 # 896D 79095915	-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.

002217

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB02217

896D 79095915

TRAVELERS

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

BY:

DATE: 10/11/11
LOSS DATE: 02/11/10
FILE NUMBER: 152 CB A4A6735 N

EMPLOYEE

ACCOUNT NAME:
TRANSCONTINENTAL PRINTING COR

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 07/14/2011

TOTAL PAID: $150.00
TAX INFO: 330956713331748 1Y
PAY MISC: 46384
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: JOE G UBALDE AT (909)612-3037

284012217
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#
10/21/11	43776

Claim # : ELW2561
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: KIRT HARRISON
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs MISSION FOODS
Date Of Injury: 1/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/16/11	PMT BY CHECK	DOS 4/8/11 896D 782844415	-156.50
05/11/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
06/16/11	PMT BY CHECK	DOS 5/11/11 # 896D 78452590	-250.00
07/21/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/12/11	PMT BY CHECK	DOS 4/8/11-7/21/11 # 896D 78771161	-156.50
08/22/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
/ /	INTERPRETER:	MARIA PACO CORTES # 100533	0.00
09/21/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR SADIGHPOUR*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
10/12/11	PMT BY CHECK	DOS 8/22/11	-250.00

BALANCE 150.00

* 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.

009924

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 79101345

TRAVELERS

DATE: 10/12/11
LOSS DATE: 01/25/10
FILE NUMBER: 152 CB ELW2561 R

EMPLOYEE

ACCOUNT NAME:
GRUMA CORPORATION

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: 08/22/2011

TOTAL PAID: $250.00
TAX INFO: 330956713331748 1Y
PAY MISC: DOS: 8/22/2011 SIGNING DEPO
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

#43776

PAID
OCT 24 2011

BY:_____

FOR ADDITIONAL INFORMATION, CONTACT: GWYNNETH BAKER AT (909)612-3790

285017656
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#
10/20/11	43872

Claim # : A5T4589
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: MARIBEL BITTNER
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs LITTLE CEASARS ENT.
Date Of Injury: 4/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/01/11	MRI	REF BY DR FONSECA: LT SHLDR (2 HRS 40 MINS)	206.25
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/10/11	PMT BY CHECK	DOS 4/1/11 # 896D 79090728	-206.25

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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002388

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 79090728

TRAVELERS

DATE: 10/10/11
LOSS DATE: 04/18/09
FILE NUMBER: 152 CB A5T4589 H

EMPLOYEE

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

ACCOUNT NAME:
LITTLE CAESAR ENTERPRISES

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 04/01/2011

TOTAL PAID: $206.25
TAX INFO: 3309567133317481Y
PAY MISC: 43872
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

BY:

FOR ADDITIONAL INFORMATION, CONTACT: MARIBEL BITTNER AT (909)612-3311

283011620
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#
10/20/11	44666

Claim # : WC10016851
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: MONA TOMASSINI
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs JB PARTNERS GROUP INC
Date Of Injury: 8/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/11	MRI	REF BY DR HORANIN:C/S @ CAL IMG *	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/01/11	PMT BY CHECK	DOS 4/28/11 # 8813082370	-150.00
09/13/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR PIETRUSZKA*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
10/13/11	PMT BY CHECK	DOS 9/13/11 # 8813251047	-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.

Farmers Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

October 13, 2011

MID-CENTURY INSURANCE COMPANY

Check Number: 8813251047
Date: 10/13/2011

Amount: $150.00******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 00000

PAID

BY:.....

Claimant/Patient:
Insured: JB PARTNERS GROUP INC
Date of Loss: 08/14/2009
Claim Number: WC10016851
Correspondence Reference: ZD1M4R1BN

Claim Representative: MONA TOMASSINI
Office Phone Number: 8188741620

Additional Information:
INV#44666 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
09/13/11 - 09/13/11	Interpreter	$150.00

01 01 000705 ZD1M4R1BN1 CE1013P2 02 [ ] 000881

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/20/11	45121

Claim # : E2033634
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 EAT WEST SUPPLIES
Date Of Injury: 5/2/01

DOS	SERVICE	DESCRIPTION	AMOUNT
05/16/11	MRI	REF BY DR GRABOW: L/S @ CAL IMG *	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
10/13/11	PMT BY CHECK	DOS 5/16/11 # 8813250839	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Farmers Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

October 13, 2011

FARMERS INSURANCE EXCHANGE

Check Number: 8813250839
Date: 10/13/2011

Amount: $150.00******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 00000

Claimant/Patient:
Insured: GOLDENSHTEIN, MICHAEL (PART)
Date of Loss: 05/02/2001
Claim Number: E2033634
Correspondence Reference: DBB8SHJMN
Claim Representative: ELIZABETH MAXFIELD
Office Phone Number: 9259248341

Additional Information:
45121 To contact the Claims Handler toll free dial 888-754-3260. 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
05/16/11 - 05/16/11	Interpreter	$150.00

PAID

BY:.....

