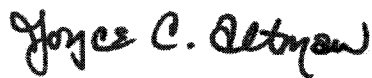


MARKET RATE EXHIBITS BOOKLET CERTIFICATION

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

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

This declaration was executed on Tuesday 8th of November of 2011 at Tustin, California.



Joyce Altman

Market Rate Summary Graph (per 8 CCR, Article 5.7)
May 2010 - September 2011

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
37050	10/12/2010	11/15/2010	\$ 313.00	Full Day Board Appearance (LBO)	\$ 313.00	115858870 4	11/11/2010	The Hartford
37146	9/8/2010	10/25/2010	\$ 517.50	P&S Psych Eval (4.5 hrs)	\$ 517.50	0081584643	10/20/2010	Gallagher Bassett
36814	9/14/2010	10/15/2010	\$ 165.00	Board Appearance (SDO rate \$165)	\$ 165.00	0081388011	10/11/2010	Gallagher Bassett
37450	8/12/2010	9/20/2010	\$ 250.00	Depo Review (SDO)	\$ 250.00	0080877887	9/14/2010	Gallagher Bassett
38045	6/9/10-8/30/10	9/20/2010	\$ 365.00	Board Appearance (SDO rate \$165) Depo Prep (SDO rate \$200)	\$ 365.00	DA63762522	9/17/2010	ACE USA
38328	8/10/10 - 8/25/10	11/2/2010	\$ 406.50	Board Appearance (SDO rate \$165) Depo Prep (SDO-rate \$200)	\$ 406.50	900A26068266	10/29/2010	Travelers
35994	10/13/2010	11/2/2010	\$ 187.50	Diagn Studies (Ct Scan - 2hrs 20min)	\$ 187.50	3000076013	10/27/2010	Republic Indemnity
36817	9/14/2010	10/27/2010	\$ 250.00	C&R Reading	\$ 250.00	896D77166281	10/22/2010	Travelers
35048	9/16/2010	9/21/2010	\$ 150.00	Diagn Study (F.C.E.)	\$ 150.00	0080946552	9/17/2010	Gallagher Bassett
36686	8/2/10 - 9/23/10	11/4/2010	\$ 656.50	2 Depo Reviews, Depo prep	\$ 656.50	0025913122	11/1/2010	Sedgwick Claims

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
38399	8/31/10 - 9/17/10	11/10/2010	\$ 406.50	Depo prep, Depo Review	\$ 406.50	0081798705	11/1/2010	Gallagher Bassett
38256	9/13/2010	11/8/2010	\$ 250.00	Depo Review	\$ 250.00	2532379	11/1/2010	CompWest
38360	8/24/2010	11/10/2010	\$ 540.00	Surgery (6 hrs)	\$ 540.00	86584731	11/4/2010	MCS- Marriott
38288	8/16/2010	11/15/2010	\$ 230.00	Initial	\$ 230.00	1158556543	11/10/2010	The Hartford
32364	11/2/2010	11/15/2010	\$ 250.00	C&R Reading	\$ 250.00	200385579	11/11/2010	Employers
36455	10/8/2010	11/15/2010	\$ 250.00	C&R Reading	\$ 250.00	DA64109295	11/9/2010	ACE USA
38212	8/5/10 - 8/19/10	11/18/2010	\$ 437.50	QME (2.5 hrs), Diagn Study (EMG/NCV)	\$ 437.50	891A80551783	11/9/2010	Travelers
37203	4/8/10 - 1/20/11	3/9/2011	\$ 1,252.50	2 Surgeries (1st 9.5 hrs, 2nd 6 hrs)	\$ 1,252.50	0084131153	3/2/2011	Gallagher Bassett
32366	1/5/2011	2/7/2011	\$ 250.00	Depo Review	\$ 250.00	0211219	2/3/2011	Cypress Insurance
39441	10/28/10 - 12/16/10	2/3/2011	\$ 468.75	2 Diagn Studies, (1st Diagn Study - MRI 2hrs 15 min, 2nd Diagn Study - MRI 3 hrs 50 mins)	\$ 468.75	0001737935	2/3/2011	Crum & Forster
37886	6/28/10 - 1/3/11	2/11/2011	\$ 1,610.00	Initial, Diagn Study (EMG/NCV), 3 PR-2's, 2 P&S's	\$ 1,610.00	444795	2/8/2011	ASCIP SI (AIG)
39231	9/27/10 - 12/14/10	2/15/2011	\$ 813.00	2 Depo preps Vol 1&2, 2 Depo Reviews Vol 1&2	\$ 813.00	2010123434	2/11/2011	Employers
36336	1/18/2011	2/17/2011	\$ 250.00	C&R Reading	\$ 250.00	0213245	2/14/2011	Cypress Insurance

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
40369	11/18/10 - 1/4/11	2/17/2011	\$ 406.50	Board Appearance (SA), Depo Review	\$ 406.50	0083785932	2/10/2011	Gallagher Bassett
39843	11/1/10 - 11/22/10	2/22/2011	\$ 1,848.75	Diagn Study (4 hrs 25 mins), Pre-op (3.5 hrs), Surgery (13.5 hrs)	\$ 1,848.75	0001747295	2/17/2011	Crum & Forster
38703	10/14/2010	2/28/2011	\$ 243.75	Diagn Study (Ultrasound 3 hrs 15 mins)	\$ 243.75	0084031430	2/23/2011	Gallagher Bassett
38773	1/14/2011	2/25/2011	\$ 250.00	Depo Review	\$ 250.00	DA64821299	2/25/2011	ACE USA
38061	7/20/10 - 11/17/10	3/1/2011	\$ 469.50	1 Full Day Board Appearance, 1 Board Appearance (LBO)	\$ 469.50	148154	2/25/2011	Illinois Midwest Ins.
35866	2/2/2011	2/28/2011	\$ 250.00	Depo Review	\$ 250.00	200446964	2/25/2011	Employers
38599	9/8/10 - 2/1/11	3/3/2011	\$ 719.50	Depo prep, Depo Review, 2 Board Appearances (LBO)	\$ 719.50	DA64837180	2/28/2011	ACE USA
31991	2/9/2011	3/10/2011	\$ 313.00	Full Day Board Appearance (LBO)	\$ 313.00	16635421	3/5/2011	Chartis
38128	7/26/10 - 2/14/11	3/11/2011	\$ 1,360.00	2 Initials, 5 PR-2's	\$ 1,360.00	1163498866	3/4/2011	The Hartford
42206	1/12/11 - 2/1/11	3/15/2011	\$ 375.00	2 Diagn Studies (MRA 3 hrs, MRI)	\$ 375.00	CU-768941	3/11/2011	SCIF
40061	2/1/2011	3/15/2011	\$ 202.50	PR2 (2 hrs 15 min)	\$ 202.50	CU-768398	3/10/2011	SCIF
35734	2/10/2011	3/18/2011	\$ 250.00	C&R Reading	\$ 250.00	200455045	3/14/2011	Employers

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
41046	12/9/2010	3/18/2011	\$ 150.00	Diagn study (Diagn Study - MRI)	\$ 150.00	0027668989	3/18/2011	Sedgwick Claims
39410	10/21/2010	3/21/2011	\$ 150.00	Diagn Study (Ultrasound)	\$ 150.00	101201972	3/18/2011	Zurich Insurance
39556	11/4/2010	3/24/2011	\$ 281.25	Diagn Studies (Diagn Study - MRI & MRA 3 hrs 40min)	\$ 281.25	1101204883	3/22/2011	Zurich Insurance
40846	3/3/2011	3/25/2011	\$ 250.00	Depo Review	\$ 250.00	800259854	3/22/2011	Tokio Marine
41072	11/11/10 - 2/3/11	3/25/2011	\$ 406.50	Depo Prep, Depo Review	\$ 406.50	0027970464	3/22/2011	Sedgwick Claims
42205	2/2/11 - 2/8/11	3/28/2011	\$ 406.50	Board Appearance, C&R Reading	\$ 406.50	CU-773713	3/23/2011	SCIF
42169	1/19/11 - 3/7/11	4/1/2011	\$ 550.25	Diagn Studies (Diagn Study - MRI & MRA 5 hrs 5 min), C&R Reading	\$ 550.25	200463637	3/29/2011	Employers
38302	12/1/2010	4/4/2011	\$ 313.00	Full Day Board Appearance (LBO)	\$ 313.00	2002030162	3/31/2011	Specialty Risk
34534	11/19/10 - 3/16/11	4/8/2011	\$ 313.00	2 Board Appearances (LBO)	\$ 313.00	16942175	4/5/2011	Chartis
35287	9/22/09 - 3/4/11	4/11/2011	\$ 4,640.00	Initial, 19 PR-2's, 1st Surgery (3.5 hrs), 2nd Surgery (7.5 hrs)	\$ 4,640.00	2009109785	4/8/2011	Employers
40604	8/25/2010	1/19/2011	\$ 270.00	PR2 (3 hrs)	\$ 270.00	CK-477916	1/12/2011	SCIF
40055	10/29/2010	1/19/2011	\$ 250.00	C&R Reading	\$ 250.00	CH-147809	1/14/2011	SCIF

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
39939	11/11/2010	1/19/2011	\$ 150.00	study (Diagn Study -	\$ 150.00	CL-442125	1/12/2011	SCIF
40111	11/16/2010	1/19/2011	\$ 150.00	Diagn Study (Ct Scan)	\$ 150.00	CP-488308	1/12/2011	SCIF
38227	8/2/2010	1/19/2011	\$ 345.00	Initial (2 hrs 53 mins)	\$ 345.00	CU-744212	1/11/2011	SCIF
38325	11/29/2010	1/20/2011	\$ 250.00	Depo Review	\$ 250.00	2565947	1/14/2011	CompWest
40271	11/22/2010	1/31/2011	\$ 150.00	Diagn Study (Ct Scan)	\$ 150.00	054396	1/25/2011	Frank Gates
38238	8/11/10 - 12/20/10	2/3/2011	\$ 722.75	Initial, Depo Prep, Depo Review	\$ 722.75	TE06273-5	1/30/2011	One Beacon
39073	10/20/2010	2/3/2011	\$ 187.50	Diagn Study (Diagn Study - MRI 2.5 hrs)	\$ 187.50	6430028	2/1/2011	Chubb Group
36814	11/19/2010	1/31/2011	\$ 165.00	Board Appearance (SDO rate \$165)	\$ 165.00	0083422502	1/24/2011	Gallagher Bassett
40044	10/20/10 - 12/13/10	1/24/2011	\$ 313.00	Board Appearance (AHM), Conference	\$ 313.00	CD-523703	1/18/2011	SCIF
37554	9/29/2010	12/9/2010	\$ 250.00	Depo Review	\$ 250.00	6510497177	11/30/2010	Broadspire
37851	6/24/10 - 6/27/10	12/14/2010	\$ 1,192.50	2 Pre-ops, Surgery (9 hrs 15 mins)	\$ 1,192.50	162552	12/9/2010	Illinois Midwest Ins.
38359	8/24/10 - 10/19/10	12/14/2010	\$ 585.00	2 Surgeries, (2nd surgery 4.5 hrs)	\$ 585.00	0404658443	12/7/2010	City of Los Angeles
38202	8/6/10 - 10/12/10	12/14/2010	\$ 650.00	2 Depo preps (SDO rate \$200 ea), Depo Review	\$ 650.00	DA64322065	12/10/2010	ACE USA
38017	10/27/2010	12/14/2010	\$ 250.00	Depo Review	\$ 250.00	1101070316	12/9/2010	Zurich Insurance

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
38308	8/11/10 - 9/2/10	12/13/2010	\$ 406.50	Board Appearance (LBO), C&R Reading	\$ 406.50	200402889	12/9/2010	Employers
38437	8/31/2010	12/21/2010	\$ 697.50	Surgery (7 hrs 45 mins)	\$ 697.50	1101079813	12/15/2010	Zurich Insurance
38326	8/17/10 - 9/24/10	12/21/2010	\$ 406.50	Depo Prep, Depo Review	\$ 406.50	1101078679	12/15/2010	Northern Ins (Zurich)
35396	11/9/2010	11/9/2010	\$ 165.00	Board Appearance (SDO rate \$165)	\$ 165.00	162895	12/14/2010	Illinois Midwest Ins.
32361	11/29/2010	1/7/2011	\$ 250.00	C&R Reading	\$ 250.00	2047712	12/23/2010	Redwood Fire & Casualty (Berkshire Hathaway)
36124	10/21/2010	1/10/2011	\$ 165.00	Board Appearance (SDO rate \$165)	\$ 165.00	0082828386	12/21/2010	Gallagher Bassett
37806	6/16/10 - 10/27/10	1/10/2011	\$ 676.25	Initial (2 hrs 45 mins), 2 PR-2's	\$ 676.25	0082934156	12/28/2010	Gallagher Bassett
37553	5/31/10 - 7/3/10	1/11/2011	\$ 1,530.00	Pre-op, 2 Surgeries (1st 8.5 hrs, 2nd 6.5 hrs)	\$ 1,530.00	1100093425	12/31/2010	Zurich Insurance
38480	9/8/10 - 10/13/10	1/11/2011	\$ 877.50	Initial Psych Eval (4.5 hrs), 2 PR-2's	\$ 877.50	0001708967	1/4/2011	Crum & Forster
38971	10/8/2010	2/15/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	6453412	2/14/2011	Chubb
38117	7/22/10 - 11/29/10	1/7/2011	\$ 1,180.00	2 Initials, 4 PR-2's	\$ 1,180.00	1100093030	12/31/2010	Zurich Insurance
40205	8/18/10 - 11/9/10	1/13/2011	\$ 832.50	3 PR-2's, 1 PR2 (3hrs 15mins)	\$ 832.50	CU-742070	1/6/2011	SCIF
40341	9/9/10 - 11/18/10	1/13/2011	\$ 1,755.00	1 PR2, Pre-op, Surgery (15.5 hrs)	\$ 1,755.00	CN-461140	1/7/2011	SCIF
40108	11/16/10 - 4/1/11	5/5/2011	\$ 1,821.25	Initial, Initial Psych Eval, Psychometric testing (3 hrs 40 mins), 6 PR-2's	\$ 1,821.25	0906349	5/3/2011	Walt Disney World Co.

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
39923	11/16/10 - 4/18/11	5/17/2011	\$ 1,310.00	Initial, 6 PR-2's	\$ 1,310.00	1101278131	5/13/2011	Zurich Insurance
37619	3/17/2011	5/19/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	359262	5/17/2011	Tristar Risk Mgmt.
38670	9/23/10 - 4/14/11	5/24/2011	\$ 3,165.00	3 Initials, 8 PR-2's, Pre-op, Surgery (9.5 hrs)	\$ 3,165.00	0028090551	5/16/2011	Sedgwick Claims
39351	10/21/10 - 2/16/11	4/15/2011	\$ 856.25	3 PR-2's, P&S (2 hrs 35 mins)	\$ 856.25	799527	4/12/2011	Seabright Ins.
38981	9/29/10 - 1/6/11	4/28/2011	\$ 1,855.00	2 Initials, 3 PR-2's, Surgery (9.5 hrs)	\$ 1,855.00	0006091593	4/25/2011	Southland Claims
40042	9/20/10 - 12/2/10	1/18/2011	\$ 330.00	PR2, Diagn Study - MRI	\$ 330.00	CU-744212	1/11/2011	SCIF
35048	9/16/2010	9/21/2010	\$ 150.00	Diagn Study (F.C.E.)	\$ 150.00	0080946552	9/17/2010	Gallagher Bassett
39315	10/26/2010	6/20/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	C7-661767	5/23/2011	SCIF
42019	1/28/2011	6/27/2011	\$ 150.00	Polysomnography (Sleep Test)	\$ 150.00	896D78502308	6/24/2011	Travelers
41517	1/5/11 - 2/18/11	6/30/2011	\$ 344.00	Board Appearance, Diagn Study MRA (2hrs 20min)	\$ 344.00	2645675	6/22/2011	First Comp
41517	4/21/2011	6/30/2011	\$ 150.00	Polysomnography (Sleep Test)	\$ 150.00	2645676	6/22/2011	First Comp
43737	3/17/2011	6/14/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	CD-538319	5/26/2011	SCIF
43738	3/21/2011	6/14/2011	\$ 180.00	PR2	\$ 180.00	CU-798632	5/26/2011	SCIF
40225	4/11/2011	6/14/2011	\$ 180.00	PR2	\$ 180.00	CU-801939	6/6/2011	SCIF
43751	3/4/2011	6/14/2011	\$ 150.00	Diagn Study (Upper GI)	\$ 150.00	CU-802533	6/7/2011	SCIF
44500	5/5/2011	6/14/2011	\$ 250.00	C&R Reading	\$ 250.00	CH-152714	6/7/2011	SCIF

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
44125	4/13/2011	6/14/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	CE-551290	6/8/2011	SCIF
38559	5/2/2011	6/14/2011	\$ 230.00	P&S	\$ 230.00	101686144	6/9/2011	CNA
42101	1/25/11 - 3/9/11	6/14/2011	\$ 337.50	Diagn Study - Arthrogram (2hrs 25 mins), Diagn Study - MRI	\$ 337.50	17610472	6/9/2011	Chartis
41162	12/20/2010	6/14/2011	\$ 168.75	Diagn Study - MRI (2hrs 5 mins)	\$ 168.75	17642570	6/11/2011	Chartis
39762	12/17/2010	6/14/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	2006450751	6/8/2011	Specialty Risk
41504	1/5/2011	6/14/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	17609554	6/9/2011	Chartis
40088	4/4/2011	6/14/2011	\$ 180.00	PR2	\$ 180.00	2006511682	6/8/2011	Specialty Risk
	5/4/2011		\$ 180.00	PR2	\$ 180.00	2006600303	6/9/2011	
39447	10/22/10 - 5/16/11	6/30/2011	\$ 1,180.00	2 Initials, 4 PR-2's	\$ 1,180.00	TE86567-2	6/22/2011	One Beacon
41021	12/10/2010	6/16/2011	\$ 150.00	Diagn Study (CT Scan)	\$ 150.00	0086182014	6/9/2011	Gallagher Bassett
42591	2/18/2011	6/14/2011	\$ 150.00	Diagn Study (CT Scan)	\$ 150.00	104500260	6/3/2011	CNA
42488	2/14/2011	6/16/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	0086217210	6/10/2011	Gallagher Bassett
42042	1/28/2011	6/16/2011	\$ 180.00	Pre-op	\$ 180.00	0086213713	6/10/2011	Gallagher Bassett
42572	2/21/2011	6/20/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	17665301	6/15/2011	Chartis
43777	5/11/2011	6/20/2011	\$ 250.00	Depo Review	\$ 250.00	2628607	6/14/2011	CompWest
42622	2/17/2011	6/16/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	0086101595	6/6/2011	Gallagher Bassett
42320	2/5/2011	6/21/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	0086274752	6/13/2011	Gallagher Bassett
41498	3/10/2011	6/21/2011	\$ 225.00	Diagn Study - MRI (3 hrs)	\$ 225.00	6733758	6/20/2011	Chubb

May 2010 - September 2011

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
43467	3/17/11 - 3/18/11	6/21/2011	\$ 1,035.00	Pre-op, Surgery (9.5 hrs)	\$ 1,035.00	0404726131	6/14/2011	City of Los Angeles
43558	3/11/11 - 5/2/11	6/21/2011	\$ 563.00	Depo Prep, Depo Review, Board Appearance	\$ 563.00	0005001215	6/17/2011	Sedgwick Claims
40973	12/15/2010	6/21/2011	\$ 262.50	Diagn Study - MRI (3 hrs 25 mins)	\$ 262.50	6725053	6/15/2011	Chubb
38109	4/28/2011	6/21/2011	\$ 150.00	Polysomnography (Sleep Test)	\$ 150.00	168577	6/17/2011	Topa
36287	12/23/09 - 3/25/11	6/21/2011	\$ 4,169.74	3 Initials, 11 PR-2's, Diagn Study NVC & EMG, F.C.E., P&S (2hrs 15mins), P&I's	\$ 4,169.74	891A81290661	6/15/2011	Travelers
41779	1/21/2011	6/27/2011	\$ 230.00	Initial	\$ 230.00	300011679	6/22/2011	Republic Indemnity
41193	12/21/2010	6/27/2011	\$ 187.50	Diagn Study - MRI (2hrs 20mins)	\$ 187.50	0086338769	12/21/2010	Gallagher Bassett
43823	4/12/2011	6/20/2011	\$ 313.00	Full Day Board Appearance (LBO)	\$ 313.00	CS-339436	5/23/2011	SCIF
40211	12/1/10 - 4/19/11	6/20/2011	\$ 469.50	1 Full Day Board Appearances, 1 Board Appearance (LBO)	\$ 469.50	CU-794994	5/17/2011	SCIF
38733	10/13/2010	6/22/2011	\$ 262.50	Diagn Study - MRI (3.5 hrs)	\$ 262.50	CU-805912	6/15/2011	SCIF
40288	11/22/2010	6/22/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	CU-805912	6/15/2011	SCIF
38724	10/13/10 - 2/7/11	6/22/2011	\$ 590.00	Initial, 2 PR-2's	\$ 590.00	CL-459116	6/15/2011	SCIF
39986	11/9/10 - 11/26/10	6/22/2011	\$ 300.00	2 Diagn Studies (Ultrasound & CT Scan)	\$ 300.00	CU-805912	6/15/2001	SCIF
39026	10/5/2010	6/22/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	CU-805912	6/15/2011	SCIF

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
41215	12/22/2010	6/23/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	32580	6/21/2011	Pegasus Risk
42625	2/17/2011	6/23/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	100608821	6/20/2011	CCMSI
39816	11/5/2010	6/23/2011	\$ 150.00	Diagn Study (CT Scan)	\$ 150.00	0086371516	6/17/2011	Gallagher Bassett
41402	5/14/2011	6/23/2011	\$ 230.00	Initial (Acupuncture)	\$ 230.00	8813062196	6/21/2011	Farmers
38940	9/30/2010	6/23/2011	\$ 304.43	C&R Reading, P&I's	\$ 304.43	BU-736557	6/21/2011	SCIF
42086	1/31/2011	6/23/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	6733502	6/20/2011	Chubb
42518	1/10/2011	6/23/2011	\$ 150.00	Diagn Study - MRI	\$ 150.00	300112239	6/20/2011	Republic Indemnity
34807	4/5/2011	6/27/2011	\$ 165.00	Board Appearance (SDO rate \$165)	\$ 165.00	000924387	6/22/2011	Insurance co. of the West
44300	5/6/2011	6/14/2011	\$ 250.00	C&R Reading	\$ 250.00	0196836	6/14/2011	Berkshire Hathaway (Oak River Ins. Co.)
41521	1/25/2011	6/20/2011	\$ 313.00	Full Day Board Appearance (LBO)	\$ 313.00	CU-794321	5/16/2011	SCIF
38050	3/7/2011	4/25/2011	\$ 250.00	Depo Review	\$ 250.00	644133	4/20/2011	York Claims Svcs.
38454	1/8/2011	4/25/2011	\$ 250.00	Depo Review	\$ 250.00	0100525553	4/20/2011	Majestic Insurance
42828	2/16/11 - 3/8/11	5/2/2011	\$ 406.50	Depo Prep, C&R Reading	\$ 406.50	81111304	4/25/2011	Travelers
41987	1/13/11 - 2/25/11	5/19/2011	\$ 813.00	2 Depo Preps, 2 Depo Reviews	\$ 813.00	2617403	5/16/2011	CompWest
43025	3/14/11 - 4/26/11	5/19/2011	\$ 406.50	Depo Prep, Depo Review	\$ 406.50	800262813	5/13/2011	Tokio Marine
41651	1/10/11 - 2/4/11	5/20/2011	\$ 450.00	Depo Prep, Depo Review (SDO)	\$ 450.00	2617736	5/17/2011	CompWest