01 01 000704 DBB8SHJMN1 CE1013P2 02 [ ] 000879

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/21/11	45241

Claim # : 002491-000812WC01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W.C. DEPARTMENT
ATTN: KARA KENNEDY
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs PETRO CHEMICAL TRANSPORT
Date Of Injury: 9/25/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/11	MRI	REF BY DR DAHER:C/S;LS-FLEX/ EXT @ CAL IMG *	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/11/11	PMT BY CHECK	DOS 5/20/11 # 0088800522	-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.

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

0103219 01 RE 0.390 **AUTO T8 0 5896 92781

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID

BY:.....

DIRECT INQUIRIES TO:

PHONE: 1-866-841-0167
GALLAGHER BASSETT-GOLD RI
P.O. BOX 2290
GOLD RIVER CA 95741-2290

KENAN ADVANTAGE GROUP, INC.

CLAIM NO. 002491 000812 WC 01

CLAIMANT:

DESCRIPTION: INV# 45241 9/26/11 DOS 5/20/11

DATE OF SERVICE: 20-May-2011 TO 20-May-2011

BRANCH NO. 094

ACC. DATE 25-Sep-2009

CHECK NO. 0088800522

VN. 0000064193

DATE: 11-Oct-2011

PAYMENT AMOUNT: $150.00

RE0103219-0001_of_0001 5896-0004087 (F26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0088800522 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#
10/21/11	42942

Claim # : AVZ3582/ARA0661
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: MARIBEL BITTNER
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs ADVO INC.
Date Of Injury: 8/17/01; 11/29/01

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/11	CT SCAN	& MRI L/S REF BY DR NAGELBERG @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/10/11	PMT BY CHECK	DOS 2/16/11 # 896D 79090727	-150.00

BALANCE 0.00

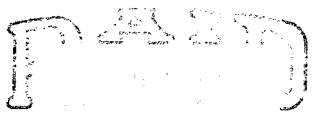
* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 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.

002387

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB01421

896D 79090727



BY:.....

TRAVELERS

DATE: 10/10/11

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 AVZ3582H	**02/16/11**	$ 150.00		42942
	152 CB A9M3425R	**10/26/10**	$ 150.00		39328
	152 CB A9M9749F	**04/14/08 - 03/18/09**	$ 1,839.64		30180
		Total Amount Paid	$*****2139.64		

283011619
DETACH CHECK

SUMM -021410
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#
12/13/11	44615

Claim # : 56394941172776
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: MARIA FLORES
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs AMPCO SYSTEM PARKING
Date Of Injury: 2/9/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/11	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS PINEDA REYNA # 100755	0.00
05/11/11	PR2/REEVAL	DR DOMARACKI* JOSE LUGO # 500049	180.00
06/01/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/06/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/03/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/17/11	INITIAL EXAM	DR DE LOS REYES @ WILLOW MED (2H 15M)	258.75
/ /	INTERPRETER:	FRANCISCO SOMOANO # 500263	0.00
09/07/11	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/13/11	PMT BY CHECK	DOS 5/3/11-8/17/11 # FE43252910	-720.00
10/10/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
11/02/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/04/11	PMT BY CHECK	DOS 9/7-10/10/11 # FE43444564	-360.00
11/03/11	INITIAL EXAM	DR GALLONI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
12/05/11	PMT BY CHECK	DOS 11/3/11 # FE43545083	-230.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/13/11	44615

Claim # : 56394941172776
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: MARIA FLORES
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs AMPCO SYSTEM PARKING
Date Of Injury: 2/9/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 668.75

* 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.

MR

PDWLDMCD-001833-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 12/05/11

CHECK NO. FE43545083

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00523 FE43545083
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID 5639494117277

DOLLARS $********230.00

* NOT NEGOTIABLE *

FOR 11/03/11 THRU 11/03/11 44615

CLAIMANT

DATE OF EVENT 02/09/11

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-001833-01-01-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.

ESIS FE43545083

An Insurance Services Company
ESIS, Inc.