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
40781	12/16/10 - 3/24/11	5/24/2011	\$ 969.50	3 Depo Preps, 2 Depo Reviews	\$ 969.50	0085719131	5/17/2011	Gallagher Bassett
11623	11/17/10 - 3/7/11	5/3/2011	\$ 313.00	2 Board Appearances (AHM)	\$ 313.00	70135829	4/28/2011	Risk Enterprises
36021	3/24/2011	5/3/2011	\$ 250.00	C&R Reading	\$ 250.00	DA65233943	4/27/2011	ESIS/ACE USA
35489	3/15/2011	5/9/2011	\$ 313.00	Full Day Board Appearance (LBO)	\$ 313.00	896D78212683	5/3/2011	Travelers
32366	4/19/2011	5/9/2011	\$ 250.00	Depo Review	\$ 250.00	0231651	5/5/2011	Berkshire Hathaway (Cypress Insurance)
43463	3/21/2011	5/17/2011	\$ 250.00	C&R Reading	\$ 250.00	0000909569	5/12/2011	Insurance co. of the West
43087	3/8/11 - 4/13/11	5/16/2011	\$ 406.50	Depo Prep, Depo Review	\$ 406.50	17338101	5/12/2011	Chartis
41825	1/24/11 - 2/25/11	5/19/2011	\$ 406.50	Depo Prep, Depo Review	\$ 406.50	FE42825263	5/16/2011	ESIS
43518	3/11/2011	7/5/2011	\$ 150.00	Diagnostic Study (Ultrasound)	\$ 150.00	896d78531193	6/30/2011	Travelers
42795	2/23/11 - 4/11/11	7/5/2011	\$ 642.50	F.C.E., Psychometric testing(3.5hrs), Initial Psych.	\$ 642.50	896D78531194	6/30/2011	Travelers
42429	2/10/11 - 4/15/11	7/5/2011	\$ 631.50	Depo Prep, Depo Review, Diagn. Study (MRI)	\$ 631.50	019271	6/29/2011	Murphy & Beane
42238	2/2/2011	7/11/2011	\$ 313.00	Board Appearance (Full Day)	\$ 313.00	CU-814001	7/6/2011	SCIF
42899	2/23/2011	7/11/2011	\$ 150.00	Diagnostic Study (Ultrasound)	\$ 150.00	903A64822270	7/6/2011	Travelers
41953	1/14/2011	7/11/2011	\$ 945.00	Surgery (10.5hrs)	\$ 945.00	891A81360720	7/5/2011	Travelers
41681	1/10/2011	7/11/2011	\$ 373.75	AME (3hrs 10mins)	\$ 373.75	WC550241	7/5/2011	Springfield Insurance
45543	4/20/2011	6/28/2011	\$ 150.00	Diagnostic Study (MRI)	\$ 150.00	CY-457351	6/23/2011	SCIF

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
40653	11/16/2010	6/28/2011	\$ 150.00	Diagnostic Study (MRI)	\$ 150.00	C7-674148	6/24/2011	SCIF
41680	1/10/2011	7/13/2011	\$ 150.00	Diagnostic Study (MRI)	\$ 150.00	9760165321	7/5/2011	Safeway, Inc.
39684	11/2/2010	7/13/2011	\$ 150.00	Diagnostic Study (Ultrasound)	\$ 150.00	CU-781633	4/14/2011	SCIF
40711	12/18/2010	7/13/2011	\$ 150.00	Diagnostic Study (MRI)	\$ 150.00	CE-542143	4/14/2011	SCIF
39645	11/3/2010	7/13/2011	\$ 1,260.00	Surgery (14 hrs)	\$ 1,260.00	CY-448491	4/13/2011	SCIF
39282	11/1/2010	5/27/2011	\$ 150.00	Diagnostic Study (MRI)	\$ 150.00	2200339887	5/23/2011	Specialty Risk
42295	2/7/11 - 3/11/11	5/27/2011	\$ 450.00	Depo Prep, Depo Review	\$ 450.00	891A81210124	5/23/2011	Travelers
42041	1/26/11 - 1/26/11	5/27/2011	\$ 500.00	Depo Prep, Depo Review (San Diego)	\$ 500.00	2620397	5/23/2011	CompWest
42658	2/17/11 - 4/7/11	6/7/2011	\$ 650.00	2 Depo Preps, Depo Review (San Diego)	\$ 650.00	2624887	6/2/2011	CompWest
36337	3/29/11 - 5/2/11	6/7/2011	\$ 300.00	Diagnostic Study (MRI) Polysomnography (Sleep Test)	\$ 300.00	77413	6/3/2011	York/Calif Contractors
32520	12/10/08 - 4/29/11	6/7/2011	\$ 1,430.00	2 Initials, 4PR-2's, Depo Review	\$ 1,430.00	2006152033	6/2/2011	Specialty Risk
43964	4/18/2011	6/7/2011	\$ 313.00	Board Appearance (Full Day)	\$ 313.00	896D78386372	6/3/2011	Travelers
39849	11/5/10 - 5/24/11	6/7/2011	\$ 926.00	Depo Prep, 2 Board Appearances, 2 Diagnostic Studies, C&R Reading	\$ 926.00	2623962	6/1/2011	CompWest
42409	2/11/11 - 3/29/11	6/1/2011	\$ 556.50	Depo Prep, Depo Review, Diagnostic Study (MRI)	\$ 556.50	1101298397	6/1/2011	Zurich Insurance
42212	2/3/11 - 5/2/11	6/1/2011	\$ 563.00	Depo Prep, Depo Review, Board Appearance	\$ 563.00	1167246209	5/25/2011	The Hartford

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
42438	2/9/11 - 2/18/11	6/1/2011	\$ 437.75	Diagn. Study (MRI) 3hrs 45 mins, Depo Prep	\$ 437.75	0001829816	5/25/2011	Crum & Forster
38725	10/13/10 - 4/19/11	1/8/2006	\$ 1,406.86	Psychometric test, Initial Psych, Initial,	\$ 1,406.86	0234856	5/19/2011	Berkshire/Cypress
43375	3/15/11 - 3/22/11	6/1/2011	\$ 300.00	2 Diagnostic Studies (CT Scan)	\$ 300.00	22195	5/26/2011	LWP Claims
41948	1/14/11 - 2/3/11	5/24/2011	\$ 612.75	Depo Prep, Depo Review, Diagnostic Study (MRI) 2hrs 45mins	\$ 612.75	0000713730	5/19/2011	Sedgwick
39831	11/15/10 - 3/24/11	5/26/2011	\$ 1,330.00	Initial, 4 PR-2's, Diagnostic Study (EMG&NCV)	\$ 1,330.00	8813017192	5/26/2011	Farmers
31612	4/8/2011	5/26/2011	\$ 180.00	PR-2	\$ 180.00	6665335	5/18/2011	Chubb Group
38866	3/28/11 - 4/7/11	5/24/2011	\$ 380.00	F.C.E., P&S	\$ 380.00	8813013446	5/19/2011	Farmers
33241	4/6/2011	5/24/2011	\$ 150.00	Diagnostic Study (MRI)	\$ 150.00	1100118976	5/18/2011	Zurich Insurance
37454	4/19/2011	5/24/2011	\$ 150.00	PR-2	\$ 180.00	3000107167	5/24/2011	Republic Indemnity
38894	10/6/10 - 5/18/11	5/24/2011	\$ 647.50	Initial (2.5 hrs), 2 PR 2's	\$ 647.50	200521177 0	5/18/2011	Specialty Risk
42896	2/23/2011	7/18/2011	\$ 281.25	Diagnostic Study (CT Scan) 3hrs 40min	\$ 281.25	61723	7/14/2011	LWP Claims
40436	12/2/2010	7/18/2011	\$ 150.00	Diagnostic Study (MRI)	\$ 150.00	0086935493	7/15/2011	Gallagher Bassett
36128	7/29/2011	8/30/2011	\$ 250.00	C&R reading	\$ 250.00	643935	8/24/2011	Zenith
40699	10/7/2010	3/28/2011	\$ 165.00	Board Appearance (SDO @ 165.00)	\$ 165.00	455883	3/23/2011	Zenith
39518	10/7/10 - 8/1/11	10/5/2011	\$ 506.25	3 Diagn Studies (MRI & CT scans)	\$ 506.25	213934	9/23/2011	First Comp
42624	2/17/2011	7/18/2011	\$ 150.00	Diagn Study (MRI)	\$ 150.00	190543	7/11/2011	First Comp
43385	3/17/2011	8/8/2011	\$ 150.00	Diagn Study (MRI)	\$ 150.00	2663420	9/9/2011	First Comp
46832	7/21/2011	10/3/2011	\$ 150.00	Diagn Study (MRI)	\$ 150.00	213490	9/22/2011	First Comp
41686	1/10/2011	7/18/2011	\$ 258.75	Initial (2hrs 20min)	\$ 258.75	2648813	7/8/2011	First Comp
38289	9/24/2010	11/8/2010	\$ 250.00	Depo Review	\$ 250.00	2532698	11/2/2010	CompWest
37605	4/4/2011	5/10/2011	\$ 250.00	C&R reading	\$ 250.00	94991984	5/4/2011	Liberty Mutual

May 2010 - September 2011

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
39917	11/11/10 - 5/19/11	7/22/2011	\$ 613.00	2 Diagn Studies (MRI's) Board Appearance & Depo Prep	\$ 613.00	190542	7/11/2011	First Comp
37965	4/1/2011	5/10/2011	\$ 250.00	C&R reading	\$ 250.00	8812993004	5/9/2011	Farmers
38167	3/21/11 - 4/19/11	5/24/2011	\$ 410.00	Initial, PR-2	\$ 410.00	8813013010	5/19/2011	Farmers
38866	3/15/2011	4/8/2011	\$ 180.00	PR-2	\$ 180.00	8812944060	4/6/2011	Farmers
38866	1/10/2011	2/17/2011	\$ 250.00	Depo Review	\$ 250.00	8812860634	2/15/2011	Farmers
39656	11/2/2010	3/4/2011	\$ 150.00	Diagn Study (MRI)	\$ 150.00	881288607	3/2/2011	Farmers
39994	8/27/2011	9/30/2011	\$ 150.00	Diagn Study (MRI)	\$ 150.00	8813221322	9/30/2011	Farmers
39994	9/14/2011	10/6/2011	\$ 150.00	Diagn Study (EMG/NCV)	\$ 150.00	8813233247	10/4/2011	Farmers
40322	11/20/2010	4/1/2011	\$ 243.75	Diagn Study 3hrs 20 mins (MRI)	\$ 243.75	8812933830	3/30/2011	Farmers (Truck Ins Exchange)
40583	11/19/10 - 3/16/11	4/18/2011	\$ 562.50	3 Diagn Studies (2MRI & MRA 3.5hrs)	\$ 562.50	8812957554	4/14/2011	Farmers (Truck Ins Exchange)
41402	7/8/2011	8/17/2011	\$ 230.00	P&S Psych Eval	\$ 230.00	8813154340	8/16/2011	Farmers
41402	7/5/2011	8/2/2011	\$ 230.00	P&S	\$ 230.00	8813128321	8/1/2011	Farmers
41693	1/10/2011	7/19/2011	\$ 180.00	PR-2	\$ 180.00	8813105435	7/18/2011	Farmers
41791	1/28/11 - 7/12/11	8/10/2011	\$ 300.00	2 Diagn Studies (MRI's)	\$ 300.00	8813141146	8/8/2011	Farmers
41872	1/18/11 - 5/27/11	8/23/2011	\$ 450.00	3 Diagn Studies (2MRI & CT scan)	\$ 450.00	8813161556	8/19/2011	Farmers
42176	1/26/11 - 6/27/11	8/9/2011	\$ 408.75	Initial 2hrs 15mins, Diagn Study (Ultrasound)	\$ 408.75	8813130868	8/4/2011	Farmers
42807	2/22/2011	8/4/2011	\$ 150.00	Diagn Study (MRI)	\$ 150.00	8813129356	8/2/2011	Farmers
43486	3/18/2011	8/17/2011	\$ 150.00	Diagn Study (MRI)	\$ 150.00	8813152174	8/15/2011	Farmers
44103	4/8/2011	9/12/2011	\$ 150.00	Diagn Study (MRI)	\$ 150.00	8813190826	9/8/2011	Farmers
45755	7/26/2011	8/15/2011	\$ 250.00	Depo Review	\$ 250.00	8813152222	8/15/2011	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#
11/15/10 37050

Claim # : YMH28888C
W.C.A.B.:
ADJ # : A/
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs LUCKY GREEK
Date Of Injury: 6/19/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/29/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/03/10	PENALTIES	FOR DATE OF SERVICE 03/22/10	23.48
09/03/10	INTEREST	FOR DATE OF SERVICE 03/22/10	9.12
09/03/10	PENALTIES	FOR DATE OF SERVICE 04/29/10	37.50
09/03/10	INTEREST	FOR DATE OF SERVICE 04/29/10	11.58
10/12/10	WCAB LB	STATUS CONFERENCE (FULL DAY)	313.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/23/10	PMT BY CHECK	DOS 3/22/10 THRU 9/3/10	-488.18
		# 115779452 1	
11/11/10	PMT BY CHECK	DOS 10/12/10 # 115858870 4	-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.

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



000197
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Attention: This remittance incorporates
1 claim payments

Special Handling ID: RM 00

Page 1 of 2

Explanation of Benefits		Insured Name/ Claimant Name	Amount Paid
Invoice Number/ Date of Loss	Policy Number/ Claim Number		
37050 06-19-09	72WEC KO1295 YMHC 28888		\$313.00
Nature of Payment: Interpreter Fees at Hearing		Service Dates 10-12-2010 10-12-2010	\$313.00
Claim Handler: Me 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments: Interp at Hearing	

Please keep the above information for your records.

PAID

090694991

FOLD AT DOTTED LINE AND DETACH

HAR-100-2



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

56 -1544
441

Check Number: 115858870 4
Issue Date: 11-11-2010
Benefit Period: 10-12-2010 to 10-12-2010

\$*****313.00

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

Pay

THREE HUNDRED THIRTEEN DOLLARS AND 00/100

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

John N. Nimalis
Authorized Signature

1158588704 0441154431

632559738

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

*** INVOICE ***
Date NO#
10/25/10 37146

Claim # : 002038-003437-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/16/66
Terms : 45 days

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

Case: , vs EMERITUS SENIOR LIVING
Date Of Injury: 3/28/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/10	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (3 HRS)	345.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
06/21/10	PMT BY CHECK	DOS 3/24/10 # 0079195746	-345.00
09/08/10	P AND S	DR TERRENCE: PSYCH EVAL (4.5 HRS)	517.50
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
10/20/10	PMT BY CHECK	DOS 9/8/10 # 0081584643	-517.50

BALANCE 0.00

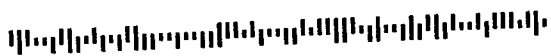
* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 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-LA/ANAHEIM N
GALLAGHER BASSETT SERVICE
P.O. BOX 14260
ORANGE CA 92863-1260

002038

PAGE 1 OF 1

006535



MDG2009 00004518 1 MB 0382 1

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



PAID

GALLAGHER BASSETT SERVICES INC
FOR EMERITUS CORPORATION

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

CLAIM NO.: 002038 003437 WC 01 (355)

CLAIMANT:

DESCRIPTION: INV#37146 DOS 9/8/10

DATES OF SERVICE: 08Sep2010 THRU 08Sep2010

BENEFIT PERIOD: THRU

BRANCH NO.: 138

ACC DATE: 28Mar09

NO.: 0081584643

VN: 0000147786

DATE: 20Oct10

AMOUNT: 517.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004518 005267 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#
10/15/10 36814

Claim # : 000502-035472-WC-01
W.C.A.B.:
ADJ # : F
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PICK UP STIX
Date Of Injury: 3/26/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
04/23/10	PMT BY CHECK	DOS 3/1/10 # 0078038856	-200.00
05/21/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
08/31/10	PENALTIES	FOR DATE OF SERVICE 05/21/10	37.50
08/31/10	INTEREST	FOR DATE OF SERVICE 05/21/10	9.61
09/16/10	PMT BY CHECK	DOS 5/21/10 THRU 8/31/10	-297.11
		# 0088091155	
09/14/10	WCAB SD	STATUS CONFERENCE	165.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
10/11/10	PMT BY CHECK	DOS 9/14/10 # 0081388011	-165.00

BALANCE 0.00

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

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

000502

PAGE 1 OF 1

002959

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

PAID

CLAIM NO.: 000502 035472 WC 01 (67219)

CLAIMANT:

DESCRIPTION: INVOICE #36814

DATES OF SERVICE: 14Sep2010 THRU 14Sep2010

BENEFIT PERIOD: THRU

BRANCH NO.: 187

ACC DATE: 21Apr09

NO.: 0081388011

VN: 0000405911

DATE: 11Oct10

AMOUNT: 165.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004584 005242 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#
09/20/10 37450

Claim # : 002586-037839-WC-01
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs VEOLIA TRANSPORTATION
Date Or Injury: 12/10/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
07/07/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	VOL II	0.00
08/03/10	PMT BY CHECK	MICHAEL JANUSEK # 100808	-356.50
		DOS 5/10/10 THRU 7/7/10	
		# 0080045805	
08/12/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		(L/O DENNIS FUSI)	
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
09/14/10	PMT BY CHECK	DOS 8/12/10 # 0080877887	-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.

RE0103061-0001_of_0001 5878-0004024 (F26D)

0103061 01 RE 0.382 **AUTO T6 0 5878 92781

DIRECT INQUIRIES TO:

PAID

CLAIM NO. 002586 037839 WC 01

CLAIMANT:

DESCRIPTION: INV# 37450 DOS 05/10/10-08/12/10

DATE OF SERVICE: 10-May-2010 TO 12-Aug-2010

BRANCH NO. 176

CHECK NO. 0080877887

ACC. DATE 10-Dec-2009

VN. 0001589609

DATE: 14-Sep-2010

PAYMENT AMOUNT:

\$250.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0080877887 ATTACHED BELOW



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

*** INVOICE ***
Date NO#
09/20/10 38045

Claim # : 494C0481965
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DALTA GLOBAL SERVICES
Date Of Injury: 6/10/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/10	WCAB SD	MSC	165.00
/ /	INTERPRETER:	REBECA CHAID # 100667	0.00
08/30/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
		VIVIAN NIETO #100793	
09/17/10	PMT BY CHECK	DOS 6/9/10 THRU 8/30/10	-365.00
		# DA63762522	

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-002812-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31083
TAMPA FL 33631-3083



DATE 09/17/10
CHECK NO. DA63762522

STATEMENT



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

5900A11DA 00 00909 DA63762522
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID

494C0481965

DOLLARS

\$*****365.00

* NOT NEGOTIABLE *

FOR

06/09/10 THRU 08/30/10 38045

CLAIMANT

DATE OF EVENT

06/10/08

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

PAID

DETACH THIS PORTION BEFORE CASHING

BOA18B (08/2008)

PDWLDMBD-002812-01-01-00

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#
11/02/10 38328

Claim # : FZL3538
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 LOWRY
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs IGEE INC.
Date Of Injury: 10/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/10	DEPO PREP	@ THE L/O OF BARNARD & ASSOC	156.50
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
08/25/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		JUAN PEREZ # 100777	
10/29/10	PMT BY CHECK	DOS 8/10/10 THRU 8/25/10	-406.50
		# 900A 26068266	

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

SC01185

900A

26068266

TRAVELERS 

DATE: 10/29/10
LOSS DATE: 10/24/09
FILE NUMBER: 480 CB FZL3538 H

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

EMPLOYEE

ACCOUNT NAME:
IGGEE, INC

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

EXPLANATION OF PAYMENT

LEGAL EXPENSE
FROM: 08/10/2010 TO: 08/25/2010

WEEKLY COMPENSATION RATE: \$220.00
TOTAL PAID: \$406.50
TAX INFO: 3309567133317481Y
PAY MISC: 38328
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: LANCE C LOWRY AT (800)727-3995

302021249

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#
11/02/10 35994

Claim # : 6354998
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ALLIED INTERNATIONAL
Date Of Injury: 5/1/04

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/09	MRI	REF BY DR SILVER: L/S @ CALIF RADIOLOGY*	150.00
02/10/10	PMT BY CHECK	DOS 11/10/09 # 3000034921	-150.00
10/13/10	CT SCAN	MYELOGRAM REF BY DR PAYMAN: L/S (2 HRS 20 MINS)	187.50
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/27/10	PMT BY CHECK	DOS 10/13/10 # 3000076013	-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.

Date: 10/27/2010
Check #: 3000076013
Payment Amount: 187.50



130559 1027 0 000455 000001 000819/000855

PAID

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

35994

Invoice								
Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
006354998		35994	10/20/2010	10/13/10	10/13/10		187.50	
Interpreter For Medical/WCAB						Total	187.50	

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 10/27/10 NO# 36817

Claim # : A5T9899
W.C.A.B.:
ADJ # : AD
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MISSION FOODS
Date Of Injury: 9/7/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/16/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/23/10	PMT BY CHECK	DOS 2/22/10 # 896D 76179522	-156.50
05/10/10	PMT BY CHECK	DOS 4/16/10 # 896D 76268076	-250.00
09/14/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
10/22/10	PMT BY CHECK	DOS 9/14/10 # 896D 77166281	-250.00

BALANCE 0.00

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

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

SB04742

896D 77166281 ✓


TRAVELERS

DATE: 10/22/10 ✓
LOSS DATE: 09/07/09
FILE NUMBER: 152 CB A5T9899 E

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

EMPLOYEE

ACCOUNT NAME:
GRUMA CORPORATION

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 02/22/2010 TO: 09/14/2010

TOTAL PAID: \$250.00
TAX INFO: 3309567133317481Y
PAY MISC: 36817

PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: CECILIA H REYES AT (909)612-3898

295014742

DETACH CHECK →

UNSUMM -021410
OVRPUN2-121295
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#
09/21/10 35048

Claim # : 01088-019988-WC-01
W.C.A.B.: SP00200501
ADJ # : 1 16
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SCOTTSDALE)
W.C. DEPARTMENT
ATTN: VICKI DOMINGO
4110 N. SCOTTSDALE RD., STE 240
SCOTTSDALE, AZ 85251

Case: vs ACUSHNET CO.
Date Of Injury: 7/2/01

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
10/14/09	PMT BY CHECK	DOS 8/19/09 # 0074203070	-150.00
09/16/10	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
09/17/10	PMT BY CHECK	DOS 9/16/10 # 0080946552	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT - PHOENIX
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

010888

PAGE 1 OF 1 006128



MDG2009 00006214 1 MB 0382 1

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



GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 800-231-3759
GALLAGHER BASSETT - PHOENIX
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

CLAIM NO.: 010888 019988 WC 01 (GOLFCLUBOP)

CLAIMANT:

DESCRIPTION: INVOICE 35048

DATES OF SERVICE: 16Sep2010 THRU 16Sep2010

BENEFIT PERIOD: THRU

BRANCH NO.: 007

ACC DATE: 02Jul01

NO.: 0080946552

VN: 0000395293

DATE: 17Sep10

AMOUNT: 150.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006214 002934 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#
11/04/10 36686

Claim # : CA0700101
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs WEYHERHAEUSER
Date Of Injury: 10/11/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/10	DEPO PREP	@ THE L/O OF GRACELL & LEBOVITZ	156.50
/ /	INTERPRETER:	GRACE HERNANDEZ # 22059879	0.00
03/23/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/20/10	PMT BY CHECK	DOS 2/11/10 THRU 3/23/10 # 0023950298	-406.50
08/02/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/07/10	DEPO PREP	@ THE L/O OF GRANCEL & LEBOVITZ PART III	156.50
/ /	INTERPRETER:	ANNETTE CHANGALA # 100783	0.00
09/23/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL III	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/01/10	PMT BY CHECK	DOS 8/2/10 THRU 9/23/10 # 0025913122	-656.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

RETURN SERVICE REQUESTED

DATE	CHECK AMT	CHECK NO.
11/1/2010	656.50	0025913122
PAYEE	TAX ID	
JOYCE ALTMAN INTERPRETERS	*****6713	
SCMS UNIT	PAGE	
670 Sedgwick Claims Management Services	1	

540



36686

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

Claimant Name	Loss Date	Claim Number	SSN
	10/11/2007	CA0700101	
Amt Paid: 656.50	Description:		
Amt Billed: 656.50	Invoice: 3666	ICN: CA0700101	
Dates: 02/11/2010 - 09/23/2010	Comment:		

Questions about other Sedgwick CMS 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#
11/10/10 38399

Claim # : 003626-001026-WC-01
W.C.A.B.:
ADJ # : ADJ7
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ADESA LOS ANGELES
Date Of Injury: 10/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/10	DEPO PREP	@ THE L/O OF LOWER & KESNER	156.50
/ /	INTERPRETER:	DON DRAPER # 301257	0.00
09/17/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
11/01/10	PMT BY CHECK	DOS 8/31/10 THRU 9/17/10	-406.50
		# 0081798705	

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

003626

PAGE 1 OF 1 002805



MDG2009 00004761 1 MB 0382 1

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



GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

CLAIM NO.: 003626 001026 WC 01 (ADE032100)

CLAIMANT:

DESCRIPTION: INVOICE #38399

DATES OF SERVICE: 31Aug2010 THRU 17Sep2010

BENEFIT PERIOD: THRU

BRANCH NO.: 187

ACC DATE: 01Oct09

NO.: 0081798705

VN: 0000018579

DATE: 01Nov10

AMOUNT: 406.50

PAID

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004761 005460 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#
11/08/10 38256

Claim # : 24320
W.C.A.B.:
ADJ # : AL
S.S.N. :
D.O.B. : 2/14/83
Terms : 45 days

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

Case: vs ADVANCED MEDIA SERVICE (AMS)
Date Of Injury: 7/30/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/10	DEPO PREP	@ THE L/O OF SAMUELSEN & GONZALEZ	156.50
/ /	INTERPRETER:	JOSE GARCIA # 301005	0.00
10/01/10	PMT BY CHECK	DOS 8/20/10 # 21519489	-156.50
09/13/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/01/10	PMT BY CHECK	DOS 9/13/10 # 2532379	-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 MEDICAL BENEFITS

PmtID: 2532379

Page 1 of 1

Invoice #: 38256

Group: CompWest Insurance Company
 Employer: Advantage Media Services Inc

Injured Worker:
 Claim#: 0000024320 DOI: 2008-07-30

Pat Acct#: License#:

Prov ID#: 2010-09-13 - 2010-09-13

Dates of Svc: 2010-09-13 - 2010-09-13

Comments:

Review Date:

Bill Recvd:

Print Date: 2010-11-01

Recon Date

Check Date: 11/01/2010 Chk #: 2532379

Diagnosis:



01 100-000160 1011 1 003 145

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

Service	Modifiers	POS	Diag Cd	Billed	MRA Reduct	Netwrk Red	Payment
---------	-----------	-----	---------	--------	------------	------------	---------

PAID

PLEASE DETACH BEFORE DEPOSITING CHECK

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

CompWest Insurance Company
 PO Box 12859
 Newport Beach, CA 92658

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

11-24
 1210

Date: 11/01/2010

Check #: 2532379

CLAIM NUMBER	DATE OF INJURY
0000024320	2008-07-30

INJURED WORKER

\$*****250.00

VOID AFTER 180 DAYS

PAY **Two Hundred Fifty and 00/100-US Dollars **

01 100-000160 1011 1 145

PAY
 TO
 THE
 ORDER
 OF

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

Kenneth K. R. R.