FILE ID 5639494117277

DATE 12/05/11

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

DOLLARS $********230.00

64-1278
611

TWO HUNDRED THIRTY DOLLARS AND 00 CENTS

TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

AUTHORIZED SIGNATURE

BankofAmerica

Bank of America CustomerConnection
Bank of America, N.A.
Atlanta, Dekalb County, Georgia

CLAIMANT

CLIENT ABM INDUSTRIES, INC.

DATE OF EVENT 02/09/11

FOR 11/03/11 THRU 11/03/11 44615

CLAIM OFFICE INTAKE CLAIMS F

ANTI-FRAUD PROTECTION - PATENTS 5,197,785; 5,340,159

NBS-1GS-11

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/09/11	34127

Claim # : SGVS-014880
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SO. CA. RISK MGMT (UPLAND)
W.C. DEPARTMENT
ATTN: KATIE TURNER
313 E. FOOTHILL BLVD.
UPLAND, CA 91786

Case: vs BALDWIN PARK SCHOOLS DISTRICT
Date Of Injury: 5/7/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/23/09	MRI	REF BY DR ROSENZWEIG: LT SHOULDER*	150.00
06/30/09	PMT BY CHECK	DOS 5/23/09 # 52274	-150.00
11/04/11	MRI	REF BY DR ROSENZWEIG: LT SHOULDER*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/08/11	PMT BY CHECK	DOS 11/4/11 # 80908	-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.

MR1

34127

Mailing Information:

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN, CA 92781-4165

Claim Number : SGVS-014880
Claimant :
Date of Loss : 05/07/2007
Check Number : 80908
Check Date : 12/08/2011
Check Amount : $150.00
Type of Payment :
176 INTERPRETER MED

Location : 13200 Foster Elementary 3699 N. Holly Avenue
For Period : 11/04/2011 to 11/04/2011
IRS # : 33-0956713

VOID

WARNING: ARTIFICIAL WATERMARK IN A CRISSCROSS PATTERN IS PRESENT ON THE REVERSE SIDE. HOLD AT AN ANGLE TO VIEW. • PAPER WILL TURN BROWN IF CHEMICALLY ALTERED • FLUORESCENT FIBERS ARE ALSO EMBEDDED INTO THIS DOCUMEN

York Risk Services Group, Inc.

San Gabriel Valley School District
administered by York Risk Services Group, Inc.
313 E. Foothill Blvd.
Upland, CA 91786

Pacific Western Bank
800 W. Valley Parkway Suite 100
Escondido, CA 92025

90-3820/1222

REF. NUMBER	
SGVS-014880	
DATE	CHECK NO
12/8/2011	80908
AMOUNT	
***$150.00	

PAY ONE HUNDRED FIFTY AND 0/100 DOLLARS

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN, CA 92781-4165

Jay Shay
Debi L. Harrington

Not Negotiable After 90 Days

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/25/11	43375

Claim # : SAC0000100950
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W.C. DEPARTMENT
ATTN: JUDY DUVALL
P.O. BOX 349016
SACRAMENTO, CA 95834

Case: vs DAVE PYAZ CONSTRUCTION
Date Of Injury: 7/17/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/11	CT SCAN	REF BY DR CUDAKIEWITZ: BRAIN*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/22/11	CT SCAN	REF BY DR CHODAKIWITZ: NECK*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
05/26/11	PMT BY CHECK	DOS 3/15/11 AND 3/22/11 # 22195	-300.00
09/15/11	MRI	REF BY DR CHODAKIEWITZ: BIL SHOULDERS*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/17/11	PMT BY CHECK	DOS 9/15/11 # 23122	-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.

Praetorian Insurance Co Contractors First (ARM) RD
00867
Administered by: LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834
FOR: Dave Pycz Construction

Chase Bank USA, N.A.
Syracuse, NY

Second Signature Required
VOID AFTER 180 DAYS

50-937/213
6301542274509
Account Number
Check No. 23122
Date 10/17/2011

$150.00

PAY One Hundred Fifty & 00/100 Dollars

TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Judy Adlam
Signature

Barbara Levick
Signature

⑈00000 23122⑈ ⑆021309379⑆ 6301542274509⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000100950		07/17/2007	43375	09/15/2011 - 09/15/2011

Reference: **BR# LWPSPB2440015*
Comments: **ImgID 2440015*

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Medical Miscellaneous		09/15/2011 - 09/15/2011	150.00	150.00