Authorized Signer

If \$5,000 or greater two signatures required

⑈0002532379⑈ ⑆121000248⑆ 4121224901⑈

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

*** INVOICE ***
Date NO#
11/10/10 38360

Claim # : 5000-017783
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/31/45
Terms : 45 days

BILL TO:
MARRIOTT CLAIMS SVCS (ARIZONA)
W.C. DEPARTMENT
ATTN: TODD CAMBERLEND
P.O. BOX # 29210
HOT SPRINGS, AR 71903-9010

Case: - vs MARRIOTT (IRVINE)
Date Of Injury: 7/27/01

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/10	SURGERY	DR AFLATOON @ MONROVIA HOSP. (6 HRS)	540.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
11/04/10	PMT BY CHECK	DOS 8/24/10 # 86584731	-540.00

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.

MCS - on behalf of Marriott

PO Box 250054 Plano, TX 75025-0054

PAID

Workers Compensation

Payee: Joyce Altman Interpreting, Inc.
Employer: IRVINE MARRIOTT
Claim Number: 5000-01-1783
Claimant Name:
Injury Date: 07/27/2001
Description: Translation/Medical
Instruction: No Attachment or Special Instruction Required
Comment:

IRS/SSN: 330956713
Check Number: 86584731
Claimant SSN: 552-27-8440
Invoice Number: 38360
Account Number:

Examiner: TCUMBERLAN
Check Total: 540.00
Check Date: 11/04/2010
From Date: 08/24/2010
Through Date: 08/24/2010
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#
11/15/10 38288

Claim # : YMH41268
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/20/88
Terms : 45 days

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

Case: vs MOLLY MAID
Date Of Injury: CT 7/1/09-7/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/10	INITIAL EXAM	DR ZARGARAFF @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
11/10/10	PMT BY CHECK	DOS 8/16/10 # 115855654 3	-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.

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



000132
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 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid		
38288 07-08-10	42WE LF2763 YMHC 41268	FAGGIOLI ENTERPRISES INC. MOLLY MAID OF BURBANK	\$230.00		
Nature of Payment: Miscellaneous Medical		Service Dates 08-16-2010 08-16-2010	\$230.00		
Claim Handler: Linda Grivich 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments:			
Issue Date	11-10-2010	Check Number	115855654 3	Total Amount of Check	\$230.00

Please keep the above information for your records.

090662217

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#
11/15/10 32364

Claim # : 80700161233
W.C.A.B.: LBO 0200505
ADJ # : ADJ.
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DRESSI & STALMER MFG.
Date Of Injury: 3/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/08	WCAB LB	MSC	156.50
12/22/08	PMT BY CHECK	DOS 11/10/08 # 8070259370	-156.50
01/12/09	DEPO PREP	@ THE L/O OF MC DERMOTT & CLAWSON	156.50
04/02/09	PENALTIES	FOR DATE OF SERVICE 1/12/09	23.48
04/02/09	INTEREST	FOR DATE OF SERVICE 1/12/09	4.93
04/10/09	PMT BY CHECK	DOS 1/12/09 # 200037305	-156.50
06/12/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/01/09	PMT BY CHECK	DOS 11/10/08 THRU 6/12/09 # 200079866	-278.41
11/02/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/11/10	PMT BY CHECK	DOS 11/2/10 # 200385579	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

EMPLOYERS[®]

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

Check Number: 200385579
Check Date: 11/11/2010

Claim Number: 80700161233

Injured Employee:

Payment Description: Intrepreter
Billed Date: n/a
Service Period: 11/10/2008 through 11/02/2010
Invoice Number: 32364
Billed Amount: \$250.00
Comments: Intrepreter

Account Number: n/a
Document Number: n/a
Paid Amount: \$250.00

Check Total:

\$250.00

PAID

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

*** INVOICE ***
Date NO#
11/15/10 36455

Claim # : 494C1117215
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SELECT PERSONNEL SERVICES
Date Of Injury: 8/31/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
02/08/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		MIKE JANUSEK #100808	
04/30/10	PMT BY CHECK	DOS 1/15/10 THRU 2/8/10	-450.00
		# DA62848414	
10/08/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
11/09/10	PMT BY CHECK	DOS 10/8/10 # DA64109295	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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PDWLDMBD-003173-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 11/09/10

CHECK NO. DA64109295



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

STATEMENT

3645

5900A11DA 00 00909 DA64109295
JOYCE ALTMAN INTEPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID

494C1117215

DOLLARS

*****250.00

* NOT NEGOTIABLE *

FOR

10/08/10 THRU 10/08/10 36455

CLAIMANT

DATE OF EVENT

08/31/09

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

PAID

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

PDWLDMBD-003173-01-01-00

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#
11/18/10 38212

Claim # : A5T3670; A4Q3075
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SWEET-ROLL, INC.
Date Of Injury: 6/12/07;4/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/10	QME EVAL	DR DOMARACKI @ WILLOW MEDICAL (2.5 HRS)	287.50
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
08/19/10	EMG TESTING	& NCV BY DR KAVOOSI @ WILLOW MED: L/E*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
11/09/10	PMT BY CHECK	DOS 8/5/10 THRU 8/19/10 # 891A 80551783	-437.50

BALANCE 0.00

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

SB01870

891A 80551783

TRAVELERS 

DATE: 11/09/10
LOSS DATE: 04/04/09
FILE NUMBER: 480 CB A4Q3075 M

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

EMPLOYEE

ACCOUNT NAME:
SWEET & ROLL, INC

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

EXPLANATION OF PAYMENT

QME (CA ONLY)

SERVICE DATE: 08/05/2010 TO: 08/19/2010

TOTAL PAID: \$437.50
TAX INFO: 3309567133721476Y
PAY MISC: #38212
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

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

313011870

DETACH CHECK 

UNSUMM -021410
OVRPUN52-121295
DETACH CHECK 

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

*** INVOICE ***
Date NO#
03/09/11 37203

Claim # : 002221-004455-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: SONIA AVALOS
P.O. BOX # 4040
SACRAMENTO, CA 95812-4040

Case: vs E.T. SECURITY
Date Of Injury: 7/15/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/10	SURGERY	DR GALLONI @ MONROVIA HOSP. (9.5 HRS)	712.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
01/20/11	SURGERY	DR GALLONI - LT SHLDR (6 HRS)	540.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
03/02/11	PMT BY CHECK	DOS 4/8/10 THRU 1/20/11 # 0084131153	-1252.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

002221

PAGE 1 OF 1

002837



MDG2009 00004704 1 MB 0382 1

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



PAID
MAR 09 2011

BY: a

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 004455 WC 01 (0133909101)

CLAIMANT:

DESCRIPTION: INV#: 37203

DATES OF SERVICE: 08Apr2010 THRU 20Jan2011

BENEFIT PERIOD: THRU

BRANCH NO.: 180

ACC DATE: 15Jul09

NO.: 0084131153

VN: 0000233659

DATE: 02Mar11

AMOUNT: 1252.50

RECEIVED MAR 09 2011

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004704 005362 001 003

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

*** INVOICE ***
Date NO#
02/07/11 32366

Claim # : 33006433
W.C.A.B.: N/A
ADJ # : ADJ6
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SAN FRAN)
W.C. DEPARTMENT
ATTN: JEWELL WILLIAMS
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs OJAI VALLEY INN AND SPA
Date Of Injury: 8/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/08	C&R READING	@ THE L/O OF DENNIS FUSI (CLIENT DIDN'T SIGN)	95.00
01/15/09	PMT BY CHECK	DOS 11/11/08 # 00736642	-95.00
01/13/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/12/10	PMT BY CHECK	DOS 1/13/10 # 0140460	-156.50
03/05/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/22/10	PMT BY CHECK	DOS 3/5/10 # 0153926	-250.00
11/02/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
11/24/10	PMT BY CHECK	DOS 11/2/10 # 0196266	-156.50
01/05/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
02/03/11	PMT BY CHECK	DOS 1/5/11 # 0211219	-250.00

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 : 02/03/2011
Check Number : 0211219
Check Amount : \$250.00

HB6D10



qix5a
00082

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

PAID
FEB 07 2011

BY: _____



Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33006433		08/09/2008	32366	Interpreter Fees -	11/11/2008	01/05/2011	\$250.00

82-82



4014

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

*** INVOICE ***
Date NO#
02/07/11 39441

Claim # : PZC00475253
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs GARMENT INDUSTRIES
Date Of Injury: ct 1/11/05-9/15/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/28/10	MRI	C/S, BIL KNEES & ULTRASOUND: PAP LOWER (2H 15M)	168.75
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/16/10	MRI	REF BY DR KOMBERG: L/S (3 HRS 50 MINS)	300.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/03/11	PMT BY CHECK	DOS 10/28/10 THRU 12/16/10 # 0001737935	-468.75

BALANCE 0.00

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CRUM&FORSTER

Number:
0001737935

Vendor Number: 408699201

Issuing Location: Orange County Claims

Check Date: 02/03/2011

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
39441	PZC00475253	MC	39441	08/30/2010	\$468.75

PAID
FEB 07 2011

BY: *a*

TOTAL: \$468.75



Send Inquiries to:

P.O. Box 14217
Orange, CA 92863

Processor: U. Mora

Internal Reference No: 39441

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#
02/11/11 37886

Claim # : ACSJ1736
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: DESIREE ANDRADE
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs C&R HOSPITALITY dba DAYS INN
Date Of Injury: 5/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/28/10	INITIAL EXAM	DR ZARGARAFF @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
07/16/10	EMG TESTING	& NCV: U/L/E @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
08/11/10	PR2/REEVAL	DR ZARGARAFF*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
10/04/10	PR2/REEVAL	DR ZARGARAFF* AUGUSTO SALAZAR # 500286	180.00
11/17/10	PR2/REEVAL	DR ZARGARAFF*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
12/17/10	P AND S	DR CARRERA - PSYCH EVAL @ AMERI CHIRO (4 HRS)	460.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/03/11	P AND S	DR ZARGARAFF* AUGUSTO SALAZAR # 500286	230.00
02/08/11	PMT BY CHECK	DOS 6/28/10 THRU 1/3/11 # 444795	-1610.00

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.

37886

Mailing Information:

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

Claim Number: ACSJ1736
Claimant:
Date of Loss: 06/21/2010
Check Number: 444795
Check Date: 02/08/2011
Check Amount: \$1,610.00
Type of Payment: 176 INTERPRETER MED

Location: 4002422 Jefferson 14120 S. Hawthorne Blvd.
For Period: 06/28/2010 to 01/03/2011
IRS #: 33-0956713

FEB 10 2011

BY: _____

PLEASE DETACH BEFORE DEPOSITING

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

York Insurance Services Group, Inc.

ASCIP SI (AIG)
c/o York Insurance Services Group, Inc.
313 E. Foothill Blvd
Upland, CA. 91786-3952

Wachovia
190 River Road
Summit, NJ. 07901
55-2/212

REF. NUMBER	
ACSJ1736	
DATE	CHECK NO.
02/08/2011	444795
AMOUNT	
***\$1,610.00	

PAY

ONE THOUSAND SIX HUNDRED TEN AND 0/100 DOLLARS

TO
THE
ORDER
OF

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

David Pomicino

"Not Negotiable after 90 days"
COUNTER SIGNATURE REQUIRED OVER 10,000.00

⑈0444795⑈ ⑆021200025⑆ 2000037643386⑈

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

*** INVOICE ***
Date NO#
02/15/11 39231

Claim # : 2010123434
W.C.A.B.:
ADJ # : AD
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs KENSINGTON CATERERS
Date Of Injury: 2/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/27/10	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
/ /	INTERPRETER:	LETTY J. GREEN # 100569	0.00
10/28/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/05/10	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
		VOL II	
/ /	INTERPRETER:	LINDA WEINBERG # 08025285	0.00
12/14/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		VOL II	
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/11/11	PMT BY CHECK	DOS 9/27/10 THRU 12/14/10	-813.00
		# 200439245	

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: 200439245
Check Date: 02/11/2011

Claim Number: 2010123434
Injured Employee:

Payment Description: Intrepreter
Billed Date: n/a
Service Period: 09/27/2010, through 12/14/2010
Invoice Number: 39231
Billed Amount: \$813.00
Comments: interpreting

Account Number: n/a
Document Number: n/a
Paid Amount: \$813.00

Check Total: \$813.00

PAID
FEB 15 2011

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#
02/17/11 36336

Claim # : 33004350; 33014534
W.C.A.B.:
ADJ # : AI -----
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs GREAT WESTERN LITHO & BINDERY
Date Of Injury: 5/1/08; 11/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/10/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		JUAN PEREZ # 100777	
03/18/10	PMT BY CHECK	DOS 1/7/10 THRU 2/10/10	-406.50
		# 0147064	
01/18/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/14/11	PMT BY CHECK	DOS 1/18/11 # 0213245	-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.

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 02/14/2011 ✓
Check Number : 0213245 ✓
Check Amount : \$250.00 ✓

W69D15



rdz5a
00021

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



PAID
FEB 17 2011

BY:.....

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33014534		11/04/2009	36336	Interpreter Fees -	01/18/2011	01/18/2011	\$250.00

21-21



4014

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

*** INVOICE ***
Date NO#
02/17/11 40369

Claim # : 002547-007902-WC-01
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PYRAMID BUILDERS
Date Of Injury: 5/23/07

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/10	WCAB SA	STATUS CONFERENCE	156.50
		MARIA SEARS # 100795	
01/04/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/10/11	PMT BY CHECK	DOS 11/18/10 THRU 1/4/11	-406.50
		# 0083785932	

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

PAGE 1 OF 1

0103043 01 RE 0.382 **AUTO T5 0 5728 92781



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

PAID
FEB 17 2011
BY: 

DIRECT INQUIRIES TO:

PHONE: 1-818-746-9925
GALLAGHER BASSETT-LA/CALA
PO BOX 9875
CALABASAS CA 91372

VSC/OLD REPUBLIC CONSTRUCTION P
ROGRAM GROUP

CLAIM NO. 002547 007902 WC 01

CLAIMANT:

DESCRIPTION: INV# 40369

DATE OF SERVICE: 18-Nov-2010 TO 04-Jan-2011

BRANCH NO. 165

CHECK NO. 0083785932

ACC. DATE 23-May-2007

VN. 0000311752

DATE: 10-Feb-2011

PAYMENT AMOUNT:

\$406.50

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0083785932 ATTACHED BELOW

RE0103043-0001_of_0001 5728-C003871 (F26D)



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

*** INVOICE ***
Date NO#
02/22/11 39843

Claim # : PZC00454
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BURGER KING
Date Of Injury: 12/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/10	DIAGN STUDY	REF BY DR MARSHAK: CARDIAC STR STRESS (4H 25M)	318.75
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
11/21/10	PRE-OP	DR KASIMIAN @ MONROVIA HOSP. (3.5 HRS)	315.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
11/22/10	SURGERY	DR KASIMIAN @ MONROVIA HOSP. (13.5 HRS)	1215.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/17/11	PMT BY CHECK	DOS 11/1/10 THRU 11/22/10 # 0001747295	-1848.75

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:
0001747295

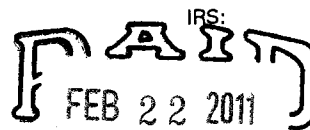
Vendor Number: 406680494

Issuing Location: Orange County Claims

Check Date: 02/17/2011

Payee:

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



BY: _____

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
39843	PZC00454621	MC	39843	12/05/2009	\$1,848.75

TOTAL: \$1,848.75



Send Inquiries to:

P.O. Box 14217
Orange, CA 92863

Processor: U. Mora

Internal Reference No: 39843

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#
02/28/11 38703

Claim # : 002569343308-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: JESSICA BORO
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs CHIPOTLE
Date Of Injury: 3/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/10	ULTRASOUND	DIAGNOSTIC STUDY REF BY DR LA	243.75
		LT BREAST (3H 15M)	
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/23/11	PMT BY CHECK	DOS 10/14/10 # 0084031430	-243.75

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

PAGE 1 OF 1

0103023 01 RE 0.382 **AUTO T5 0 5736 92781

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

PAID
FEB 28 2011

BY: _____

DIRECT INQUIRIES TO:

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

CHIPOTLE MEXICAN GRILL, INC.

CLAIM NO. 002569 343308 WC 01

CLAIMANT:

DESCRIPTION: INV #38703 DOS 10/14/10

DATE OF SERVICE: 14-Oct-2010 TO 14-Oct-2010

BRANCH NO. 094

CHECK NO. 0084031430

ACC. DATE 01-Mar-2008

VN. 0002469465

DATE: 23-Feb-2011

PAYMENT AMOUNT:

\$243.75

RECEIVED FEB 28 2011

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0084031430 ATTACHED BELOW

RE0103023-0002_of_0002 5736-0003905 (F26D)



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

*** INVOICE ***
Date NO#
02/28/11 38773

Claim # : 345C6190932
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SELECT STAFFING/ MARUCHAN
Date Of Injury: 6/09 - 7/13/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/10	DEPO PREP	@ THE L/O OF SAMUELSON & VALENZUELA	156.50
/ /	INTERPRETER:	GABRIELA PUELLES # 100616	0.00
11/18/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/01/10	PMT BY CHECK	DOS 10/8/10 # DA64259735	-156.50
12/03/10	DEPO PREP	@ THE L/O OF SAMUELSON & VALENZUELA - VOL II	156.50
/ /	INTERPRETER:	GRACE HERANDEZ # 22059879	0.00
12/16/10	PMT BY CHECK	DOS 11/18/10 # DA64364183	-250.00
01/05/11	PMT BY CHECK	DOS 12/3/10 # DA64479891	-156.50
01/14/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/25/11	PMT BY CHECK	DOS 1/14/11 # DA64821299	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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PDWLDMBD-002384-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 02/25/11

CHECK NO. DA64821299



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

STATEMENT

5900A11DA 00 00029 DA64821299
JOYCE ALTMAN INTEPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID

345C6190932

DOLLARS

\$*****250.00

* NOT NEGOTIABLE *

FOR

01/14/11 THRU 01/14/11 INV#38773

CLAIMANT

DATE OF EVENT

06/21/10

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.

PAID
FEB 28 2011

BY:.....

RECEIVED FEB 28 2011

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date NO#
03/01/11 38061

Claim # : 0216084-WCMSTR
W.C.A.B.:
ADJ # : A---
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SUBWAY SANDWICHES
Date Of Injury: ct 12/1/08-12/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
11/17/10	WCAB LB	MSC (FULL DAY) PATRICIA HAYES # 100761	313.00
02/25/11	PMT BY CHECK	DOS 7/20/10 THRU 11/17/10 # 148154	-469.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED

Bastian Restaurant Group, LLC.

Claimant

Check No: 148154

Check Amt: \$469.50

Check Date: 02/25/2011

Claimant:

Soc. Sec. No:

Claim No: 0216084-WCMSTR

Date of Loss: 12/14/2009

Adjuster: Venvertloh, William

Payee Name: JOYCE ALTMAN INTERPRETERS, INC

Payment Type: Other Legal

Service Dates: 07/20/2010 To: 11/17/2010

Invoice No: 38061

Payable Comment

PAID
FEB 28 2011

BY: a

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED

Bastian Restaurant Group, LLC.

Claimant

Check No: 148154

Check Amt: \$469.50

Check Date: 02/25/2011

Claimant:

Soc. Sec. No:

Claim No: 0216084-WCMSTR

Date of Loss: 12/14/2009

Adjuster: Venvertloh, William

Payee Name: JOYCE ALTMAN INTERPRETERS, INC

Payment Type: Other Legal

Service Dates: 07/20/2010 To: 11/17/2010

Invoice No: 38061

Payable Comment

RECEIVED FEB 28 2011

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

*** INVOICE ***
Date NO#
02/28/11 35866

Claim # : 80700166586
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs GOLDEN STATE SEA FOODS
Date Of Injury: 7/29/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/09	QME EVAL	DR ALEXANDER RASKIN @ SOUTH. CA. MED (5 HRS)	575.00
01/19/10	PMT BY CHECK	DOS 11/30/09 # 200208728	-575.00
07/06/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/21/10	PMT BY CHECK	DOS 7/6/10 # 200315011	-156.50
02/02/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O CANTRELL	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
02/25/11	PMT BY CHECK	DOS 2/2/11 # 200446964	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

EMPLOYERS®

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

Check Number: 200446964
Check Date: 02/25/2011

Claim Number: 80700166586
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: n/a
Service Period: 11/30/2009 through 02/02/2011
Invoice Number: 35866
Billed Amount: \$250.00
Comments: interpreting

Account Number: n/a
Document Number: n/a
Paid Amount: \$250.00

Check Total:

\$250.00

PAID
FEB 28 2011

BY: _____

RECEIVED FEB 28 2011

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

*** INVOICE ***
Date NO#
03/03/11 38599

Claim # : 494C0888195
W.C.A.B.:
ADJ # : AI
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ACE/ESIS WC (TAMPA FL-31082)
W.C. DEPARTMENT
ATTN: AASHIKA KURUP
P.O. BOX 31082
TAMPA, FL 33631

Case: vs CESARIO ENTERPRISES
Date Of Injury: CT 07/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/10	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	PATRICIA LYMAN # 100694	0.00
10/26/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
10/13/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/01/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/28/11	PMT BY CHECK	DOS 9/8/10 THRU 2/1/11 # DA64837180	-719.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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PDWLDMBD-003230-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31083
TAMPA FL 33631-3083



DATE 02/28/11
CHECK NO. DA64837180



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

STATEMENT

5900A11DA 00 01022 DA64837180
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
494C0888195

DOLLARS
\$*****719.50

* NOT NEGOTIABLE *

FOR
09/08/10 THRU 02/01/11 38599

CLAIMANT

DATE OF EVENT
04/17/09

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

PAID
MAR 03 2011

BY:.....

RECEIVED MAR 03 2011

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#
03/10/11 31991

Claim # : 710095471
W.C.A.B.: N/A
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: MIKE SNELL
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs RUSS BASSETT CORPORATION
Date Of Injury: 3/29/05 - 9/30/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/01/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
01/08/09	INITIAL EXAM	DR SAMIMI @ WILLOW MED*	230.00
01/12/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
02/18/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
02/19/09	PMT BY CHECK	DOS 10/10/08 THRU 1/8/09 # 30648701	-590.00
03/18/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
04/01/09	PMT BY CHECK	DOS 1/12/09 THRU 2/18/09 # 31163480	-360.00
04/10/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
04/18/09	PMT BY CHECK	DOS 3/18/09 # 31388329	-180.00
05/05/09	PMT BY CHECK	DOS 4/10/09 # 31577577	-180.00
05/05/09	SURGERY	DR SAMIMI @ MONROVIA HOSPITAL (6.5 HRS)	487.50
05/14/09	PR2/REEVAL	DR SAMIMI @ WILLOW MED*	180.00
05/13/09	PR2/REEVAL	DR JARCHI @ WILLOW MED*	180.00
06/08/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/01/09	PMT BY CHECK	DOS 5/5/09 THRU 5/14/09 # 31989416	-667.50
07/13/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/17/09	PMT BY CHECK	DOS 5/13/09 THRU 6/8/09 # 32023719	-360.00
07/30/09	PMT BY CHECK	DOS 7/13/09 # 32051676	-180.00
07/17/09	PR2/REEVAL	DR SAMIMI @ WILLOW MED*	180.00
08/10/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
08/24/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/18/09	PMT BY CHECK	DOS 7/17/09 THRU 8/10/09 # 32159325	-360.00
09/22/09	PMT BY CHECK	DOS 8/24/09 # 32165278	-180.00
09/24/09	P AND S	DR DOMARACKI @ WILLOW MED*	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#
03/10/11 31991

Claim # : 710095471
W.C.A.B.: N/A
ADJ # : AD
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: MIKE SNELL
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs RUSS BASSETT CORPORATION
Date Of Injury: 3/29/05 - 9/30/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/09	PMT BY CHECK	DOS 9/24/09 # 32217549	-230.00
11/06/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/16/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/15/10	PMT BY CHECK	DOS 11/6/09 THRU 12/16/09 # 13921861	-360.00
07/28/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/21/10	PMT BY CHECK	DOS 7/28/10 # 14652360	-156.50
10/06/10	WCAB LB	MSC	156.50
11/13/10	PMT BY CHECK	DOS 10/6/10 # 15530025	-156.50
02/09/11	WCAB LB	FULL DAY TRIAL - SABINE	313.00
		SKELTON # 300884	
03/05/11	PMT BY CHECK	DOS 2/9/11 # 16635421	-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.

CHARTIS
P.O. BOX 2017
JERSEY CITY

NJ 07303-2017

LMS ABOVE ADDRESS ONLY FOR RETURNS
999 3 7101663542100239394

PAID
MAR 10 2011

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

BY: _____

Remittance - JOYCE ALTMAN INTERPRETERS INC
COMMERCE AND INDUSTRY INSURANCE CO.

No.: 16635421
RFP No.: 00239394
03/05/2011

Insured: RUSS BASSETT CORPORATION (A CO
Claimant:

Claim Office: 710

Producer:
ACT: 31991 020911-020911

Policy Claim Sym. DOL TYP S
000003283518 00095471 01 03/29/2005 EXP 0

Amount
\$313.00

RECEIVED MAR 10 2011

Use file # 710-00095471 on all correspondence, for prompt processing.
For check information call: 714-436-3970

*** INVOICE ***
Date NO#
03/11/11 38128

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

BALANCE	0.00
---------	------

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

* 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



MAR 11 2011

BY:.....

000642
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 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid		
07-22-10 38128	72WE LM4082 YMHC 41963	SHAKEYS RESTAURANT	\$1,360.00		
Nature of Payment: Miscellaneous Medical		Service Dates 02-25-2011 02-25-2011	\$1,360.00		
Claim Handler: Beth Acuff 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments: CHECKED MAR 11 2011			
Issue Date	03-04-2011	Check Number	116349886 6	Total Amount of Check	\$1,360.00

Please keep the above information for your records.

092682625

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#
03/15/11 42206

Claim # : 05312528
W.C.A.B.:
ADJ #
S.S.N.:
D.O.B.:
Terms : 45 days

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

Case: vs NIRON INC.
Date Of Injury: 6/27/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/11	DIAGN STUDY	MRA REF BY DR HARONIAN: RT SHOULDER (3 HRS)	225.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/12/11	MRI	REF BY DR HARONIAN: RT SHLDR, STRENOCLAV JOINT*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/11/11	PMT BY CHECK	DOS 1/12/11 THRU 2/1/11 # CU-768941	-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.

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: CU-768941

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 03/11/11
Doc #: 022417568

Page 1 of 2

Medical

42204 - 36319

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:		05312528	Date of Injury: 06/27/08		
ICD-9 Code:999.9				COMPLIC MED CARE NEC/NOS					
1	SF1-SFCA-8023602	01/12/11	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
2	SF1-SFCA-8023602	02/01/11	999Q2	Interpreter Treatmen	1	225.00	.00	723	225.00
Subtotal:									375.00
Patient Name:				Claim #:		05078704	Date of Injury: 06/14/07		
ICD-9 Code:999.9				COMPLIC MED CARE NEC/NOS					
3	SF1-SFCA-8022048	01/06/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
4	SF1-SFCA-8022048	12/09/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
Subtotal:									360.00
Total Allowances:									\$735.00

MAR 15 2011

BY:.....

RECEIVED MAR 14 2011

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 insured 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#
03/15/11 40061

Claim # : 02334746
W.C.A.B.: LBO
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AMERICAN TEXTILE MAINT/MEDCO
Date Of Injury: 12/23/04

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
09/23/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
11/03/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
12/07/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
12/28/10	PMT BY CHECK	DOS 8/25/10 THRU 11/3/10 # CU-737776	-540.00
01/04/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
01/25/11	PMT BY CHECK	DOS 12/7/10 # CU-750025	-180.00
02/01/11	PR2/REEVAL	DR CHAN (2 HRS 15 MINS)	202.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/18/11	PMT BY CHECK	DOS 1/4/11 # CU-760993	-180.00
03/10/11	PMT BY CHECK	DOS 2/1/11 # CU-768398	-202.50
BALANCE			0.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-7622
(818) 291-7000

Provider Number: 330956713

Check #: CU-768398

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 03/10/11

Doc #: 022407584

Page 1 of 2

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #: 02334746		Date of Injury: 12/23/04			
				ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS					
1	SF1-SFCA-8011667	02/01/11	999Q2	Interpreter Treatmen	9	202.50	.00	723	202.50
Patient Name:				Claim #: 05557680		Date of Injury: 02/01/10			
				ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS					
2	SF1-SFCA-8010980	01/19/11	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
3	SF1-SFCA-8010980	02/02/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
Subtotal:									330.00
Patient Name:				Claim #: 04948442		Date of Injury: 09/18/06			
				ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS					
4	SF1-SFCA-8011680	02/03/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
Patient Name:				Claim #: 05516680		Date of Injury: 09/11/09			
				ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS					
5	SF1-SFCA-8011132	02/03/11	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
Patient Name:				Claim #: SA640816		Date of Injury: 06/22/04			
				ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS					
6	SF1-SFCA-8011827	02/03/11	999Q2	Interpreter Treatmen	8	180.00	.00	723	180.00
7	SF1-SFCA-8011827	12/30/10	999Q2	Interpreter Treatmen	8	180.00	.00	723	180.00
Subtotal:									360.00
Total Allowances:									\$1,302.50

MAR 15 2011

BY: _____

RECEIVED MAR 14 2011

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 payment 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#
03/18/11 35734

Claim # : 2009105726
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TOP VEG FARMS PRODUCE DISTRIB.
Date Of Injury: 5/22/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/09	+DEPO PREP	@ L/O OF TOBIN LUCKS	156.50
01/18/10	PMT BY CHECK	DOS 10/16/09 # 200206873	-156.50
03/26/10	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
/ /	INTERPRETER:	SHERRIE REYES # 100614	0.00
04/12/10	PMT BY CHECK	DOS 3/26/10 # 200256106	-156.50
04/19/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
05/18/10	PMT BY CHECK	DOS 4/19/10 # 200278342	-250.00
02/10/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/14/11	PMT BY CHECK	DOS 2/10/11 # 200455045	-250.00

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: 200455045
Check Date: 03/14/2011

Claim Number: 2009105726

Injured Employee:

Payment Description: Intrepreter
Billed Date: 02/25/2011
Service Period: 02/10/2011 through 02/10/2011
Invoice Number: 35734
Billed Amount: \$250.00
Comments: Intrepreter

Account Number: n/a
Document Number: n/a
Paid Amount: \$250.00

Check Total:

\$250.00



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#
03/21/11 41046

Claim # : CA08257272
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TARGET
Date Of Injury: 6/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/09/10	MRI	REF BY DR HARONIAN: L/S, C/S*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/18/11	PMT BY CHECK	DOS 12/9/10 # 0027668989	-150.00

BALANCE 0.00

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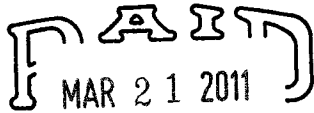
Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMT	CHECK NO.
03/18/2011	150.00	0027668989
PAYEE		TAX ID
JOYCE ALTMAN INTERPRETERS		*****6713
SCMS UNIT		PAGE
213 Sedgwick Claims Management Services		001

*004617

0027668989 00001 OF 00001 OPM 110317 1427

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

Claimant Name	Loss Date	Claim Number	SSN
06/24/2008 CA08257272-0001			
Description: Miscellaneous Medical			
Amt Paid: 150.00		Invoice: 41046	
Amt Billed: 150.00		ICN: 98055852.338	
Dates: 12/09/2010 - 12/09/2010		Comment:	
			
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#
03/21/11 39410

Claim # : 2080223593
W.C.A.B.:
ADJ # : 1
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs INDUSTRIAL MASONRY
Date Of Injury: 1/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/21/10	ULTRASOUND	DIAG STUDY REF BY DR LONG: ABDOMEN*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/18/11	PMT BY CHECK	DOS 10/21/10 # 101201972	-150.00

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

Zurich American Insurance Co.

PAID
MAR 21 2011

BY: _____

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

Please Note:

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

01458

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0223593 001 BP	WC 9674336	39410		01/10/10	10/21/10-10/21/10
Check Number	1101201972	Date Issued	03/18/11	Amount	\$****150.00
Insured	Industrial Masonry, Inc.				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS, INC.				
Requested By	Balamurali CG-Thirumalai				
File Supervisor	Barton Palmer	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#
03/24/11 39556

Claim # : 2080218274
W.C.A.B.:
ADJ # : 1
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SHERATON CERRITOS
Date of Injury: 10/17/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/10	MRI	& MRA REF BY DR PAYNE: LT SHLDR (3H 40M)	281.25
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
03/22/11	PMT BY CHECK	DOS 11/4/10 # 1101204883	-281.25

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.

TOTAL **\$281.25**

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#
03/25/11 40846

Claim # : WC0000071783
W.C.A.B.:
ADJ # : ADJ7!
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TOKIO MARINE MGMT (PASADENA)
W.C. DEPARTMENT
ATTN: DAVID WONGSING
P. O. BOX 7127
PASADENA, CA 91109

Case: vs NYK LOGISTICS
Date Of Injury: 9/29/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/10	DEPO PREP	@ THE L/O OF PETERSON, COLANTONI & COLLINS	156.50
/ /	INTERPRETER:	JULIA BARBOSA # 000828	0.00
03/06/11	PMT BY CHECK	DOS 12/8/10 # 800258933	-156.50
03/03/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/22/11	PMT BY CHECK	DOS 3/3/11 # 800259854	-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.

Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)

CLAIMS ACCOUNT - WESTERN REGION
800 E. Colorado Blvd., Pasadena, CA 91101

PAY TO THE ORDER OF
Joyce Altman Interpreters

53-292
113

CONTROL NO. 001385381
CHECK NO. 800259854

FOR /40846

PAY

\$ *****\$250.00

Two hundred fifty and 00/100 Dollars

Insured/Claimant	Claim Number	Date of Issue	Policy Number	Claimant	Date of Loss
NYK GROUP AMERICAS INC.	210WC0000071783	03/22/2011	WC6402238	XXX	09/29/2010

UNION BANK
445 S. Figueroa Street, Los Angeles, CA 90071-1602

VOID AFTER 90 DAYS

Adlene Mahmoud
AUTHORIZED SIGNATURE

THIS CHECK CONTAINS SECURITY FEATURES: VOID PANTOGRAPH - WATERMARK ON BACK (HOLD AT ANGLE TO VIEW) - CHEMICAL PROTECTION

⑈0800259854⑈ ⑆011302920⑆ ⑈9080013660⑈

PLEASE DETACH BEFORE DEPOSITING

Tokio Marine & Nichido Fire Insurance Co., Ltd.
(U.S. Branch)
230 Park Avenue
New York, NY 10169

CHECK NO. 800259854

FROM 03/03/2011 TO 03/03/2011
Inv.#40846

Payment explanations may be mailed to you separately.

MAIL
TO

Joyce Altman Interpreters
P.O. Box 4165

Tustin, CA 92781

FAI
MAR 25 2011

AGENT

BY: _____

MARSH USA INC.
POST OFFICE BOX#866002

LOS ANGELES, 7
90086

ead

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.

RECEIVED MAR 25 2011

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

*** INVOICE ***
Date NO#
03/25/11 41072

Claim # : YME17998
W.C.A.B. :
ADJ # : 1
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs VALLARTA SUPER MARKET
Date Of Injury: 3/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/10	DEPO PREP	@ THE L/O OF BRADFORD & BARTHEL	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
02/03/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/22/11	PMT BY CHECK	DOS 11/11/10 THRU 2/3/11 # 0027970464	-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 14522
Lexington, KY 40512-4497

DATE	CHECK AMT	CHECK NO.
03/22/2011	406.50	0027970464
PAYEE	TAX ID	
JOYCE ALTMAN INTERPRETERS	*****6713	
SCMS UNIT	PAGE	
632 Sedgwick Claims Management Services	001	

*001549

0027970464 00001 OF 00001 OAM 110322 1001

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

Claimant Name	Loss Date	Claim Number	SSN
Amt Paid: 406.50 Description: 03/15/2008 YME C 17998 Amt Billed: 406.50 Invoice: 41072 ICN: YME C 17998 Dates: 11/11/2010 - 02/03/2011 Comment:			
PAID MAR 25 2011 BY: _____			
RECEIVED MAR 25 2011			

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose via One 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#
03/28/11 42205

Claim # : 05174452
W.C.A.B.: LBC 00000001
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs NATIONAL PAVING CO., INC.
Date Of Injury: 11/19/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
02/08/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
03/23/11	PMT BY CHECK	DOS 2/2/11 THRU 2/8/11 # CU-773713	-406.50

BALANCE 0.00

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Explanation of Review (FOR)

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

Provider Number: 330956713

Check #: CU-773713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/23/11
Doc #: 022491158

Medical

Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	42205	02/02/11	02/08/11	Interpreter fees	1	406.50
Total Allowances:						\$406.50

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05174452	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:

05174452 INTERPRETER FEE;

PAID
MAR 28 2011

BY: _____

RECEIVED MAR 25 2011

To ensure prompt payment of your bill, use the claim number shown above and the insured name on all future correspondence.
Please return and retain the enclosed invoice as your record of payment. THANK YOU.

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

*** INVOICE ***
Date NO#
04/01/11 42169

Claim # : 2009110595;80300157743;84
W.C.A.B.:
ADJ # : 1
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs VILLA TRANSPORT
Date Of Injury: 6/10/09;12/08;9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/11	MRI	& MRA REF BY DR KOMBERG: RT SHOULDER (5H 5M)	393.75
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/07/11	C&R READING	@ THE L/O OF DENNIS FUSI BLOCK SETTLEMENT	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/29/11	PMT BY CHECK	DOS 1/19/11 THRU 3/7/11 # 200463637	-550.25

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: 200463637
Check Date: 03/29/2011

Claim Number: 80300157743
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: n/a
Service Period: 01/19/2011 through 09/07/2011
Invoice Number: 42169
Billed Amount: \$550.25
Comments: interpreting

Account Number: n/a
Document Number: n/a
Paid Amount: \$550.25

Check Total:

\$550.25

PAID
APR 01 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#
04/04/11 38302

Claim # : YLRC 49268
W.C.A.B.:
ADJ # : F
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LEX14153)
W.C. DEPARTMENT
ATTN: KIMBERLY OSBOURN
P.O. BOX 14153
LEXINGTON, KY 40512

Case: ' vs MULTI-PAK CORPORATION
Date Of injury: 12/23/09

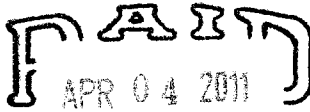
DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/10	DEPO PREP	@ THE L/O OF MCNAMARA & DRASS	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/01/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
10/13/10	WCAB LB	STATUS CONFERENCE - SABINE	156.50
		SKELTON # 300884	
12/01/10	WCAB LB	STATUS CONFERENCE (FULL DAY)	313.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
01/26/11	PMT BY CHECK	DOS 8/11/10 THRU 10/13/10	-563.00
		# 108149192 2	
03/31/11	PMT BY CHECK	DOS 12/1/10 # 200203016 2	-313.00

BALANCE 0.00

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Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
866/885-2369



BY:.....001450

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 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid		
38302 12-23-09	72HMC TG0477 YLRC 49268	MULTI PAK CORPORATION.	\$313.00		
Nature of Payment: Other Medical		Service Dates 12-01-2010 12-01-2010	\$313.00		
Claim Handler: Kimberly Osborne 866/885-2369 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: DCN 966622			
Issue Date	03-31-2011	Check Number	200203016 2	Total Amount of Check	\$313.00

Please keep the above information for your records.

093095259

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

*** INVOICE ***
Date NO#
04/08/11 34534

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

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/09	WCAB LB	MSC	156.50
08/14/09	PMT BY CHECK	DOS 7/1/09 # 32084865	-156.50
08/11/09	WCAB LB	TRIAL	156.50
09/04/09	PMT BY CHECK	DOS 8/11/09 # 32130223	-156.50
11/29/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/16/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
04/05/11	PMT BY CHECK	DOS 11/29/10 THRU 3/16/11 # 16942175	-313.00

BALANCE 0.00

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CHARTIS
P.O. BOX 2017
JERSEY CITY

NJ 07303-2017

34534

LMS ABOVE ADDRESS ONLY FOR RETURNS
999 1 7101694217500356170

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

PAID
APR 08 2011

BY: _____

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 16942175
RFP No.: 00356170
04/05/2011

Insured: J C PENNEY CORPORATION INC
Claimant:

Claim Office: 710

Producer:
112910-031611

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

Amount
\$313.00

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

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

*** INVOICE ***
Date NO#
04/11/11 35287

Claim # : 2009109785
W.C.A.B.:
ADJ # : ALJ
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AIRPORT VAN RENTALS
Date Of Injury: 6/16/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/22/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
10/09/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/30/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/20/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/18/09	PR2/REEVAL	DR DOMARACKI* GERRY LUGO # 500049	180.00
01/08/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 500257	180.00
02/08/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
04/08/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/06/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/10/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/23/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/11/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
09/14/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
10/15/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/12/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/17/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/21/10	SURGERY	EPIDURAL W/ DR MILLER (3 HRS 30 MINS)	315.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00

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

*** INVOICE ***
Date NO#
04/11/11 35287

Claim # : 2009109785
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AIRPORT VAN RENTALS
Date Of Injury: 6/16/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/03/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/19/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/15/11	SURGERY	DR MILLER - PAIN MANAGEMENT EPIDURAL (7H 30M)	675.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/18/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
03/04/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/08/11	PMT BY CHECK	DOS 9/22/09 THRU 3/4/11 # 200470674	-4640.00

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.

35287

EMPLOYERS*

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

Check Number: 200470674
Check Date: 04/08/2011

Claim Number: 2009109785
Injured Employee:

Payment Description: Medical Interpreter
Billed Date: 03/24/2011
Service Period: 09/22/2009 through 03/04/2011
Invoice Number: 35287
Billed Amount: \$4,640.00
Comments: Intrepreter

Account Number: n/a
Document Number: n/a
Paid Amount: \$4,640.00

Check Total: \$4,640.00

[Handwritten signature]

PAID
APR 11 2011

BY: *[Signature]*

CHECKED APR 11 2011

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

*** INVOICE ***
Date NO#
01/19/11 40604

Claim # : NK603361
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SUPERIOR CONTRACT CLEANERS
Date Of Injury: 4/22/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/10	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO (3 HRS)	270.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/12/11	PMT BY CHECK	DOS 8/25/10 # CK-477916	-270.00

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
San Jose, CA 95133-6171
(408) 476-2600

Provider Number: 330956713

Check #: CK-477916

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 01/12/11

Doc #: 022063124

Page 1 of 2

Medical

Medical									
Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:		NK603361			
						Date of Injury: 04/22/05			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-7726746	08/25/10	999Q2	Interpreter Treatmen	12	270.00	.00	723	270.00
Total Allowances:									\$270.00

PAID

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

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

01357600022063124012



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

*** INVOICE ***
Date NO#
01/19/11 40055

Claim # : SA616619
W.C.A.B.: LBO000000000
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs EXACT STAFF/UNION BLDG. MAINT.
Date Of Injury: 7/27/01

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
01/14/11	PMT BY CHECK	DOS 10/29/10 # CH-147809	-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 4973
Eureka, CA 95502-4973
(707)443-9721

Provider Number: 330956713

Check #: CH-147809

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/14/11
Doc #: 022089296

Page 1 of 2

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	16338 done 40055	10/29/10	10/29/10	Interpreter fees	1	250.00
Total Allowances:						✓ \$250.00

Claim Number
SA616619

Allowances
250.00

Penalty & Interest
.00

Invoice Totals
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:
SA616619 INTERP FOR C&R;

PAID

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

01250621020209296012

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

*** INVOICE ***
Date NO#
01/19/11 39939

Claim # : 05321816
W.C.A.B.:
ADJ # : AD
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MISSION CITY FUMIGATION
Date Of Injury: 8/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/10	MRI	REF BY DR NAGELBERG: RT ELBOW*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
01/12/11	PMT BY CHECK	DOS 11/11/10 # CL-442125	-150.00

BALANCE 0.00

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

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(805)988-5300

Provider Number: 330956713

Check #: CL-442125

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/12/11
Doc #: 022063816

Page 1 of 2

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #: 05321816		Date of Injury: 08/01/08			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-7731359	11/11/10	999Q2	Interpreter Treatmen	1	150.00	.00	710 723	150.00
Total Allowances:									✓ \$150.00

PAID

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

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.

Please detach and retain the statement page(s) as your record of payment. THANK YOU

0157603022063816012

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

*** INVOICE ***
Date NO#
01/19/11 40111

Claim # : 02290134; 05059122
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ACCESS STAFFING SOLUTIONS
Date Of Injury: 9/29/04; 3/10/05

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/10	CT SCAN	REF BY DR ZLOTOLOW: SINUS @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/12/11	PMT BY CHECK	DOS 11/16/10 # CP-488308	-150.00

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
Inglewood, CA 90630-5005
(714) 565-5000

Provider Number: 330956713

Check #: CP-488308

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 01/12/11

Doc #: 022064201

Medical

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:		02290134		Date of Injury: 09/29/04	
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-7727603	11/16/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Total Allowances:									\$150.00

PAID

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

To ensure prompt payment of your bill, use the claim number shown above and the injured name on all future correspondence.