Fee Sched Discount:	0.00	PPO Discount:	0.00	Other Discounts:	0.00	Lien:	0.00

PAID

BY:----------

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/25/11	44557

Claim # : LBO00656666
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEABRIGHT INSURANCE (ORANGE)
W.C. DEPARTMENT
ATTN: CRISTAL LEBLANC
P.O. BOX # 11027
ORANGE, CA 92856

Case: vs VAST RESOURCES
Date Of Injury: 3/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/11	MRI	REF BY DR SANTILLAN:C&L/SPN; L/SHDL@ CAL IMG *	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
10/17/11	PMT BY CHECK	DOS 4/25/11 # 910440	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

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 910440

10/17/11
LB000656666

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

AN AGENT OF SeaBright Insurance Company

CHECKS REQUIRE TWO SIGNATURES

MM

⑈910440⑈ ⑆041203824⑆9600094909⑈

CLAIM ID: LB000656666 DATE OF LOSS: 3/16/10 ACCOUNT: D2 CHECK NO.: 910440
CLAIMANT: DATE: 10/17/11
INSURED: Vast Resources, Inc. AMOUNT: ********150.00
PAYEE: Joyce Altman Interpreting REF. NO.: 006077158
USER-ID: 18527/LB

INVOICE NO.: 44557
MEMO:

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	04/25/11	MM	44557	1	Lot	150.00	150.00

TOTAL 150.00 150.00

BY:----------

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/24/11	37589

Claim # : 002031-006927-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W.C. DEPARTMENT
ATTN: HEATHER RUNGE
P.O. BOX # 255397
SACRAMENTO, CA 95865

vs SWIFT TRANSPORTATION

Case:
Date Of Injury: 5/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED* ELENA LOPEZ # 500289	230.00
06/17/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/09/10	PR2/REEVAL	DR DOMARACKI* VINCENT MEJIA # 500309	180.00
08/05/10	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL* ELENA LOPEZ # 500289	230.00
08/16/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/30/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/16/10	PMT BY CHECK	DOS 8/5/10 THRU 8/16/10 # 0080914565	-410.00
09/16/10	PMT BY CHECK	DOS 5/27/10 THRU 7/9/10 # 0080914582	-590.00
09/24/10	PMT BY CHECK	DOS 8/30/10 # 0081079465	-180.00
09/27/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/14/10	PR2/REEVAL	DR SAMIMI* ELIZABETH HERRERA # 301231	180.00
11/08/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/10/10	PMT BY CHECK	DOS 9/27/10 # 0082064340	-180.00
11/13/10	INITIAL EXAM	DR GALLONI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
11/29/10	PMT BY CHECK	DOS 5/27/10 THRU 10/14/10 # 0082355805	-360.00
12/07/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
01/16/11	PMT BY CHECK	DOS 11/13/10 THRU 12/7/10	-410.00

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#
10/24/11	37589

Claim # : 002031-006927-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W.C. DEPARTMENT
ATTN: HEATHER RUNGE
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: vs SWIFT TRANSPORTATION
Date Of Injury: 5/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/11	PR2/REEVAL	# 0083265345 DR DOMARACKI* GLADYS REYNA	180.00
02/10/11	PR2/REEVAL	# 100755 DR DOMARACKI* ELENA LOPEZ	180.00
03/08/11	PMT BY CHECK	# 500289 DOS 1/5/11 # 0084271465	-180.00
03/03/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
03/29/11	PMT BY CHECK	# 500289 DOS 2/10/11 THRU 3/3/11	-360.00
04/14/11	RE-EVAL	# 0084704844 DR DOMARACKI* ELENA LOPEZ	180.00
05/26/11	PR2/REEVAL	# 500289 DR DOMARACKI* ELENA LOPEZ	180.00
04/20/11	PMT BY CHECK	# 500289 DOS 4/14/11 THRU 5/26/11	-360.00
06/20/11	PR2/REEVAL	# 0085136244 DR JARCHI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
07/07/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/26/11	PMT BY CHECK	DOS 5/26/11 # 0087150884	-180.00
08/16/11	PMT BY CHECK	DOS 6/20/11 # 0087593448	-180.00
08/26/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/14/11	P AND S	DR DOMARACKI* GLADYS REYNA # 100755	230.00
09/19/11	PR2/REEVAL	DR JARCHI* CLARA BONILLA # 500320	180.00
10/10/11	PMT BY CHECK	DOS 8/26/11-9/19/11 # 0088756087	-590.00

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#
10/24/11	37589

Claim # : 002031-006927-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W.C. DEPARTMENT
ATTN: HEATHER RUNGE
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: vs SWIFT TRANSPORTATION
Date Of Injury: 5/20/09

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.