Please detach and retain the last page(s) as your record of payment. THANK YOU

01257606022064201012

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

*** INVOICE ***
Date NO#
01/19/11 38227

Claim # : 05620220
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PACHECO BUILT IT
Date Of Injury: 7/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/10	INITIAL EXAM	39939DR SAAMAN @ GARFIELD HEA (2 HRS 53 MINS)	345.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/11/11	PMT BY CHECK	DOS 8/2/10 # CU-744212	-345.00

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: CU-744212

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/11/11
Doc #: 022057109

Page 1 of 2

Medical

Medical									
Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:		05508898	Date of Injury:		09/29/09
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-7717794	09/20/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
2	SF1-SFCA-7717794	12/02/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Subtotal:									330.00
Patient Name:				Claim #:		05620220	Date of Injury:		07/09/10
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
3	SF1-SFCA-7726400	08/02/10	999Q2	Interpreter Treatmen	12	345.00	.00	723	345.00
Patient Name:				Claim #:		05516680	Date of Injury:		09/11/09
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
4	SF1-SFCA-7722200	12/07/10	999Q2	Interpreter Treatmen	1	180.00	.00	710 723	180.00
Total Allowances:									\$855.00

PAID

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Please detach and retain the statement page(s) as your record of payment. THANK YOU

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

State Compensation Insurance Fund

CU-744212

Medical
SA

Glendale District Office
P.O. Box 92622
Los Angeles, CA 90009-2622

Union Bank Of California, N.A.
San Francisco, California

53-292
113

Payee IRS Number: 330956713

VOID After 365 Days

Check Date	Check Amount
January 11, 2011	\$*****855.00

PAY ****Eight Hundred Fifty-Five and 00/100 Dollars****ONLY

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

E. Way

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

*** INVOICE ***

Date NO#
01/20/11 38325

Claim # : 28539
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FAMOUS DAVID'S/GOLDEN WEST RES
Date Of Injury: 2/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/10	DEPO PREP	@ THE L/O OF HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
10/01/10	PMT BY CHECK	DOS 8/17/10 # 2519482	-156.50
09/22/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/24/10	PMT BY CHECK	DOS 9/22/10 # 2543699	-250.00
11/01/10	DEPO PREP	@ THE OFFICES OF HUTCHINGS COURT REPORTERS # II	156.50
/ /	INTERPRETER:	JOHN MORELL # 38325	0.00
11/29/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/04/11	PMT BY CHECK	DOS 11/1/10 # 2560611	-156.50
01/14/11	PMT BY CHECK	DOS 11/29/10 # 2565947	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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EXPLANATION OF MEDICAL BENEFITS

PmtID: 2565947
Invoice #: 38325

Page 1 of 1

Group: CompWest Insurance Company
 Employer: Golden West Restaurants Inc
 Injured Worker:
 Claim#: 0000028539 DOI: 2009-02-01
 Pat Acct#:
 Prov ID#: License#:
 Dates of Svc: 2010-11-29 - 2010-11-29
 Comments:

Review Date:
 Bill Recvd:
 Print Date: 2011-01-14
 Recon Date
 Check Date: 01/14/2011 Chk #: 2565947
 Diagnosis:



14 100-000218 1101 1 003 145

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

Service	Modifiers	POS	Diag Cd	Billed	MRA Reduct	Netwrk Red	Payment
---------	-----------	-----	---------	--------	------------	------------	---------

PAID

PLEASE DETACH BEFORE DEPOSITING CHECK

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

CompWest Insurance Company
 P.O. Box 12869
 Newport Beach, CA 92668

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

11-24
1210

Date: 01/14/2011

Check #: 2565947

CLAIM NUMBER	DATE OF INJURY	INJURED WORKER
0000028539	2009-02-01	

\$250.00

VOID AFTER 180 DAYS

PAY **Two Hundred Fifty and 00/100-US Dollars **

14 100-000218 1101 1 145

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

Authorized Signer

If \$5,000 or greater two signatures required

⑈0002565947⑈ ⑆121000248⑆ 4121224901⑈

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

*** INVOICE ***
Date NO#
01/31/11 40271

Claim # : 2005-94655; 2002-104494
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ADVANCED PAPER BOX
Date Of Injury: 6/30/05; 8/6/02

DOS	SERVICE	DESCRIPTION	AMOUNT
11/22/10	CT SCAN	REF BY DR MARSHAK: ABDOMEN & PELVIS*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
01/25/11	PMT BY CHECK	DOS 11/22/10 # 054396	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Date of Issue: 1/25/2011

Explanation of Benefits



10072176791

Employer		Check No: 054396	
Client: 28823 Employer: 7243000003 Location: 1 Claim Office: CA/Anaheim Adjuster: srodriguez	Cal Southampton Advance Paper Box Co 6100 S Gramercy Place 28823/163430/CA/1	Claim #: 20050010094655 Injury Date: 06/30/2005 SSN:	
Jur. State: CA			
Payee Tax ID: 330956713	Payment Type		
Joyce Altman Interpreting PO Box 4165 Tustin, CA 92781-4165	Misc Other Medical		
Patient #	Invoice #		
DOS From: 11/22/2010 To: 11/22/2010			
DEMAND MEDICAL PAYMENT			

From Date	To Date	Adjustment Description	Paid to	Amount
				\$150.00
Gross Amount				\$150.00
Net Check:				\$150.00

PAID
JAN 31 2011

BY:

THIS CHECK IS VOID WITHOUT A RED BACKGROUND WITH AN ARTIFICIAL FINGERPRINT SEAL ON THE BACK THAT DISAPPEARS WHEN HEAT IS APPLIED

FRANK GATES SERVICE COMPANY PAYING CLAIMS ON

Behalf of Discover-Re / Cal-Elite RAC Program

Bank 1 One

JP Morgan Chase Bank, N.A.
Columbus, Ohio 43271

054396

DATE OF ISSUE
01/25/1125-3
440

One Hundred Fifty and 00 / 100 Dollars

Pay to the
order ofJoyce Altman Interpreting
PO Box 4165
Tustin, CA 92781-4165

\$150.00

Void if not cashed within 180 days

Authorized Signature

⑈054396⑈ ⑈064000037⑈

637763098⑈

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

*** INVOICE ***
Date NO#
02/03/11 39530

Claim # : 05000786
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SPECTRA COMPANY INC.
Date Of Injury: 9/21/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/10	WCAB LB	EXPEDITED HEARING - CARMEN GUZMAN # 100585	156.50
02/02/11	PMT BY CHECK	DOS 11/3/10 # 31512	-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

Pennsylvania Manufacturers Assoc. Insurance Co.

Wachovia Bank of Delaware

62-22

CHECK NO.

31512

P.O. Box 85251
San Diego, CA 92186

Wilmington, DE

311

DATE

02/02/2011

*****156.50

VOID AFTER 90 DAYS

California Workers' Compensation Payment

Pay One Hundred Fifty Six Dollars And 50/100

TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER \$2,500.00

Scott Marshall

⑈0031512⑈ ⑆031100225⑆ 2079951076921⑈

Payee: JOYCE ALTMAN INTERPRETERS

Check Number: 31512

IRS/SSN: XX-XXX6713

Check Date: 02/02/2011

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
05000786		09/21/2009	Interpreting Fees	11/03/2010	11/03/2010	01/17/2011	39530	156.50

PAID
FEB 03 2011

BY: *[Signature]*

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

*** INVOICE ***
Date NO#
02/03/11 38238

Claim # : 0AA739900
W.C.A.B.:
ADJ # : A
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
ONEBEACON INS. (CANTON 9155)
W.C. DEPARTMENT
ATTN: MARLIN PAMHILE
P.O. BOX 9155
CANTON, MA 02021

Case: vs EAGLE PETRO INC.
Date Of Injury: 9/15/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED (2 HRS 45 MINS)	316.25
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
11/30/10	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
12/20/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/30/11	PMT BY CHECK	DOS 8/11/10 THRU 12/20/10 # TE06273-5	-722.75

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.



OneBeaconSM
I N S U R A N C E

P.O. BOX 9155
MAILSTOP C1-05
CANTON MA 02021-9155

PAID
FEB 03 2011

BY: _____

Mail to:

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

Non-Negotiable



OneBeaconSM
I N S U R A N C E

EXPLANATION OF PAYMENT

TE06273-5

PLEASE FORWARD ALL CORRESPONDENCE TO:

OneBeacon Insurance Group
P.O. BOX 9155
MAILSTOP C1-05
CANTON MA 02021-9155
781-332-9600

PAY TO: JOYCE ALTMAN INTERPRETERS, INC

AGENT: ROAMNET INSURANCE MARKETING Pr
3333 E. Conours Bldg 9-200
Ontario CA 00000

IN PAYMENT OF: 01/21/11 INV# 38238

SERVICE DATES FROM 08/11/10 THRU 12/20/10

INVOICE NUMBER: 38238

G5898 0308

DATE ISSUED: 01/30/2011
CHECK AMT: \$722.75
INSURED: MP GAS INC. DBA MP G
POLICY NO.: 4060170590002
DATE/LOSS: 09/15/2009
CLAIM NO.: 0AA-739900-01-01
CLAIM TYPE: WC-STAT-REGULAR (CA)
CLAIMANT:
ADJUSTER: WC53 - MYRLANDE PAMPHILE

Non-Negotiable

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

*** INVOICE ***
Date NO#
02/03/11 39073

Claim # : 047505073918
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 2/15/70
Terms : 45 days

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

Case: vs BON APPETIT DANISH INC.
Date Of Injury: 10/31/05 - 2/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/20/10	MRI	REF BY DR PAYMAN: LT SHOULDER (2.5 HRS)	187.50
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/01/11	PMT BY CHECK	DOS 10/20/10 # 6430028	-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.



CHUBB GROUP OF INSURANCE COMPANIES

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

Payment Summary

Claim Ref #: 047505073918
Policy: 000071603788
Occurrence: 000064
Date of Loss: 10/31/2005
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters
Insured: Bon Appetit Danish

Page: 1 of 1
Check Number: 6430028
Print Date: 02/01/2011
Issue Date: 02/01/2011

<u>DATE</u>	<u>CLAIMANT</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
10/20/2010-		Translator	187.50

PAID
FEB 03 2011

BY:.....

Comments: inv # 39073 dos 10/20/10 oa

Claim Representative: DAPHNE HAMASAKA

CHECK TOTAL:

187.50

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#
01/31/11 36814

Claim # : 000502-035472-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: SARAH WINSLOW
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs PICK UP STIX
Date Of Injury: 3/26/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
04/23/10	PMT BY CHECK	DOS 3/1/10 # 0078038856	-200.00
05/21/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
08/31/10	PENALTIES	FOR DATE OF SERVICE 05/21/10	37.50
08/31/10	INTEREST	FOR DATE OF SERVICE 05/21/10	9.61
09/16/10	PMT BY CHECK	DOS 5/21/10 THRU 8/31/10	-297.11
		# 0088091155	
09/14/10	WCAB SD	STATUS CONFERENCE	165.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
10/11/10	PMT BY CHECK	DOS 9/14/10 # 0081388011	-165.00
11/09/10	WCAB SD	MSC - MICHAEL JANUSEK #100808	165.00
01/24/11	PMT BY CHECK	DOS 11/9/10 # 0083422502	-165.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

000502

PAGE 1 OF 1 004196

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



PAID
JAN 31 2011

BY: _____

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 619-471-1219
GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

CLAIM NO.: 000502 035472 WC 01 (67219)

CLAIMANT:

DESCRIPTION: INVOICE #36814

BRANCH NO.: 187

ACC DATE: 21Apr09

NO.: 0083422502

VN: 0000411817

DATE: 24Jan11

DATES OF SERVICE: 09Nov2010 THRU 09Nov2010

BENEFIT PERIOD: THRU

AMOUNT: 165.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006089 006955 003 003

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#
01/24/11 40044

Claim # : 01157561
W.C.A.B.: AHM ;
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FAIRFIELD PROPERTIES
Date Of Injury: 9/11/02

DOS	SERVICE	DESCRIPTION	AMOUNT
10/20/10	WCAB AHM	MSC - LAURA SALAS # 100471	156.50
12/13/10	CONFERENCE	FINDING & AWARD @ L/O LON PEEK	156.50
01/18/11	PMT BY CHECK	DOS 10/20/10 THRU 12/13/10 # CD-523703	-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
Irvine, CA 92650-5005
(858) 552-7100

Provider Number: 330956713

Check #: CD-523703

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/18/11
Doc #: 022099597

Page 1 of 2

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	00435 40044	10/20/10	12/13/10	Patient Name: Interpreter fees	1	313.00
Total Allowances:						\$313.00

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01157561	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.

PAID

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

025789502099597012

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

*** INVOICE ***
Date NO#
12/09/10 37554

Claim # : 186057420
W.C.A.B.:
ADJ # : 1
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (ANAHEIM-70026)
W.C. DEPARTMENT
ATTN: IRINE CHAVEZ
P.O. BOX 70026
ANAHEIM, CA 92825

Case: vs AEROTEC COMMERCIAL STAFFING
Date Of Injury: 1/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/10	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
07/16/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/22/10	PMT BY CHECK	DOS 5/27/10 THRU 7/16/10 # 6510428834	-313.00
09/29/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/30/10	PMT BY CHECK	DOS 9/29/10 # 6510497177	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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BROADSPIRE[®]
a Crawford Company
P O BOX 2458
BREA CA 92822-2458

Page 1 of 1

Check Date	:	11/30/2010
Check Amount	:	\$250.00
Check Number	:	6510497177

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

Claim Number	Date of Loss	Adjuster Name	Adjuster Phone#
Claimant Name	Amount	Invoice#	Invoice Date
Contact Info: Adjusting Office	Adjusting Phone#		Service Dates
Transaction Description	Transaction Amount		
186057420-001	01/28/2010		
	\$250.00		
WC BREA	714-579-8100		714-940-8981
Professional Service	<u>\$250.00</u> 37554		10/25/2010
			09/29/2010-09/29/2010

PAID

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#
12/14/10 37851

Claim # : 0215373-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: JASA TAYLOR
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs HOME COOKING, INC.
Date Of Injury: 10/13/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/24/10	PRE-OP	DR OBUKHOFF @ MONROVIA HOSP* TITO SILVA # 500272	180.00
06/28/10	SURGERY	DR OBUKHOFF @ MONROVIA HOSP. (9 HRS 15 MINS)	832.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
06/27/10	PRE-OP	DR OBUKHOFF @ MONROVIA HOSP* TITO SILVA # 500272	180.00
12/09/10	PMT BY CHECK	DOS 6/24/10 THRU 6/27/10 # 162552	-1192.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED

Home Cooking, Inc.

Claimant

GARCIA, PEDRO

625 N NORMANDIE AVE APT 4

LOS ANGELES, CA 90004

Check No: 162552
Check Amt: \$1,192.50
Check Date: 12/09/2010
Claimant:
Soc. Sec. No:
Claim No: 0215373-TSIWD7
Date of Loss: 10/13/2008
Adjuster: Taylor, Jasa
Payee Name: JOYCE ALTMAN INTERPRETERS, INC
Payment Type: Other Medical
Service Dates: 06/24/2010 To: 06/27/2010
Invoice No: 37851

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED

Home Cooking, Inc.

Claimant

Check No: 162552
Check Amt: \$1,192.50
Check Date: 12/09/2010
Claimant:
Soc. Sec. No:
Claim No: 0215373-TSIWD7
Date of Loss: 10/13/2008
Adjuster: Taylor, Jasa
Payee Name: JOYCE ALTMAN INTERPRETERS, INC
Payment Type: Other Medical
Service Dates: 06/24/2010 To: 06/27/2010
Invoice No: 37851

PAID

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#
12/14/10 38359

Claim # : 900120092819
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: ALIXIA FLEMING
700 E. TEMPLE STREET, STE.210
LOS ANGELES, CA 90012

Case: vs L.A. WORLD WAY AIRPORT
Date Of Injury: 4/27/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/10	SURGERY	DR AFLATOON @ MONROVIA HOSP* TITO SILVA # 500272	180.00
10/19/10	SURGERY	DR AFLATOON @ MONROVIA HOSP (4.5 HRS)	405.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
12/07/10	PMT BY CHECK	DOS 8/24/10 THRU 10/19/10 # 0404658443	-585.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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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

38359

PAY TO:

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

DEMAND/WARRANT: 0404658443

CHECK DATE: Dec 07, 2010
CHECK AMOUNT: \$585.00

FUND/DEPT: 100/ 61
ACCOUNT: 9910
OBJECT/SUBOBJ: 151/01
FISCAL YEAR: 11

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.	
9001-2009-2819	08/24/2010	10/19/2010	04/27/2010	0101	32 INTERPRETER FEE	*****0548 1207101957	9570570	585.00

PAID

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#
12/14/10 38202

Claim # : 345C617968X
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AVALON COMMUNITIES
Date Of Injury: 9/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
09/10/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
10/12/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	VERONICA CAMPBELL # 100675	0.00
12/10/10	PMT BY CHECK	DOS 8/6/10 THRU 10/12/10	-650.00
		# DA64322065	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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PDWLDMBD-002972-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 12/10/10
CHECK NO. DA64322065

STATEMENT



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

5900A11DA 00 00689 DA64322065
JOYCE ALTMAN INTEPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID

345C6179844

DOLLARS

\$*****650.00

* NOT NEGOTIABLE *

FOR 08/06/10 THRU 10/12/10 38202

CLAIMANT

DATE OF EVENT

09/04/09

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

PAID

DETACH THIS PORTION BEFORE CASHING

BOA18B (08/2008)

PDWLDMBD-002972-01-01-00

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#
12/14/10 38017

Claim # : 2010190252
W.C.A.B.:
ADJ # : 1
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: - vs FAIRMONT HOTELS & RESORTS
Date Of Injury: CT 7/09 - 3/29/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/12/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
08/04/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/20/10	PMT BY CHECK	DOS 7/12/10 THRU 8/4/10	-406.50
		# 1100968552	
10/04/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/27/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		VOL. 11	
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/09/10	PMT BY CHECK	DOS 10/4/10 # 11001032369	-156.50
12/09/10	PMT BY CHECK	DOS 10/27/10 # 1101070316	-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.

PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

American Zurich Ins. Co.

Please Note:

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00603

PAID

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0190252 001 BB	WC 5915447	38017		03/29/10	10/27/10-10/27/10
Check Number	1101070316	Date Issued	12/09/10	Amount	\$****250.00
Insured	Fairmont Hotels & Resorts				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Venkatesh CG-Mohan				
File Supervisor	Bonnie Bridgewater	Phone Number	415 538-7100		
Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID		
WC MEDICAL	250.00				
TOTAL	\$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#
12/13/10 38308

Claim # : 80300154073-CE308
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MJ HELLMUTH PLUMBING
Date Of Injury: 1/31/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/10	WCAB LB	MSC (OTOC)	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
09/02/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
12/09/10	PMT BY CHECK	DOS 8/11/10 THRU 9/2/10 # 200402889	-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: 200402889
Check Date: 12/09/2010

Claim Number: 80300154073
Injured Employee:

Payment Description: Interpreter
Billed Date: n/a
Service Period: 11/17/2010 through 11/17/2010
Invoice Number: 38308
Billed Amount: \$406.50
Comments: interpreting

Account Number: n/a
Document Number: n/a
Paid Amount: \$406.50

Check Total:

\$406.50

PAID

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

*** INVOICE ***
Date NO#
12/21/10 38437

Claim # : 2080219908
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs GELSON'S THE SUPER MARKET
Date Of Injury: 11/28/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/31/10	SURGERY	DR AFLATOON @ MONROVIA HOSP. (7 HRS 45 MINS)	697.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
12/15/10	PMT BY CHECK	DOS 8/31/10 # 1101079813	-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.

American Zurich Ins. Co.

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

01934

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0219908 001 GL	WC 9138194	38437		11/28/09	08/31/10-08/31/10
Check Number	1101079813	Date Issued	12/15/10	Amount	\$****697.50
Insured	Arden Group, Encino #2				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Kumaradoss CG-Somasundara				
File Supervisor	Lori Valencia	Phone Number	818 227-1700		
Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID		
WC MEDICAL	697.50				
TOTAL	\$697.50				

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#
12/21/10 38326

Claim # : 2080213312
W.C.A.B.:
ADJ # : AL ---
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: /s NEW TECHNOLOGY PLASTICS
Date Of Injury: 7/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/10	DEPO PREP	@ THE L/O OF POLLARD & STEVENS	156.50
/ /	INTERPRETER:	JOHN MORELL # 100644	0.00
09/24/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
12/15/10	PMT BY CHECK	DOS 8/17/10 THRU 9/24/10 # 1101078679	-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.

Northern Insurance

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

00953

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE									
Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates				
208-0213312 001 DD	WC 03084011	38326		07/27/09	08/17/10-09/24/10				
Check Number	1101078679	Date Issued	12/15/10		Amount	\$****406.50			
Insured	NEW TECHNOLOGY PLASTICS, INC								
Claimant									
Nature of Payment	MEDICAL-LEGAL COSTS								
Issued To	JOYCE ALTMAN INTERPRETING INC								
Requested By	JohnstonZico CG-S								
File Supervisor	Delia Robes			Phone Number	818 227-1700				
Payment Description		AMOUNT PAID	Payment Description				AMOUNT PAID		
WC WAGE LOSS & DISABILITY		406.50							
TOTAL		\$406.50							

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

*** INVOICE ***
Date NO#
12/21/10 35396

Claim # : 0213096-TSWD7
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 VENVERHOH
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs FAMILY LOOMPYA CORP.
Date Of Injury: 6/25/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
10/07/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/24/10	PENALTIES	FOR DATE OF SERVICE 09/08/09	30.00
06/24/10	INTEREST	FOR DATE OF SERVICE 09/08/09	19.47
06/24/10	PENALTIES	FOR DATE OF SERVICE 10/07/09	37.50
06/24/10	INTEREST	FOR DATE OF SERVICE 10/07/09	22.05
10/14/10	PMT BY CHECK	DOS 9/8/09 THRU 6/24/10	-559.02
		# 158113	
11/09/10	WCAB SD	MSC - VERONICA CAMPBELL	165.00
		# 100675	
12/14/10	PMT BY CHECK	DOS 11/9/10 # 162895	-165.00

BALANCE 0.00

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ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Family Loompya
Claimant

Check No: 162895
Check Amt: \$165.00
Check Date: 12/14/2010
Claimant:
Soc. Sec. No:
Claim No: 0213096-TSIWD7
Date of Loss: 06/25/2009
Adjuster: Marty, Blaine
Payee Name: JOYCE ALTMAN INTERPRETERS, INC
Payment Type: Other Legal
Service Dates: 11/09/2010 To: 11/09/2010
Invoice No: 35396

Payable Comment

PAID

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
Family Loompya
Claimant

Check No: 162895
Check Amt: \$165.00
Check Date: 12/14/2010
Claimant:
Soc. Sec. No:
Claim No: 0213096-TSIWD7
Date of Loss: 06/25/2009
Adjuster: Marty, Blaine
Payee Name: JOYCE ALTMAN INTERPRETERS, INC
Payment Type: Other Legal
Service Dates: 11/09/2010 To: 11/09/2010
Invoice No: 35396

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#
01/07/11 32361

Claim # : 44001364
W.C.A.B.: --
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SAN FRAN)
W.C. DEPARTMENT
ATTN: PATIA VELAZQUEZ
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs MARMOL RADZINER PREFAB
Date Of Injury: 6/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/08	C&R READING	@ THE L/O OF DENNIS FUSI (CLIENT DIDN'T SIGN)	95.00
01/22/09	PMT BY CHECK	DOS 11/11/08 # 1919277	-95.00
07/06/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/15/10	PMT BY CHECK	DOS 7/6/10 # 2027096	-156.50
11/29/10	C&R READING	@ THE L/O OF DENNNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/23/10	PMT BY CHECK	DOS 11/29/10 # 2047712	-250.00

BALANCE 0.00

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Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 12/23/2010
Check Number : 2047712
Check Amount : \$250.00

B1VC12



mp45a
00232

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



Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44001364		06/05/2007	32361	Interpreter Fees -	11/11/2008	11/29/2010	\$250.00

PAID

232-232



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#
01/10/11 36124

Claim # : 010515-078291-WC-01
W.C.A.B.:
ADJ # : ADJ700
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs STAWWOOD HOTELS & RESORTS
Date Of Injury: 7/10/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	JORGE CAMEROS # 100617	0.00
01/14/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	VIVIAN NIETO # 100792	0.00
03/16/10	PMT BY CHECK	DOS 12/10/09-1/14/10 #0077195971	-450.00
04/01/10	WCAB SD	TRIAL	0.00
/ /	INTERPRETER:	VERONICA CAMPBELL # 100675	0.00
10/21/10	WCAB SD	MSC - MICHAEL JANUSEK # 100808	165.00
12/21/10	PMT BY CHECK	DOS 10/21/10 # 0082828386	-165.00

BALANCE 0.00

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GALLAGHER BASSETT-SAN DIEGO
P.O. BOX 85013
SAN DIEGO CA 92186-5013

PAGE 1 OF 1

0102833 01 RE 0.382 **AUTO T5 0 5945 92781

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

DIRECT INQUIRIES TO:

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

STARWOOD HOTELS AND RESORTS WOR
LDWIDE, INC.

CLAIM NO. 010515 078291 WC 01

CLAIMANT:

DESCRIPTION: INVOICE #36124

DATE OF SERVICE: 21-Oct-2010 TO 21-Oct-2010

PAID

BRANCH NO. 187

CHECK NO. 0082828386 ✓

ACC. DATE 27-Jul-2009

VN. 0001124372

DATE: 21-Dec-2010 ✓

PAYMENT AMOUNT: \$165.00

REG 102833-0001_of_0001 5945-0003633 (F26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0082828386 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#
01/10/11 37806

Claim # : 002459-012240-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SCOTTSDALE)
W.C. DEPARTMENT
ATTN: JESSICA PROSERPI
4110 N. SCOTTSDALE RD., STE 240
SCOTTSDALE, AZ 85251

Case: vs SOUTH BEVERLY GRILL
Date Of Injury: 5/17/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/10	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (2 HRS 45 MINS)	316.25
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/29/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
10/27/10	PR2/REEVAL	DR KATTAR* ELIZABETH VARGA # 500106	180.00
12/28/10	PMT BY CHECK	DOS 6/16/10 THRU 10/27/10 # 0082934156	-676.25

BALANCE 0.00

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

002459

PAGE 1 OF 1

002586



MDG2009 00004277 1 MB 0382 1

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



PAID

GALLAGHER BASSETT SERVICES INC
FOR HOUSTON'S RESTAURANTS INC

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

CLAIM NO.: 002459 012240 WC 01 (0302052)

CLAIMANT:

DESCRIPTION: INV 37806 DOS 06-16-10 TO 10-27-10

DATES OF SERVICE: 16Jun2010 THRU 27Oct2010

BENEFIT PERIOD: THRU

BRANCH NO.: 138

ACC DATE: 17May10

NO.: 0082934156

VN: 0000027416

DATE: 28Dec10

AMOUNT: 676.25

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004277 004892 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#
01/11/11 37553

Claim # : 2080152339
W.C.A.B.:
ADJ # : 1
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: /s MERLE NORMAN COSMETICS
Date Of Injury: 12/6/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/10	PRE-OP	DR KASIMIAN @ MONROVIA HOSP* TITO SILVA # 500272	180.00
06/01/10	SURGERY	DR KASIMIAN @ MONROVIA HOSP. (8.5 HRS)	765.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
07/03/10	SURGERY	DR KASIMIAN @ MONROVIA HOSP. (6.5 HRS)	585.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
12/31/10	PMT BY CHECK	DOS 5/31/10 THRU 7/3/10 # 1100093425	-1530.00

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 INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

06591

PAID

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0152339 001 CB	WC 9378015	37553		11/03/06	05/31/10-07/03/10
Check Number	1100093425	Date Issued	12/31/10	Amount	\$**1,530.00
Customer	Merle Norman				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Manoj Kumar CG-Malik				
File Supervisor	Cheryl Bourgerie	Phone Number	818 227-1700		
Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID		
WC MEDICAL	1,530.00				
TOTAL		\$1,530.00			

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#
01/11/11 38480

Claim # : PZC00444891
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DANMER INC.
Date Of Injury: 8/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/10	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (4.5 HRS)	517.50
/ /	INTERPRETER:	DANYA SCHWARTZ # 500316	0.00
10/05/10	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
10/13/10	PR2/REEVAL	DR ZARRINI @ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
01/04/11	PMT BY CHECK	DOS 9/8/10 THRU 10/13/10 # 0001708967	-877.50

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.

CRUM&FORSTER

Number:
0001708967

Vendor Number: 408698182

Issuing Location: Orange County Claims

Check Date: 01/04/2011

Payee:

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

IRS:

38480 -

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00444891	MC	38480	08/05/2009	\$877.50
INVOICE DATE 11/17/2010					

PAID

TOTAL: \$877.50



Send Inquiries to:

P.O. Box 14217
Orange, CA 92863

Processor: C. Linares

Internal Reference No: 38480

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#
02/15/11 38971

Claim # : 047509000240
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 2/7/66
Terms : 45 days

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

Case: vs AIR LOUVERS
Date Of Injury: 12/16/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/10	MRI	REF BY DR LAVI: RT FOOT*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/14/11	PMT BY CHECK	DOS 10/8/10 # 6453412	-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**Payment Summary**

Claim Ref #: 047509000240
Policy: 000071703543
Occurrence: 000201
Date of Loss: 12/16/2008
SSN#/TIN#: XXXXXXXXXXXX
Payee: Joyce Altman Interpreters
Insured: Air Louvers

Page: 1 of 1
Check Number: 6453412
Print Date: 02/14/2011
Issue Date: 02/11/2011

<u>DATE</u>	<u>CLAIMANT</u>	<u>DESCRIPTION</u>
10/08/2010-	A	Translator

AMOUNT
150.00

FEB 15 2011

BY: _____

CHECK TOTAL: 150.00

Comments: INV # 38971; DOS: 10/08/10; INV DTD: 01/19/11; ES

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#
01/07/11 38117

Claim # : 2080231248
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COVENANT CARE CALIFORNIA
Date Of Injury: 6/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/22/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
		ELENA LOPEZ # 500289	
09/01/10	PR2/REEVAL	DR DOMARACKI*	180.00
		GLADYS REYNA #100755	
09/23/10	PR2/REEVAL	DR DOMARACKI*	180.00
		ELENA LOPEZ # 500289	
09/20/10	INITIAL EXAM	DR JARCHI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 30131	0.00
10/21/10	PR2/REEVAL	DR DOMARACKI*	180.00
		GLADYS REYNA #100755	
11/29/10	PR2/REEVAL	DR DOMARACKI*	180.00
		ELENA LOPEZ # 500289	
12/31/10	PMT BY CHECK	DOS 7/22/10 THRU 11/29/10	-1180.00
		# 1100093030	

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.

IL 60196 8005

Please Note:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

08046

[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#
01/13/11 40205

Claim # : 04948442
W.C.A.B.: LBO
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs WORKFORCE PERSONNEL INC.
Date Of Injury: 9/18/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
09/16/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
10/05/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
11/09/10	PR2/REEVAL	DR CHAN (3H 15M) ALBERTO VILLAGOMEZ # 500341	292.50
12/08/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
01/06/11	PMT BY CHECK	DOS 8/18/10 THRU 11/9/10 # CU-742070	-832.50

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.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-0622
(818) 329-7000

Provider Number: 330956713

Check #: CU-742070

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/06/11
Doc #: 022029055

Page 1 of 2

Medical

40205

Medical									
Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:		05456892 Date of Injury: 05/22/09			
ICD-9 Code:999.9				COMPLIC MED CARE NEC/NOS					
1	SF1-SFCA-7691879	09/14/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
2	SF1-SFCA-7691879	11/11/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
Subtotal:									360.00
Patient Name:				Claim #:		04948442 Date of Injury: 09/18/06			
ICD-9 Code:999.9				COMPLIC MED CARE NEC/NOS					
3	SF1-SFCA-7691083	08/18/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
4	SF1-SFCA-7691083	09/16/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
5	SF1-SFCA-7691083	10/05/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
6	SF1-SFCA-7691083	11/09/10	999Q2	Interpreter Treatmen	1	292.50	.00	723	292.50
Subtotal:									832.50
Patient Name:				Claim #:		05516680 Date of Injury: 09/11/09			
ICD-9 Code:999.9				COMPLIC MED CARE NEC/NOS					
7	SF1-SFCA-7690968	09/08/10	999Q2	Interpreter Treatmen	1	180.00	.00	710 723	180.00
8	SF1-SFCA-7690968	10/13/10	999Q2	Interpreter Treatmen	1	180.00	.00	710 723	180.00
9	SF1-SFCA-7690968	11/03/10	999Q2	Interpreter Treatmen	1	180.00	.00	710 723	180.00
10	SF1-SFCA-7690968	11/11/10	999Q2	Interpreter Treatmen	1	180.00	.00	710 723	180.00
Subtotal:									720.00
Total Allowances:									\$1,912.50

PAID



This is the last page of EOR for an explanation of reduction codes and provider comments.
Please attach this page to your bill, and the other pages that follow in the enclosed envelope.
Please attach 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#
01/13/11 40341

Claim # : 05327652
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ALPHA STAFFING
Date Of Injury: 11/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/10	PR2/REEVAL	DR SAMIMI* ELIZABETH HERRERA # 301231	180.00
11/11/10	PRE-OP	DR JARCHI @ WILLOW MED*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
11/18/10	SURGERY	DR SAMIMI @ MONROVIA HOSP (15H 30M)	1395.00
11/27/10	PR2/REEVAL	DR SAMIMI* ELENA LOPEZ #500289	180.00
01/07/11	PMT BY CHECK	DOS 9/9/10 THRU 11/18/10 # CN-461140	-1755.00

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(714)347-5495

Provider Number: 330956713

Check #: CN-461140

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 01/07/11
Doc #: 022040190

Medical

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:			Claim #: 05327652			Date of Injury: 08/07/08			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-7695611	09/09/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
2	SF1-SFCA-7695611	11/11/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
3	SF1-SFCA-7695611	11/18/10	999Q2	Interpreter Treatmen	62	1,395.00	.00	723	1,395.00
Total Allowances:									\$1,755.00

PAID

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

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.

Please detach and retain the statement page(s) as your record of payment. **THANK YOU.**

01357362022040190012

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

*** INVOICE ***
Date NO#
05/05/11 40108

Claim # : 100-10-0602
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
DISNEY WORLDWIDE INC.
W.C. DEPARTMENT
ATTN: BARBARA WINGS
P.O. BOX# 3909
ANAHEIM, CA 92803

Case: vs DISNEYLAND
Date Of Injury: 6/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/10	INITIAL EXAM	DR HARRIS @ ADVANCE CARE*	230.00
		JOSE LUGO # 500049	
12/02/10	PSYCH TEST	PSYCHOMETRIC TESTING REF BY	281.25
		DR PARVIN (3H 40M)	
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/09/10	INITIAL EXAM	DR PARVIN SALKELD:PSYCH EVAL*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
12/23/10	PR2/REEVAL	DR SADEGHI @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
01/25/11	PR2/REEVAL	DR HARRIS* SANDRA TALANCON	180.00
		# 100802	
02/28/11	PR2/REEVAL	DR HIGASHI* JOSE LUGO #500049	180.00
03/02/11	PR2/REEVAL	DR JOHNSON @ ADVANCE CARE*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
04/04/11	PR2/REEVAL	DR HIGASHI* JOSE LUGO #50049	180.00
04/01/11	PR2/REEVAL	DR MCARTHUR # ADVANCE CARE*	180.00
		JOSE LUGO # 500049	
05/03/11	PMT BY CHECK	DOS 11/16/10 THRU 4/1/11	-1821.25
		# 0906349	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Walt Disney World Co.

P.O. Box 3909
Anaheim, California 92803
714-781-1680

Remittance Advice

Check No. 0906349

5-3-11

1000-10-0602

Invoice# :

From: 11-16-10

40108 /

Thru: 04-01-11

DOI: 06-11-10

731264*

0906349

01

MEDICAL (OTHER)

INTERPRETER AT MED APPOINTMENTS

1821.25

Total Paid:

\$1821.25

PAID
MAY 05 2011

BY:.....

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#
05/17/11 39923

Claim # : 2080241412
W.C.A.B.:
ADJ # : AI
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case vs JOE'S CRAB SHACK
Date Of Injury: 11/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/10	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
11/10/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/01/10	PR2/REEVAL	DR DOMARACKI*	180.00
		GLADYS REYNA #100755	
12/29/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
02/02/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
03/07/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
04/18/11	PR2/REEVAL	DR DOMARACKI* ELIZABETH VARGA	180.00
		# 500106	
05/13/11	PMT BY CHECK	DOS 11/16/10 THRU 4/18/11	-1310.00
		# 1101278131	

BALANCE 0.00

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DL 60196 8005

PAID
MAY 17 2011

BY: A

JOYCE ALTMAN INTERPRETING INC

PO BOX 4165

CA 92781 4165

01324

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0241412 001 DW	WC 9140442	39923		11/08/10	11/16/10-04/18/11
Check Number	1101278131	Date Issued	05/13/11	Amount	\$**1,310.00
Insured	Joe's Crab Shack				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Venkatesh CG-Mohan				
File Supervisor	Rose X. Valenzuela		Phone Number	818 227-1700	
Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID		
WC MEDICAL	1,310.00				
TOTAL	\$1,310.00				

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#
05/19/11 37619

Claim # : 09256160
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: ANA MANUEL
P.O. BOX # 512028
LOS ANGELES, CA 90051-2028

Case: vs LONG BEACH UNIFIED SCHOOL DIST
Date Of Injury: 7/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/10	PRE-OP	DR GRABOW @ MONROVIA HOSP* TITO SILVA # 500272	150.00
10/28/10	PMT BY CHECK	DOS 5/11/10 # 348160	-150.00
03/17/11	MRI	REF BY DR MULVANIA: L/S*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
05/17/11	PMT BY CHECK	DOS 3/17/11 # 359262	-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.

Client: Long Beach Unified School District

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

Check Number: 359262

Check Date: 05/17/2011

Check Amount: \$150.00

Claim Number: 09256160

Claimant/Employee:

From - To: 03/17/2011 - 03/17/2011

For: Direct Pay
EDISON

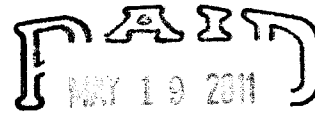
Amount: \$150.00

Incident Date: 07/02/2009

Payment Type: LANGUAGE TRANSLATOR

Invoice No: 37619

Invoice Date: 04/07/2011



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#
05/24/11 38670

Claim # : SAC0000112501
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs McDONALD'S # 10574
Date Of Injury: CT 3/16/09-7/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/23/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED* ELENA LOPEZ # 500289	230.00
10/22/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
11/22/10	INITIAL EXAM	DR JARCHI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/20/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/17/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/21/11	INITIAL EXAM	DR SAMIMI @ WILLOW MED*	230.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
02/04/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/04/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/14/11	PR2/REEVAL	DR JARCHI* GLADYS REYNA # 100755	180.00
03/28/11	PRE-OP	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
03/31/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/07/11	SURGERY	DR SAMIMI: RT HAND @ MONROVIA HOSPITAL (9.5 HRS)	855.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
04/14/11	PR2/REEVAL	DR SAMIMI* GLADYS REYNA # 100755	180.00
05/16/11	PMT BY CHECK	DOS 9/23/10 THRU 4/14/11 # 0028090551	-3165.00

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#
05/24/11 38670

Claim # : SAC0000112501
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : , 77
Terms : 45 days

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

Case: vs McDONALD'S # 10574
Date Of Injury: CT 3/16/09-7/1/09

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.

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

DATE	CHECK AMT	CHECK NO.
05/16/2011	3,165.00	0028090551
PAYEE	TAX ID	
JOYCE ALTMAN INTERPRETERS	*****6713	
SCMS UNIT	PAGE	
523 Sedgwick Claims Management Services	001	

*001934

0028090551 00001 OF 00001 OPM 110513 1449

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

Claimant Name	Loss Date	Claim Number	SSN
03/16/2009 SAC0000112501			
Amt Paid: 3165.00	Description:	Invoice: 38670	ICN: SAC0000112501
Amt Billed: 3165.00		Comment:	
Dates: 09/23/2010 - 04/14/2011			

PAID
MAY 19 2011
BY:.....

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

ET991.FRM (02-28-01)

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

*** INVOICE ***
Date NO#
04/15/11 39351

Claim # : LB000562894
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B.:
Terms : 45 days

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

Case: vs BLF INCORPORATED
Date Of Injury: 6/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/21/10	PR2/REEVAL	DR KATTAR @ GARFIELD MED*	180.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
11/18/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
01/05/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
02/16/11	P AND S	DR KATTAR (2H 35M) JASON RAMIREZ # 500371	316.25
04/12/11	PMT BY CHECK	DOS 10/21/10 THRU 2/16/11 # 799527	-856.25

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.

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 799527
412

4/12/11
LB000562894

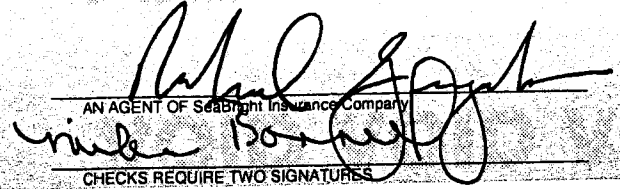
PAY Eight Hundred Fifty-Six And 25/100 Dollars

*****856.25

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

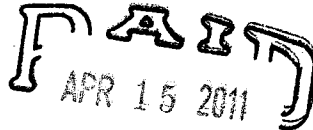
⑈799527⑈ ⑆041203824⑆9600094909⑈

CLAIM ID: LB000562894 DATE OF LOSS: 6/16/10
CLAIMANT: -----
INSURED: BLF Inc
PAYEE: Joyce Altman Interpreting

ACCOUNT: D2 CHECK NO.: 799527
DATE: 4/12/11
AMOUNT: *****856.25
REF. NO.: 005009926
USER-ID: 27076/LB

INVOICE NO.: 39351
MEMO:

SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1 03/16/11	MM	invoice 39351	1	lot	856.25	856.25


APR 15 2011
BY: 

TOTAL 856.25 856.25

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#
04/28/11 38981

Claim # : 63166
W.C.A.B.:
ADJ # : 1
S.S.N. : - -
D.O.B. : 12/4/59
Terms : 45 days

BILL TO:
SOUTHLAND CLAIMS (GARDEN GROV)
W.C. DEPARTMENT
ATTN: ROBIN MINEO
P.O. BOX # 958
GARDEN GROVE, CA 92842-0958

Case: vs CA. ACCESS CONTROLS/GEORGE COX
Date Of Injury: 5/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/10	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
10/28/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
12/02/10	PR2/REEVAL	DR KATTAR* ELIZABETH VARGA # 500106	180.00
12/03/10	SURGERY	OF RT HEEL W/ DR JARCHI (9 HRS 30 MINS)	855.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
01/05/11	PR2/REEVAL	DR KATTAR* ELIZABETH VARGA # 500106	180.00
01/06/11	INITIAL EXAM	DR OBUKHOFF @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
04/25/11	PMT BY CHECK	DOS 9/29/10 THRU 1/6/11 # 0006091593	-1855.00

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.

NEWPORT INSURANCE COMPANY
P.O. BOX 19702
Irvine CA 92623-9702

S11

T_id:73447313

APBU: BA151
Payment handling code: HO
Check Number: 0006091593
Check Date: 04/25/2011

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

38981

99999999991 Joyce Altman Interpreters Inc

Invoice No	Invoice Date	Voucher Id	Gross Amount	Net Amount
1-DRGU7V	04/22/2011	500965650	1,855.00	1,855.00
Policy No	Claim Number	Expiration Date	Date of Loss	Agent Number
THN785689	H10005141W3	2/23/2011	5/07/2010	6261

Higinio Jimenez-Nayo Producer 626102

IN PAYMENT OF: Workers Compensation
HIMG/H10005141W3 INVC#:38981
REFERENCE:
PAYEE: Joyce Altman Interpreters Inc

PAID
APR 28 2011

BY:

P.O. Box 4165
Tustin CA 92781

Balboa INSURANCE GROUP
NEWPORT INSURANCE COMPANY
P.O. BOX 19702
Irvine CA 92623-9702

NO. 0006091593

DATE 04/25/2011 AMOUNT \$*****1,855.00*

PAY ONE THOUSAND EIGHT HUNDRED FIFTY-FIVE DOLLARS AND 00 CENTS****

VOID AFTER 180 DAYS

PAY TO: Joyce Altman Interpreters Inc
P.O. Box 4165
Tustin CA 92781

Signature: [Handwritten Signature]

0006091593 122000661 12333 51822

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

*** INVOICE ***
Date NO#
01/18/11 40042

Claim # : 05508898
W.C.A.B.:
ADJ # : 0
S.S.N.
D.O.B.
Terms : 45 days

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

Case vs A&M SCULPTURE METALS
Date of Injury: 9/29/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/12/10	PR2/REEVAL	DR ZARRINI* SABINE SKELTON # 300884	180.00
09/16/10	PMT BY CHECK	DOS 8/12/10 # CU-691019	-180.00
09/20/10	PR2/REEVAL	DR BOYER@ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/02/10	MRI	REF BY DR KATEEN: LT WRIST @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
01/11/11	PMT BY CHECK	DOS 9/20/10 THRU 12/2/10 # CU-744212	-330.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Provider Number: 330956713

Check #: CU-744212

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 01/11/11
Doc #: 022057109

Medical

40042 30460

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS Claim #: 05508898 Date of Injury: 09/29/09									
1	SF1-SFCA-7717794	09/20/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
2	SF1-SFCA-7717794	12/02/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Subtotal:									330.00
Patient Name: ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS Claim #: 05620220 Date of Injury: 07/09/10									
3	SF1-SFCA-7726400	08/02/10	999Q2	Interpreter Treatmen	12	345.00	.00	723	345.00
Patient Name: ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS Claim #: 05516680 Date of Injury: 09/11/09									
4	SF1-SFCA-7722200	12/07/10	999Q2	Interpreter Treatmen	1	180.00	.00	710 723	180.00
Total Allowances:									\$855.00

PAID



State Compensation Insurance Fund
 P.O. Box 92672
 Los Angeles, CA 90009-2672
 (818) 221-5100

Provider Number: 330956713

Check #: CU-744212

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165

Tustin CA 92781

Issue Date: 01/11/11

Doc #: 022057109

Summary

Page 2 of 2

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-7717794	05508898	40042	330.00	.00	330.00	.00	330.00
SF1-SFCA-7726400	05620220	38227	345.00	.00	345.00	.00	345.00
SF1-SFCA-7722200	05516680	40190	180.00	.00	180.00	.00	180.00

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.

Charges that are either denied payment or found 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.

EOR Reduction Code Explanation:

- 710 : Unless documentation has been provided for physician face-to-face time, reimbursement has been made for 2 hour minimum. Documented time in excess of 2 hours has been reimbursed at \$11.25 for each additional 15 minutes.
- 723 : PAID PER AMOUNT PREVIOUSLY AGREED TO BY PROVIDER REPRESENTATIVE AND STATE FUND REPRESENTATIVE.

Reviewer's Comments:

SF1-SFCA-7722200 ALL OTHER DATES HAVE BEEN PREVIOUSLY ADDRESSED.

01357528022057109012

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

*** INVOICE ***
Date NO#
09/21/10 35048

Claim # : 01088-019988-WC-01
W.C.A.B.: SDOC
ADJ # : AJ
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SCOTTSDALE)
W.C. DEPARTMENT
ATTN: VICKI DOMINGO
4110 N. SCOTTSDALE RD., STE 240
SCOTTSDALE, AZ 85251

Case: vs ACUSHNET CO.
Date Of Injury: 7/2/01

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
10/14/09	PMT BY CHECK	DOS 8/19/09 # 0074203070	-150.00
09/16/10	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
09/17/10	PMT BY CHECK	DOS 9/16/10 # 0080946552	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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GALLAGHER BASSETT - PHOENIX
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

010888

PAGE 1 OF 1

006128



MDG2009 00006214 1 MB 0382 1

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



**

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 800-231-3759
GALLAGHER BASSETT - PHOENIX
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

CLAIM NO.: 010888 019988 WC 01 (GOLFCLUBOP)

CLAIMANT:

DESCRIPTION: INVOICE 35048

BRANCH NO.: 007

ACC DATE: 02Jul01

NO.: 0080946552

VN: 0000395293

DATE: 17Sep10

DATES OF SERVICE: 16Sep2010 THRU 16Sep2010

BENEFIT PERIOD: THRU

AMOUNT: 150.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006214 002934 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#
06/20/11 39315

Claim # : 05105598
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/7/52
Terms : 45 days

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

Case: ----- vs IN-HOME SUPPORT SERVICES
Date Of Injury: 7/12/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/10	MRI	REF BY DR ROGER: L/S*	150.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
05/23/11	PMT BY CHECK	DOS 10/26/10 # C7-661767	-150.00

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 95650-5005
(951) 697-7380

Provider Number: 330956713

Check #: C7-661767

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 05/23/11
Doc #: 022858729

39815

Page 1 of 2

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: (				Claim #: 05105598		Date of Injury: 07/12/07			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCM-70495	10/26/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Total Allowances:									\$150.00



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

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

*** INVOICE ***
Date NO#
06/27/11 42019

Claim # : A5T1709
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: CARMEN MILLER X3013
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs FAMSA INC.
Date Of Injury: 2/16/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR DAHER*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
06/24/11	PMT BY CHECK	DOS 1/28/11 # 896D 78502308	-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

SB05671

896D 78502308

TRAVELERS 

DATE: 06/24/11
LOSS DATE: 02/16/09
FILE NUMBER: 152 CB A5T1709 K

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

EMPLOYEE

ACCOUNT NAME:
FAMSA INC

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/28/2011

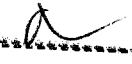
TOTAL PAID: \$150.00

TAX INFO: 3309567133317481Y

PAY MISC: 42019

PAYEE:

JOYCE ALTMAN INTERPRETERS INC

PAID
BY: 

FOR ADDITIONAL INFORMATION, CONTACT: CARMEN A MILLER AT (909)612-3031

5015671

- 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#
06/30/11 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: 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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Claims Disbursement

Claim Number: ECA900050768
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2645675
Check Date: 06/22/2011
Check Amount: 344.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0048188
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 41517
Invoice Date: 05/04/2011

Service From: 01/05/2011 **Service To:** 02/18/2011

Claimant First Name:
Claimant Last Name: F

Additional Information: 01/05/2011 02/18/2011

First Comp
BY: 



Claims Disbursement

Claim Number: ECA900050768
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number:
Check Date:
Check Amount:

2645676
06/22/2011
150.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0048188
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number: 41517 ✓
Invoice Date: 05/19/2011

Service From: 04/21/2011 **Service To:** 04/21/2011

Claimant First Name:
Claimant Last Name: F

Additional Information: 04/21/2011 04/21/2011



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#
06/14/11 43737

Claim # : 05187524
W.C.A.B.: ANA 01111111
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: 00000 vs HATHAWAY DOOR & TRIM
Date Of Injury: 12/17/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/11	MRI	REF BY DR AHMED: C/S, LT SHLD & ELBOW*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/26/11	PMT BY CHECK	DOS 3/17/11 # CD-538319	-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
Anaheim, CA 92606-5005
(888) 652-7100

Provider Number: 330956713

Check #: CD-538319

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 05/26/11
Doc #: 022886624

Medical

43737

Page 1 of 2

line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:		05187524			
				Date of Injury:		12/17/07			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-8399790	03/17/11	999Q2	Interpreter Treatmen	8	150.00	.00	710 723	150.00
Total Allowances:									✓ \$150.00



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

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 (check) as your record of payment. THANK YOU

Workers' Compensation Insurance Fund

P.O. Box 62005
Tustin, CA 92680-6205
(714) 552-7400

Provider Number: 330956713

Check #: CD-538319

JOYCE ALTMAN INTERPRETERS INCPo Box 4165
Tustin CA 92781

Issue Date: 05/26/11

Doc #: 022886624

Page 2 of 2

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-8399790	05187524	43737	150.00	.00	150.00	.00	150.00

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.