GB-SACRAMENTO (REGIONAL)
GALLAGHER BASSETT SRVC
P.O. BOX 255397
SACRAMENTO CA 95865-5397

MDG2009 00004944 1 MB 0390 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

PAID
BY:

GALLAGHER BASSETT SERVICES INC
FOR SWIFT TRANSPORTATION

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO (REGIONAL)
GALLAGHER BASSETT SRVC
P.O. BOX 255397
SACRAMENTO CA 95865-5397

CLAIM NO.: 002031 006927 WC 01 (003110041)
CLAIMANT:
DESCRIPTION: INV #37589 DOS 8/26/11 - 9/19/11

DATES OF SERVICE: 26Aug2011 **THRU** 19Sep2011
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 20May09

NO.: 0088756087
VN: 0000426836
DATE: 10Oct11
AMOUNT: 590.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004944 005688 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#
10/31/11	40046

Claim # : SA640816
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: CARMELA BOYLEN
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs NU WAVE INC./TOMICH BROS.
Date Of Injury: 12/04; 1999-6/02

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
09/16/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
10/11/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
11/11/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
12/07/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/05/11	PMT BY CHECK	DOS 8/24/10 THRU 11/11/10 # CU-741410	-720.00
12/30/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
02/03/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
03/03/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
03/10/11	PMT BY CHECK	DOS 12/30/10 THRU 2/3/11 # CU-768398	-360.00
05/03/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
06/09/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/07/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/18/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP* (PAIN EXARCEBATION)	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
07/19/11	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
08/12/11	INITIAL EXAM	DR SINGH - PSYCH EVAL @ COAST CITY (2H 35M)	316.25

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#
10/31/11	40046

Claim # : SA640816
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: CARMELA BOYLEN
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs NU WAVE INC./TOMICH BROS.
Date Of Injury: 12/04; 1999-6/02

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/12/11	PMT BY CHECK	DOS 12/7/10-6/9/11	-696.50
08/16/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
09/02/11	PMT BY CHECK	DOS 7/7/11-7/18/11 # CU-835304	-360.00
09/13/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/12/11	PMT BY CHECK	DOS 8/12/11 # CU-847012	-316.25
10/20/11	PR2/REEVAL	@ COAST CITY MEDICAL GROUP*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/17/11	PMT BY CHECK	DOS 8/16/11 # CU-848351	-180.00

BALANCE 516.50

* 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
(855)250-5678

Provider Number: 330956713

Check #: **CU-848351**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/17/11
Doc #: 023733375

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:					**Claim #:**	SA640816	**Date of Injury:**	06/22/04	
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-9070274	08/16/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
							Total Allowances:		**$180.00**

#400246

PAID
BY:.....

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Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/25/11	47643

Claim # : 01385297
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: LISA ALI
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs SONA ENTERPRISES
Date Of Injury: 9/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/11	P AND S	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/18/11	PMT BY CHECK	DOS 8/16/11 # CE-573367	-230.00

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 3171
Suisun City, CA 94585-6171
(855)250-5678

Provider Number: 330956713

Check #: **CE-573367**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 10/18/11
Doc #: 023740331

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	01385297	**Date of Injury:**	09/15/03	
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-9081125	08/16/11	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
							Total Allowances:		**$230.00**

#47643

PAID
OCT 24 2011

BY:.....

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU!

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/25/11	45804

Claim # : WC10024243
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: JULIE TRAVERS
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs FIORDS OF SWEDEN
Date Of Injury: 11/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/11	MRI	REF BY DR KHAN:C/S;L/S;L/KNEE L/SHDL @ CAL IMG*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
10/19/11	PMT BY CHECK	DOS 6/14/11 # 8813256915	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Farmers Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

October 19, 2011

TRUCK INSURANCE EXCHANGE

Check Number: 8813256915
Date: 10/19/2011

Amount: $150.00******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN CA 00000

Claimant/Patient: LYON ART AN IND
Insured:
Date of Loss: 11/11/2010
Claim Number: WC10024243
Correspondence Reference: X24BBH9BN

Claim Representative: Julie Travers
Office Phone Number:

Additional Information:
inv#45804 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
06/14/11 - 06/14/11	Interpreter	$150.00

PAID

BY:----------

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