Charges that are either denied payment or found 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.

EOR Reduction Code Explanation:

- 710 : Unless documentation has been provided for physician face-to-face time, reimbursement has been made for 2 hour minimum. Documented time in excess of 2 hours has been reimbursed at \$11.25 for each additional 15 minutes.
- 723 : PAID PER AMOUNT PREVIOUSLY AGREED TO BY PROVIDER REPRESENTATIVE AND STATE FUND REPRESENTATIVE.

01365825022886624012



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

*** INVOICE ***
Date NO#
06/14/11 43738

Claim # : SA642771
W.C.A.B.:
ADJ # .
S.S.N.
D.O.B.
Terms : 45 days

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

Case: vs ASSISTANCE LEAGUE OF SOUTH CA
Date Of Injury: 5/27/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/11	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/26/11	PMT BY CHECK	DOS 3/21/11 # CU-798632	-180.00

BALANCE 0.00

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

Provider Number: 330956713

Check #: CU-798632

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781Issue Date: 05/26/11
Doc #: 022884598

43738

Page 1 of 2

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: _____ Claim #: SA642771 Date of Injury: 05/27/05 ICD-9 Code: 999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-8399601	03/21/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
Total Allowances:									✓ \$180.00

01300615022884598012



Please print or type the name of the patient, the date of injury, the reduction codes and reviewer comments.

If there are any changes to the information above, please print or type the changes and the initial name on all future correspondence.
THANK YOU

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pineale, CA 93650-5005
(818) 291-7000

Provider Number: 330956713

Check #: CU-798632

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781Issue Date: 05/26/11
Doc #: 022884598

Summary

Page 2 of 2

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-8399601	SA642771	43738	180.00	.00	180.00	.00	180.00

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.

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EOR Reduction Code Explanation:

723 : PAID PER AMOUNT PREVIOUSLY AGREED TO BY PROVIDER REPRESENTATIVE AND STATE FUND REPRESENTATIVE.

0136581502884598012



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

*** INVOICE ***
Date NO#
06/14/11 40225

Claim # : SA645276
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DICK MADSEN ROOFING
Date Of Injury: 5/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
09/20/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
11/29/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
12/06/10	MRI	REF BY DR GRABARO: C/S, L/S RT SHLDR & WRIST*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
01/04/11	PMT BY CHECK	DOS 8/18/10 # CU-740696	-180.00
01/07/11	PMT BY CHECK	DOS 9/20/10 THRU 11/29/10 # CU-742818	-360.00
01/13/11	PMT BY CHECK	DOS 12/6/10 # CU-745605	-150.00
04/11/11	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
06/06/11	PMT BY CHECK	DOS 4/11/11 CK# CU-801939	-180.00

BALANCE 0.00

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

Explanation of Review (FOR)

Provider Number: 330956713

Check #: CU-801939

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 06/06/11
Doc #: 022937728

Medical

Page 1 of 2

40225

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:		SA645276	Date of Injury: 05/05/06		
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-8445700	04/11/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
Total Allowances:								✓	\$180.00

0306293022937728012



Please retain this statement and report of EOB for explanation of reduction codes and reviewer comments.

To receive prompt payment, please use the claim number shown above and the insured name in all future correspondence.

Please detach and retain this statement/report as your record of payment. THANK YOU

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Piedmont, CA 93650-5005
(916) 291-7000

Provider Number: 330956713

Check #: CU-801939

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 06/06/11
Doc #: 022937728

Summary

Page 2 of 2

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-8445700	SA645276	40225	180.00	.00	180.00	.00	180.00

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.

Charges that are either denied payment or found 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.

EOR Reduction Code Explanation:

723 : PAID PER AMOUNT PREVIOUSLY AGREED TO BY PROVIDER REPRESENTATIVE AND STATE FUND REPRESENTATIVE.

Reviewer's Comments:

SF1-SFCA-8445700 OTHER DATES OF SERVICE PREVIOUSLY ADDRESSED

01366293022937728012



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

*** INVOICE ***
Date NO#
06/14/11 43751

Claim # : SA643923
W.C.A.B.: LAC
ADJ # : ADJ1
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 AUTUMN COTTAGE
Date Of Injury: 9/26/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/11	DIAGN STUDY	REF BY DR KATZEN: UPPER GI SERIES*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/07/11	PMT BY CHECK	DOS 3/4/11 CK# CU-802533	-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.

Provider Number: 330956713

Check #: CU-802533

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781Issue Date: 06/07/11
Doc #: 022948072

Page 1 of 2

Medical

43751

inc #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: C				Claim #:		SA643923	Date of Injury: 09/26/05		
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-8456153	03/04/11	999Q2	Interpreter Treatmen	1	150.00	.00	710 723	150.00
Total Allowances:									✓ \$150.00

01366335022948072012



For the purpose of this EOR, the explanation of review is for informational purposes only and does not constitute a review of the claim.

Please retain this statement as proof of payment. Please retain the statement as proof of payment. THANK YOU

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Berkeley, CA 94705-5005
(855) 250-5678

Provider Number: 330956713

Check #: CU-802533

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781Issue Date: 06/07/11
Doc #: 022948072

Summary

Page 2 of 2

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-8456153	SA643923	43751	150.00	.00	150.00	.00	150.00

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EOR Reduction Code Explanation:

- 710 : Unless documentation has been provided for physician face-to-face time, reimbursement has been made for 2 hour minimum. Documented time in excess of 2 hours has been reimbursed at \$11.25 for each additional 15 minutes.
- 723 : PAID PER AMOUNT PREVIOUSLY AGREED TO BY PROVIDER REPRESENTATIVE AND STATE FUND REPRESENTATIVE.

01366375022948072012



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

*** INVOICE ***
Date NO#
06/14/11 44500

Claim # : 04998052
W.C.A.B.:
ADJ # : AI
S.S.N.:
D.O.B.:
Terms : 45 days

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

Case: ----- vs UNISERVE FACILITIES SERVICES
Date Of Injury: 4/6/06

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/07/11	PMT BY CHECK	DOS 5/5/11 # CH-152714	-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 347
Tustin, CA 92680-0347
656/250-5678

Provider Number: 330956713

Check #: CH-152714

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 06/07/11

Doc #: 022952187

Page 1 of 2

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	44500	05/05/11	05/05/11	Interpreter fees	1	250.00
Total Allowances:						\$250.00

Patient Name:

Claim #: 04998052

Claim Number
04998052

Allowances
250.00

Penalty & Interest
.00

Invoice Totals
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.



01666403022952187012

Please print payment to the address below and the address on all future correspondence.
Please send the payment to the address below to avoid payment delay. THANK YOU

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

*** INVOICE ***
Date NO#
06/14/11 44125

Claim # : 02379410
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:

SCIF (PINEDALE - 65005)
W.C. DEPARTMENT
ATTN: JUAN CARLOS ALVAREZ
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: . vs Fuller Manufacturing, Inc.
Date Of Injury: 3/15/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/11	MRI	REF BY DR SILVER: L/S*	150.00
/ /	INTERPRETER:	ODALYS DOMINGUEZ # 500014	0.00
06/08/11	PMT BY CHECK	DOS 4/13/11 # CE-551290	-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)

Provider Number: 330956713

Check #: CE-551290

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 06/08/11
Doc #: 022957262

Page 1 of 2

414125

Medical

ine #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:		02379410			
				Date of Injury:		03/15/05			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-8461912	04/13/11	999Q2	Interpreter Treatmen	1	150.00	.00	710 723	150.00
Total Allowances:									\$150.00

01366458022957262012



For review only. Do not use for billing. Review code and review comments.

Do not use for payment. Use bill line 10. Claim number shown above and the insured name on all future correspondence.

Thank you for your service. Your service is appreciated. THANK YOU

Explanation of Review (EOR)

Provider Number: 330956713

Check #: CE-551290

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165

Tustin CA 92781

Issue Date: 06/08/11

Doc #: 022957262

Summary

Page 2 of 2

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-8461912	02379410	44125	150.00	.00	150.00	.00	150.00

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EOR Reduction Code Explanation:

- 710 :** Unless documentation has been provided for physician face-to-face time, reimbursement has been made for 2 hour minimum. Documented time in excess of 2 hours has been reimbursed at \$11.25 for each additional 15 minutes.
- 723 :** PAID PER AMOUNT PREVIOUSLY AGREED TO BY PROVIDER REPRESENTATIVE AND STATE FUND REPRESENTATIVE.

0136645802957262012



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

*** INVOICE ***
Date NO#
06/14/11 38559

Claim # : E2709959
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B.:
Terms : 45 days

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

Case: vs SHARON GLATT KOSHER
Date Of Injury: 5/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/27/10	INITIAL EXAM	DR ZARGARAFF @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
11/15/10	PR2/REEVAL	DR ZARGARAFF* AUGUSTO SALAZAR # 500286	180.00
10/15/10	INITIAL EXAM	DR JASON YANG: PSYCH EVAL (3.5 HRS)	402.50
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
12/27/10	PR2/REEVAL	DR ZARGARAFF* AUGUSTO SALAZAR # 500286	180.00
12/29/10	MRI	REF BY DR ZARGARAFF: L/S, LT KNEE, LT ANKLE*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
01/25/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/01/11	PMT BY CHECK	DOS 12/29/10 # 101646072	-150.00
02/01/11	PMT BY CHECK	DOS 9/27/10 THRU 12/27/10 # 101646073	-590.00
02/07/11	PR2/REEVAL	DR ZARGARAFF* AUGUSTO SALAZAR # 500286	180.00
02/23/11	PMT BY CHECK	DOS 1/25/11 THRU 2/1/11 # 101653253	-652.50
03/04/11	PMT BY CHECK	DOS 2/7/11 # 101656186	-180.00
03/25/11	P AND S	DR CARRERA: PSYCH EVAL (2.5 HRS)	287.50
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/04/11	PMT BY CHECK	DOS 3/25/11 # 101656186	-287.50
03/28/11	PR2/REEVAL	DR ZARGARAFF* AUGUSTO SALAZAR # 500286	180.00
04/14/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00

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

*** INVOICE ***
Date NO#
06/14/11 38559

Claim # : E2709959
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B.:
Terms : 45 days

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

Case: --- vs SHARON GLATT KOSHER
Date Of Injury: 5/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/11	PMT BY CHECK	DOS 3/28/11 # 101678095	-180.00
05/02/11	P AND S	DR ZARGARAFF* AUGUSTO SALAZAR # 500286	230.00
05/07/11	PMT BY CHECK	DOS 4/14/11 # 101682426	-150.00
06/09/11	PMT BY CHECK	DOS 5/2/11 # 101686144	-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.

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000945

JOYCE ALTMAN INTERPRETERS INC



PO BOX 4165
TUSTIN CA 92781

38559

PAID
JUN 14 2011

* To expedite handling of your claim, please include our claim number on all future correspondence to us.							Claim Number *	
							E2 709959WS	
Insured/Client SHARON GLATT KOSHER CATERING				Claimant			ATT	06/09/11
Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount	
05/07/10		05/02/11-05/02/11	MED	21		DR	\$230.00	
							\$230.00	
Reason 68559								

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.

ACCWIF 12.5.02

PLEASE DETACH BEFORE CASHING

CNA

UNDERWRITTEN BY:
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD

101686144
Date Issued
06/09/11
67-1
532
Bank Acct.
207997106026

VOID IF PURPLE BACKGROUND IS ABSENT				THIS DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW			
Claim Number E2 709959		Desk Code WS		Insured/Client SHARON GLATT KOSHER CATERING		Issuing Off. No. 48	
Prefix & Contract No. WC -4017952780		Claimant				Date of Loss 05/07/10	
From-thru (Dates) 05/02/11		In Payment of 05/02/11		68559			

PAY TWO HUNDRED THIRTY AND NO/100THS

Dollars

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

IN COOPERATION WITH AND
PAYABLE IF DESIRED BY WELLS
FARGO BANK, N.A. #4759-628092

*****\$230.00

VOID IF NOT CASHED IN SIX MONTHS
FROM MONTH OF ISSUE

Wachovia Bank, N.A. Greenville, South Carolina

⑈0101686144⑈ ⑆053101561⑆ 2079971060263⑈

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

*** INVOICE ***
Date NO#
06/14/11 42101

Claim # : 710683101
W.C.A.B.:
ADJ # : AC)
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: WILLIAM JACOBSON
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs 3PL LOGISTIC
Date Of Injury: 4/5/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/11	DIAGN STUDY	ARTHROGRAM REF BY DR SUUTARI: RT KNEE (2H 25M)	187.50
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA # 100741	0.00
03/09/11	MRI	REF BY DR SUUTARI: LT KNEE*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/09/11	PMT BY CHECK	DOS 1/25/11 AND 3/9/11 # 17610472	-337.50

BALANCE 0.00

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

CHARTIS
P.O. BOX 2017
JERSEY CITY

NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7101761047200598243

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 17610472
RFP No.: 00598243
06/09/2011

Insured: 3PL LOGISTICS, INC (A CORP)

Claimant:

Claim Office: 710

Producer:

ACT: 42101

012511-030911

Policy	Claim	Sym.	DOL	Typ	S
000001290189	00683101	01	04/05/2010	EXP	0

Amount
\$337.50

PAID
JUN 14 2011

BY: _____

Use file # 710-00683101 on all correspondence, for prompt processing.
For check information call: 714-436-3970

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

*** INVOICE ***
Date NO#
06/14/11 41162

Claim # : 710-726076
W.C.A.B.:
ADJ # : A
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: TERESA IBARRA
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: F vs TAVISTOOR RESTAURANT
Date Of Injury: 10/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/20/10	MRI	REF BY DR KOHANIM: C/S, L/S (2 HRS 5 MINS)	168.75
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA # 100741	0.00
06/11/11	PMT BY CHECK	DOS 12/20/10 # 17642570	-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.

CHARTIS
P.O. BOX 2017
JERSEY CITY

NJ 07303-2017

LMS ABOVE ADDRESS ONLY FOR RETURNS
999 9 7101764257000603120

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



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

No.: 17642570
RFP No.: 00603120
06/11/2011

Insured: TAVISTOCK RESTAURANTS LLC

Claimant:

Producer:

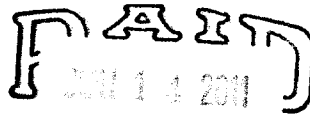
ACT: 41162

122010-122010

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S
000001871809	00726076	01	10/08/2009	MED	O

Amount
\$168.75



BY:

Use file # 710-00726076 on all correspondence, for prompt processing.
For check information call: 925-901-2200

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

*** INVOICE ***
Date NO#
06/14/11 39762

Claim # : YDY56442C; YTK04407C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : --,--,--
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LX-14153)
W.C. DEPARTMENT
ATTN: ANGELA JOHNS
P.O. BOX 14153
LEXINGTON, KY 40512

Case: vs BEVERLY HILTON
Date Of Injury: 11/15/05; 3/5/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/10	MRI	REF BY DR LAVI: C/S, T/S & L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/08/11	PMT BY CHECK	DOS 12/17/10 # 200645075 1	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
877/809-9478



000126
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Attention: This remittance incorporates
1 claim payments

PAID
JUN 14 2011

BY:

Special Handling ID: RM 00

Explanation of Benefits

Page 1 of 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid		
39762 11-15-05	72HMC TK1072 YDYC 56442	HILTON HOTELS CORPORATION	\$150.00		
Nature of Payment: Other Medical		Service Dates 12-17-2010 12-17-2010	\$150.00		
Claim Handler: Alison Martino 877/809-9478 NO California SRS Claim Office P.O. Box 8116 Pleasanton, CA 94588-8702		Additional Comments: 5020110502038038			
Issue Date	06-08-2011	Check Number	200645075 1	Total Amount of Check	\$150.00

Please keep the above information for your records.

094180947

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#
06/14/11 41504

Claim # : 71000627519
W.C.A.B.:
ADJ # : AD
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: MICHAEL WALKER
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs JOB 1 USA/SHULTZ STEEL CO.
Date Of Injury: 7/29/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/11	MRI	REF BY DR KHAN: LT FOOT*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/09/11	PMT BY CHECK	DOS 1/5/11 # 17609554	-150.00

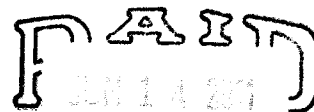
BALANCE 0.00

* 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.

CHARTIS
P.O. BOX 2017
JERSEY CITY

NJ 07303-2017

LMS ABOVE ADDRESS ONLY FOR RETURNS
999 3 7101760955400598187



BY:.....

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



Remittance - JOYCE ALTMAN INTERPRETERS INC
COMMERCE AND INDUSTRY INSURANCE CO.

No.:17609554
RFP No.: 00598187
06/09/2011

Insured: JOB 1 USA, INC.

Claimant:

Producer:

Claim Office: 710

ACT: 41504

010511-010511

Policy	Claim	Sym.	DOL	Typ	S	Amount
000005316596	00627519	01	07/29/2009	MED	O	\$150.00

Use file # 710-00627519 on all correspondence, for prompt processing.
For check information call: 714-436-3970

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

*** INVOICE ***
Date NO#
06/14/11 40088

Claim # : YLR47614
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LX-14153)
W.C. DEPARTMENT
ATTN: TRACY JORDAN
P.O. BOX 14153
LEXINGTON, KY 40512

Case: vs RANCE KING PROPERTIES, INC.
Date Of Injury: 1/25/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/10	PR2/REEVAL	DR DOMARACKI @ WILLOW MED* ELENA LOPEZ # 500289	180.00
12/13/10	INITIAL EXAM	DR JARCHI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
12/16/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/14/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/11/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/24/11	INITIAL EXAM	DR GALLONI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
03/04/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/04/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/04/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
05/31/11	PMT BY CHECK	DOS 11/18/10 THRU 3/4/11 # 200596701 7	-1360.00
06/08/11	PMT BY CHECK	DOS 4/4/11 # 200651168 2	-180.00
06/09/11	PMT BY CHECK	DOS 5/4/11 # 200660030 3	-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#
06/14/11 40088

Claim # : YLR47614
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LX-14153)
W.C. DEPARTMENT
ATTN: TRACY JORDAN
P.O. BOX 14153
LEXINGTON, KY 40512

Case: vs RANCE KING PROPERTIES, INC.
Date Of Injury: 1/25/09

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.

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



001982
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 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
40088 / 01-25-09	21HMC TQ2223 YLRC 47614	ADP TOTALSOURCE MI VII, LLC / TAW / RANCE KING PRO	\$180.00
Nature of Payment: Miscellaneous Medical		Service Dates 04-04-2011 04-04-2011	\$180.00
Claim Handler: Tracy Jordan 800/221-5473 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: 5120110502048671	
Issue Date	06-08-2011	Check Number	200651168 2
Total Amount of Check			\$180.00

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

094182812

01983

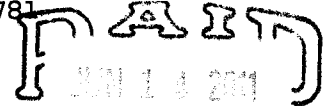
*200012 2006511882

HAR-100-2

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



002010
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781



BY:.....

Attention: This remittance incorporates
1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Page 1 of 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
40088 01-25-09	21HMC TQ2223 YLRC 47614	ADP TOTALSOURCE MI VII, LLC / TAW / RANCE KING PRO	\$180.00
Nature of Payment: Other Medical		Service Dates 05-04-2011 05-04-2011	\$180.00
Claim Handler: Tracy Jordan 800/221-5473 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: DCN 5120110531300758	
Issue Date	06-09-2011	Check Number	200660030 3
Total Amount of Check			\$180.00

Please keep the above information for your records.

094209841

FOLD AT DOTTED LINE AND DETACH

02011

*400012 2006600303



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#
06/30/11 39447

Claim # : OAA772434/776149
W.C.A.B.:
ADJ # :
S.S.N.:
D.O.B. :
Terms : 45 days

BILL TO:
ONEBEACON INS.(CANTON 9155)
W.C. DEPARTMENT
ATTN: TRACY WAINISTA X8038
P.O. BOX 9155
CANTON, MA 02021

Case: vs ARTESIA 5220 INC.
Date Of Injury: 10/1/09;10/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
01/27/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/24/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/28/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/31/11	INITIAL EXAM	DR GALLONI @ WILLOW MED*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
05/16/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/22/11	PMT BY CHECK	DOS 10/22/10 THRU 5/16/11 # TE86567-2	-1180.00

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.



OneBeaconSM
I N S U R A N C E

P.O. BOX 9155
MAILSTOP C1-05
CANTON MA 02021-9155

Mail to:

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

Non-Negotiable



OneBeaconSM
I N S U R A N C E

EXPLANATION OF PAYMENT

TE86567-2

PLEASE FORWARD ALL CORRESPONDENCE TO:

OneBeacon Insurance Group
P.O. BOX 9155
MAILSTOP C1-05
CANTON MA 02021-9155
781-332-9600

PAY TO: JOYCE ALTMAN INTERPRETERS

AGENT: ROAMNET INSURANCE MARKETING Pr
3333 E. Conours
Bldg 9-200
Ontario CA 91764

IN PAYMENT OF: INTERPRETERS INV# 39447

SERVICE DATES FROM 10/22/10 THRU 05/16/11

INVOICE NUMBER: 39447

DATE ISSUED: 06/22/2011
CHECK AMT: \$1,180.00
INSURED: ARTESIA 5220, INC.
POLICY NO.: 4060161780002
DATE/LOSS: 10/01/2009
CLAIM NO.: 0AA-772434-01-01
CLAIM TYPE: WC-STAT-REGULAR (CA)
CLAIMANT: /
ADJUSTER: WC05 - KRISTIN E. LEDGER

PAID
BY: [Signature]

Non-Negotiable

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

*** INVOICE ***
Date NO#
06/16/11 41021

Claim # : 000577045165-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: PALIN LULE
P.O. BOX # 9875
CALABASAS, CA 91372-0875

Case: vs WHOLE FOODS
Date Of Injury: 9/22/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/10	CT SCAN	REF BY DR TEPPER: LOW BACK*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/09/11	PMT BY CHECK	DOS 12/10/10 # 0086182014	-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 003787

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



PAID
JUN 10 2011

BY: C

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 045165 WC 01 (SP40006803)

CLAIMANT:

DESCRIPTION: INVOICE # 41021

DATES OF SERVICE: 10Dec2010 THRU 10Dec2010

BENEFIT PERIOD: THRU

BRANCH NO.: 165

ACC DATE: 22Sep09

NO.: 0086182014

VN: 0000801309

DATE: 09Jun11

AMOUNT: 150.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004948 005556 003 003

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#
06/14/11 42591

Claim # : E3179912
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:

CNA CLAIM PLUS (CHICAGO)
W.C. DEPARTMENT
ATTN: LORRAINE BASTMAN
P.O. BOX # 8317
CHICAGO, IL 60680

Case: vs HUGO NEU-PROLER CO.
Date Of Injury: 2/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/11	CT SCAN	REF BY DR KATSEN: ABDOMEN*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/03/11	PMT BY CHECK	DOS 2/18/11 # 104500260	-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

000334

JOYCE ALTMAN INTERPRETERS INC



PO BOX 4165
TUSTIN CA 92781

PAID
JUN 14 2011

BY: *[Signature]*

* To expedite handling of your claim, please include our claim number on all future correspondence to us.							Claim Number *	
							E3 179912A7	
Insured/Client SIMS HUGO NEU				Claimant			ATT	06/03/11
Date of Loss	Total WC Ind to Date	From - thru Dates	Sub/DI	TRAN Code#	EXP	Pay Code#	Amount	
02/08/07		02/18/11-02/18/11	MED	21		DR	\$150.00	
							\$150.00	
Reason INV 42591 INTER/DR KATSEN								

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

CNA

UNDERWRITTEN BY:
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVAN

104500260
Date Issued
06/03/11
67-1
532
Bank Acct.
207997106028

VOID IF PURPLE BACKGROUND IS ABSENT		THIS DOCUMENT CONTAINS A WATERMARK - HOLD UP TO LIGHT TO VIEW	
Claim Number E3 179912	Desk Code A7	Insured/Client SIMS HUGO NEU	Issuing Off. No. 2C
Prefix & Contract No. WC -2095787560	Claimant	Date of Loss 02/08/07	
From-thru (Dates) 02/18/11	In Payment of 02/18/11	INV 42591 INTER/DR KATSEN	

PAY ONE HUNDRED FIFTY AND NO/100THS

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

IN COOPERATION WITH AND
PAYABLE IF DESIRED BY WELLS
FARGO BANK, N.A. #4759-628183

*****\$150.00

[Signature]
VOID IF NOT CASHED IN SIX MONTHS
FROM MONTH OF ISSUE

Wachovia Bank, N.A. Greenville, South Carolina

⑈0104500260⑈ ⑆053101561⑆ 2079971060289⑈

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

*** INVOICE ***
Date NO#
06/16/11 42488

Claim # : 003000-186071-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: MARTHA EILERS
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: . vs WASTE MANAGEMENT (CORONA)
Date Of Injury: 12/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/11	MRI	REF BY DR MONTGOMERY: C/S*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/10/11	PMT BY CHECK	DOS 2/14/11 # 0086217210	-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

003000

PAGE 1 OF 1

005036

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



PAID
JUN 10 2011

BY: _____

GALLAGHER BASSETT SERVICES INC
FOR WASTE MANAGEMENT, INC

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

CLAIM NO.: 003000 186071 WC 01 (2964)

CLAIMANT:

DESCRIPTION: INV# 42488 6/3/11 DOS 2/14/11

DATES OF SERVICE: 14Feb2011 THRU 14Feb2011

BENEFIT PERIOD: THRU

BRANCH NO.: 094

ACC DATE: 12Dec06

NO.: 0086217210

VN: 0002557694

DATE: 10Jun11

AMOUNT: 150.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006460 007342 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#
06/16/11 42042

Claim # : 001540-006803-WC-01
W.C.A.B.:
ADJ # : ADJ1--
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DAVIS WIRE CORPORATIONS
Date Of Injury: 3/20/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/11	PRE-OP	DR JARCHI- RT SHOULDER @ MONROVIA HOSPITAL*	180.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
06/10/11	PMT BY CHECK	DOS 1/28/11 # 0086213713	-180.00

BALANCE 0.00

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

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

001540

PAGE 1 OF 1 005037

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



PAID
JUN 16 2011

BY:.....

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS

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

CLAIM NO.: 001540 006803 WVC 01 (W-000010)

CLAIMANT:

DESCRIPTION: INV#42042 INVDAT06/03/11 DOS01/28/11

DATES OF SERVICE: 28Jan2011 THRU 28Jan2011

BENEFIT PERIOD: THRU

BRANCH NO.: 170

ACC DATE: 20Mar03

NO.: 0086213713

VN: 0000134083

DATE: 10Jun11

AMOUNT: 180.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006460 007343 003 003

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#
06/20/11 42572

Claim # : 710724201
W.C.A.B.:
ADJ # : ADJ7.
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: ALISIA TIMMINS
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs CAITAC GARMENT PROCESSING
Date Of Injury: 4/30/04

DOS	SERVICE	DESCRIPTION	AMOUNT
02/21/11	MRI	REF BY DR MARLOWE: L/S*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
06/15/11	PMT BY CHECK	DOS 2/21/11 # 17665301	-150.00

BALANCE 0.00

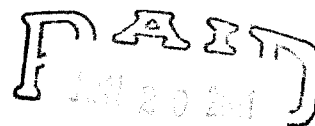
* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 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.

CHARTIS
P.O. BOX 2017
JERSEY CITY

NJ 07303-2017

LMS ABOVE ADDRESS ONLY FOR RETURNS
999 1 7101766530100617047

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



BY: 0

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 17665301
RFP No.: 00617047
06/15/2011

Insured: CAITAC GARMENT PROCESSING INC

Claimant: *

Producer:

ACT: 42572

022111-022111

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001242134	00724201	01	04/30/2004	EXP	O	\$150.00

Use file # 710-00724201 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#
06/20/11 43777

Claim # : 42243
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CONTRACT RESOURCES P.P. RICE C
Date Of Injury: 2/23/11

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/23/11	PMT BY CHECK	DOS 4/8/11 # 2620403	-156.50
05/11/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
06/14/11	PMT BY CHECK	DOS 5/11/11 # 2628607	-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.

CompWest Insurance Company
PO Box 12859
Newport Beach, CA 92658

Page 1 of 1

Address Service Requested

000194 RKDN1T1A
JOYCE ALTMAN INTERPRETERS, INC..
P.O. BOX 4165
TUSTIN CA 92781-4165

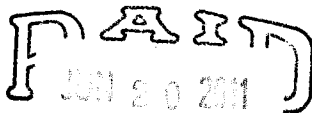
A barcode consisting of vertical black bars of varying heights, used for automated mail sorting.

Check Date: 06/14/2011
Chk #: 2628607

Group:	Complwest Insurance Company
Employer:	Commercial Interior Resources Inc
Injured Worker:	
Dates of Svc:	2011-05-11 - 2011-05-11
Pat Acct#:	
Claim#:	0000042243
Prov ID#:	
Diagnosis:	
Comments:	

DOI: 2011-02-23

PmtID: 2628607
 Invoice #: 43777
 Bill Recvd:
 Review Date:
 Print Date: 2011-06-14
 Recon Date:
 License#:

Service	Modifiers	POS	Diag CD	Billed	MRA Reduct	Netwrk Red	Payment
 BY: _____							

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: 06/14/2011
Check #: 2628607

CLAIM NUMBER	DATE OF INJURY	INJURED WORKER
0000042243	2011-02-23	

Pay Exactly ****Two Hundred Fifty and 00/100 -US Dollars****

Amount
\$***250.00**

TO THE
ORDER
OF

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

VOID AFTER 180 DAYS

WELLS FARGO BANK, N.A.

Authorized Signer

\$5,000 or greater require two signatures

[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#
06/16/11 42622

Claim # : 003656-000039-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HARBOR RAIL SERVICE OF CA.
Date Of Injury: 10/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/11	MRI	REF BY DR TABIBIAN: C/S*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
06/06/11	PMT BY CHECK	DOS 2/17/11 # 0086101595	-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 - CORONA, CA
P.O BOX 6900
CORONA CA 92878-6900

003656

PAGE 1 OF 1

003619



MDG2009 00004970 1 MB 0390 1

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



GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

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

CLAIM NO.: 003656 000039 WC 01 (HARBWILMIN)

CLAIMANT:

DESCRIPTION: INV#42622 INVDAT06/03/11 DOS02/17/11

DATES OF SERVICE: 17Feb2011 THRU 17Feb2011

BENEFIT PERIOD: THRU

BRANCH NO.: 170

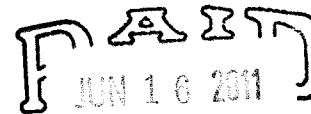
ACC DATE: 23Oct09

NO.: 0086101595

VN: 0000003110

DATE: 06Jun11

AMOUNT: 150.00



BY: _____

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004970 005703 001 002

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

*** INVOICE ***
Date NO#
06/21/11 42320

Claim # : 0037995000225-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: JANIAN FOWLER
P.O. BOX # 14260
ORANGE, CA 92863

Case: ----- vs BC BG MAX ARIA GROUP
Date Of Injury: 10/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/11	MRI	REF BY DR CHANIN: LT SHLDR & RT KNEE*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/13/11	PMT BY CHECK	DOS 2/5/11 # 0086274752	-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/ANAHEIM N
GALLAGHER BASSETT SERVICE
P.O. BOX 14260
ORANGE CA 92863-1260

PAGE 1 OF 1

0103416 01 RE 0.390 **AUTO T9 1 5813 92781

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

PAID
20 20 2011

BY: _____

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 000225 WC 01

CLAIMANT:

DESCRIPTION: INV 42320

DATE OF SERVICE: 05-Feb-2011 TO 05-Feb-2011

BRANCH NO. 138

CHECK NO. 0086274752

ACC. DATE 07-Oct-2010

VN. 0000009150

DATE: 13-Jun-2011

PAYMENT AMOUNT:

\$150.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0086274752 ATTACHED BELOW

RE0103416-0001_of_0001 5813-0004282 (F28D)



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

*** INVOICE ***
Date NO#
06/21/11 41498

Claim # : 407510047486
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 GLOBAL BUSINESS/RENE VALENTE S
Date Of Injury: 11/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/11	DEPO PREP	@ THE L/O OF VEATCH CARLSON	156.50
/ /	INTERPRETER:	BOSCO BOKSH # 301275	0.00
02/02/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
03/10/11	MRI	REF BY DR CHANING: RT KNEE & SHOULDER (3 HRS)	225.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/27/11	PMT BY CHECK	DOS 1/6/11 AND 2/2/11 # 6687333	-406.50
06/20/11	PMT BY CHECK	DOS 3/10/11 # 6733758	-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.

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

Claim Ref #: 047510047486
Policy: 001223866408
Occurrence: 000004
Date of Loss: 11/01/2009
SSN#/TIN#: XXXXXXXXXXXX
Payee: Joyce Altman Interpreters

Page: 1 of 1
Check Number: 6733758
Print Date: 06/20/2011
Issue Date: 06/20/2011

Insured: RENEE VALENTE SMIDT C/O GLOBAL BUSINESS MANAGEMENT INC

<u>DATE</u>	<u>CLAIMANT</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
03/10/2011-		Translator	225.00

PAID
JUN 21 2011
BY: _____

Comments: Invoice No: 41498; Date of Service: 3/10/11; Inv Dte: 6/3/11; MP

Claim Representative: DAVID TAFFI

CHECK TOTAL:

225.00

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#
06/21/11 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

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

43467-

PAY TO:

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

DEMAND/WARRANT: 0404726131

CHECK DATE: Jun 14, 2011
CHECK AMOUNT: \$1,035.00

FUND/DEPT: 100/ 61

ACCOUNT: 9910

OBJECT/SUBOBJ: 151/01

FISCAL YEAR: 11

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.
9001-2009-0618 1	03/17/2011	03/18/2011	09/15/2009	3391	*****0985	0614111951	9510537
32 INTERPRETER FEE							1,035.00

PAID
JUN 21 2011

BY: _____

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#
06/21/11 43558

Claim # : 30101148336-0001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : --
Terms : 45 days

BILL TO:

SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: ERICK VILLESAS
P.O. BOX # 14442
LEXINGTON, KS 40512

Case: vs SA RECYCLING
Date Of Injury: 11/5/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/11	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
04/05/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
05/02/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
06/17/11	PMT BY CHECK	DOS 3/11/11 THRU 5/2/11 # 0005001215	-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.
06/17/2011	563.00	0005001215
PAYEE	TAX ID	
JOYCE ALTMAN INTERPRETERS	*****6713	
SCMS UNIT	PAGE	
527 Sedgwick Claims Management Services	001	

*001821

0005001215 00001 OF 00001 OAM 110617 1008

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

Claimant Name	Loss Date	Claim Number	SSN
11/05/2010 30101148336-0001			
AMT Paid: 563.00	Description:	Invoice: 43558	ICN: 301011483360001
Amt Billed: 563.00	Comment: interpreter depo		
Dates: 03/11/2011 - 05/02/2011			

PAID
JUN 21 2011
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#
06/21/11 40973

Claim # : WC2008281406
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: AILIN TORONSINA
P.O. BOX 30850
LOS ANGELES, CA 90030

Case: vs STANDARD HOTEL
Date Of Injury: 5/30/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/10	MRI	REF BY DR KHAN: LT FOOT (3 HRS 25 MINS)	262.50
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
06/15/11	PMT BY CHECK	DOS 12/15/10 # 6725053	-262.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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



CHUBB GROUP OF INSURANCE COMPANIES
15 MOUNTAIN VIEW ROAD, WARREN, NEW JERSEY 07059

Insured: HOTELS AB LLC
Claimant: I
Producer: MARSH USA, INC

Claim No: 68 / 0071737111/000011/01-3
Date of Loss: 05/30/08
Issue Date: 06/15/11
Cheque No: 6725053

Below you will find a check in the amount of \$262.50.
If you have any questions please call ()

Sincerely,

Ailin Torosian

PAID
JUN 21 2011
BY: _____

40973

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

*** INVOICE ***

Date NO#
06/21/11 38109

Claim # : 78472; 77996
W.C.A.B.:
ADJ # : ADJ73 .8
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TOPA INSURANCE (L.A.)
W.C. DEPARTMENT
ATTN: AMRA LOWIS
P.O. BOX # 67810
LOS ANGELES, CA 90067

Case: vs ACE BEVERAGE COMPANY
Date Of Injury: 1/11/10; 11/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/10	DEPO PREP	@ THE L/O OF NORMAN SCHALL	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/28/10	DEPO PREP	@ THE L/O OF NORMAN SCHALL	156.50
/ /		(VOL II)	
/ /	INTERPRETER:	LINDA WEINBERG # 08025285	0.00
12/22/10	PMT BY CHECK	DOS 7/6/10 THRU 10/28/10	-313.00
		# 162926	
02/15/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/06/11	PMT BY CHECK	DOS 2/15/11 # 166501	-250.00
04/28/11	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR	150.00
		SADIGHPOUR*	
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
06/17/11	PMT BY CHECK	DOS 4/28/11 # 168577	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ORIGINAL CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER WHICH CONTAINS A WATERMARK



90-3582
1222

NO.

1681

168577

P.O. BOX 67810, LOS ANGELES, CA 90087-0810

POLICY NO.

CLAIM NO.

DATE

DATE OF LOSS

06/17/2011

PAY TO: Joyce Altman Interpreters, Inc.

VOID 90 DAYS AFTER DATE OF ISSUE

TOQA INSURANCE COMPANY

\$150.00

P
A
Y

One Hundred Fifty and 00/100 Dollars*****

AUTHORIZED SIGNATURE

ORIGINAL CHECK IS PRINTED ON CHEMICAL REACTIVE PAPER AND HAS MICRO PRINTING IN THE SIGNATURE LINE

168577 122235821 153466532048



Invoice #	Claim #	Claimant	Service Dates	Memo	Invoice Amt	An
38109	000000077996		7/6/2010 - 4/28/2011		\$0.00	\$15

PAID
JUN 21 2011

BY:.....

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#
06/21/11 36287

Claim # : A428416
W.C.A.B.:
ADJ # : AD
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (WC-8112)
W.C. DEPARTMENT
ATTN: KATHERINE MALLION
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: vs ALL AMERICAN MAINTENANCE
Date Of Injury: 11/22/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/09	INITIAL EXAM	DR BOYER* ELIZABETH VARGA # 500106	230.00
01/07/10	F.C.E. TEST	@ PAIN RELIEF CTR* AUGUSTO SALZAR # 500286	150.00
01/12/10	NCV	DIAGN STUDY: L/E* JASON RAMIREZ 500371	125.00
01/12/10	EMG TESTING	BY DR HERIC: L/E* JASON RAMIREZ 500371	125.00
02/08/10	INITIAL EXAM	DR KHAN* DON DRAPER # 301257	230.00
02/22/10	PR2/REEVAL	DR BOYER* ELIZABETH VARGA # 500106	180.00
02/04/10	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (4 HRS)	460.00
/ /	INTERPRETER:	MARTHA BECERRA # 500198	0.00
03/25/10	PR2/REEVAL	DR ZARRINI* GERRY LUGO # 500049	180.00
04/10/10	PR2/REEVAL	DR BOYER* MARTHA BECERRA # 500198	180.00
04/29/10	INITIAL EXAM	DR DOSHI @ PAIN RELIEF CTR* JASON RAMIREZ # 500371	230.00
/ /	INTERPRETER:		0.00
04/26/10	PR2/REEVAL	DR BOYER* AUGUSTO SALAZAR # 500286	180.00
04/07/10	PR2/REEVAL	DR BOYER* CLARA BONILLA # 500320	180.00
06/09/10	PR2/REEVAL	DR ZARRINI* JOSE LUGO # 500049	180.00
07/23/10	PR2/REEVAL	DR BOYER* ALBERTO VILLAGOMEZ # 500341	180.00
07/13/10	PR2/REEVAL	DR ZARRINI* ELIZABETH VARGA # 500106	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#
06/21/11 36287

Claim # : A428416
W.C.A.B.:
ADJ # : AJ
S.S.N.:
D.O.B.:
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (WC-8112)
W.C. DEPARTMENT
ATTN: KATHERINE MALLION
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: vs ALL AMERICAN MAINTENANCE
Date Of Injury: 11/22/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/10	P AND S	DR TERRENCE: PSYCH EVAL (2 HRS 15 MINS)	258.75
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
10/12/10	PR2/REEVAL	DR ZARRINI* AUGUSTO SALAZAR # 500286	180.00
10/25/10	PENALTIES	FOR DATE OF SERVICE 12/23/09	34.50
10/25/10	INTEREST	FOR DATE OF SERVICE 12/23/09	23.62
10/25/10	PENALTIES	FOR DATE OF SERVICE 01/12/10	37.50
10/25/10	INTEREST	FOR DATE OF SERVICE 01/12/10	24.10
10/25/10	PENALTIES	FOR DATE OF SERVICE 02/08/10	34.50
10/25/10	INTEREST	FOR DATE OF SERVICE 02/08/10	20.22
10/25/10	PENALTIES	FOR DATE OF SERVICE 02/04/10	69.00
10/25/10	INTEREST	FOR DATE OF SERVICE 02/04/10	41.02
10/25/10	PENALTIES	FOR DATE OF SERVICE 04/29/10	34.50
10/25/10	INTEREST	FOR DATE OF SERVICE 04/29/10	14.42
10/25/10	PENALTIES	FOR DATE OF SERVICE 07/29/10	38.81
10/25/10	INTEREST	FOR DATE OF SERVICE 07/29/10	8.80
12/07/10	PR2/REEVAL	DR ZARRINI* MARIA BARBOSA # 500267	180.00
03/25/11	PR2/REEVAL	DR ZARRINI/PERRY LAI*	180.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/15/11	PMT BY CHECK	DOS 12/23/09 THRU 3/25/11 # 891A 81290661	-4169.74

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

*** INVOICE ***
Date NO#
06/21/11 36287

Claim # : A428416
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (WC-8112)
W.C. DEPARTMENT
ATTN: KATHERINE MALLION
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: ----- vs ALL AMERICAN MAINTENANCE
Date Of Injury: 11/22/09

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.

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SB02646

891A 81290661



DATE: 06/15/11
LOSS DATE: 11/22/09
FILE NUMBER: 158 CB A4Z8416 A

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

EMPLOYEE

ACCOUNT NAME:
MAROTTO CORP., DBA:

TRAVELERS CASUALTY AND SURETY COMPANY

EXPLANATION OF PAYMENT

PHOTOGRAPHY / PHOTOCOPY EXPENSE

SERVICE DATE: 12/23/2009 TO: 03/25/2011

TOTAL PAID: \$4169.74
TAX INFO: 3309567133317481Y
PAY MISC: 36287
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
JUN 21 2011
BY: _____

FOR ADDITIONAL INFORMATION, CONTACT: NICOLE M NGUYEN AT (925)944-3201

UNSUMM -021410
OVRPUN82-121295
DETACH CHECK

168012646
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#
06/27/11 41779

Claim # : R00008658
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: - vs McMETAL CREATIONS, INC.
Date Of Injury: 6/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/11	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL*	230.00
/ /	INTERPRETER:	ELENA LOPEZ # 500289	0.00
06/22/11	PMT BY CHECK	DOS 1/21/11 # 300011679	-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.

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

Republic Indemnity

Address Service Requested

000307 RKDN7T1A

Joyce Altman Interpreters Inc

PO BOX 4165

TUSTIN CA 92781-4165



Date: 06/22/2011.

Check #: 3000112679

Payment Amount: 230.00

Invoice								
Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00008658	Me	41779	06/13/2011	01/21/11	01/21/11	0.00	230.00	
Interpreter For Medical/WCAB						Total	230.00	

PAID
MAY 27 2011

BY: _____

PLEASE DETACH BEFORE DEPOSITING CHECK

RN7T1172 000307 172232016371 NNNNN NNNNN NNNNNNNN 00000

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

*** INVOICE ***
Date NO#
06/27/11 41193

Claim # : 000690-002400;0029626WC01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B.:
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SCOTTSDALE)
W.C. DEPARTMENT
ATTN: BOBBY GANDOLI
PO BOX 10849
SCOTTSDALE, AZ 85271

Case: vs ANGELICA TEXTILE SERVICES
Date Of Injury: 7/4/06; 2/14/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/10	MRI	REF BY DR HAFEZI: L/S, RT KNEE (2H 20M)	187.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/16/11	PMT BY CHECK	DOS 12/21/10 # 0086338769	-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.

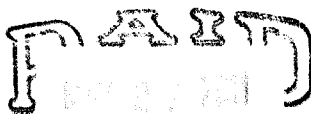
GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85251

000690

PAGE 1 OF 1

003993

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



41193

BY: a

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-231-3759
GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85251

CLAIM NO.: 000690 002400 WC 01 (8216)

CLAIMANT: ***

DESCRIPTION:

DATES OF SERVICE: 21Dec2010 THRU 21Dec2010

BENEFIT PERIOD: THRU

BRANCH NO.: 007

ACC DATE: 14Jul06

NO.: 0086338769

VN: 0000182870

DATE: 16Jun11

AMOUNT: 187.50

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005160 005893 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#
06/20/11 43823

Claim # : 03059832
W.C.A.B.:
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

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 6300
Pinehale, CA 95650-5005
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

Page 1 of 2

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	513.00				
Total Allowances:										✓\$313.00			

01365582022856127012



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

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.

Please detach and retain the Statement page(s) as your record of payment. THANK YOU

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

*** INVOICE ***

Date NO#
06/20/11 40211

Claim # : SA463581
W.C.A.B.:
ADJ #
S.S.N. : --- --
D.O.B. : 1/31/46
Terms : 45 days

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

Case: v DE OROZCO vs FINEBRAND
Date Of Injury: 5/31/05

DOS	SERVICE	DESCRIPTION	AMOUNT
12/01/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/19/11	WCAB LB	TRAIL (FULL DAY)	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/17/11	PMT BY CHECK	DOS 12/1/10-4/19/11 # CU-794994	-469.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), 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
Fremont, CA 94550-5005
(415)291-7000

Provider Number: 330956713

Check #: CU-794994

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 05/17/11
Doc #: 022823727

Medical

Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	40211	12/01/10	04/19/11	Interpreter fees	1	469.50
Total Allowances:						\$469.50

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SA463581	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.

Notations:

SA463581 INTERPRETERS FEE - WCAB;

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



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

*** INVOICE ***
Date NO#
06/22/11 38733

Claim # : 05580288
W.C.A.B.:
ADJ #
S.S.N.
D.O.B. :
Terms : 45 days

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

Case vs ATS NORTHEAST
Date Of Injury: 4/13/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/10	MRI	& MRA REF BY DR NGUYEN: RT WRIST (3.5 HRS)	262.50
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/15/11	PMT BY CHECK	DOS 10/13/10 # CU-805912	-262.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

Provider Number: 330956713

Check #: CU-805912

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 06/15/11
Doc #: 023002209

Medical

Page 1 of 3

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:		05552728		Date of Injury: 12/01/09	
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-8502565	11/09/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
2	SF1-SFCA-8502565	11/16/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Subtotal:									300.00
Patient Name:				Claim #:		05566454		Date of Injury: 03/08/10	
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
3	SF1-SFCA-8495322	12/01/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
Patient Name:				Claim #:		SA626207		Date of Injury: 07/19/02	
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
4	SF1-SFCA-8495286	09/28/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
Patient Name:				Claim #:		05470210		Date of Injury: 07/17/09	
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
5	SF1-SFCA-8496989	11/22/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Patient Name:				Claim #:		05445756		Date of Injury: 05/22/09	
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
6	SF1-SFCA-8496764	10/05/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Patient Name:				Claim #:		05639066		Date of Injury: 10/01/10	
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
7	SF1-SFCA-8494488	04/19/11	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
8	SF1-SFCA-8494488	11/13/10	999Q2	Interpreter Treatmen	1	150.00	150.00	788	.00
Subtotal:									150.00
Patient Name:				Claim #:		05580288		Date of Injury: 04/13/10	
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
9	SF1-SFCA-8494917	10/13/10	999Q2	Interpreter Treatmen	14	262.50	.00	723	262.50
Patient Name:				Claim #:		05648014		Date of Injury: 10/19/10	

01366841023002209013



262.50

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#
06/22/11 40288

Claim # : 05470210
W.C.A.B. :
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CA TRUSS
Date Of Injury: 7/17/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/22/10	MRI	REF BY DR MONTGOMERY: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 300320	0.00
06/15/11	PMT BY CHECK	DOS 11/22/10 # CU-805912	-150.00

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 65000
Fresno, CA 93665-0005
(555) 250-3473

Provider Number: 330956713

Check #: CU-805912

JOYCE ALTMAN INTERPRETERS-INC

Po Box 4165
Tustin CA 92781

Issue Date: 06/15/11
Doc #: 023002209

Medical

Page 1 of 3

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: C				Claim #:	05552728	Date of Injury:	12/01/09		
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-8502565	11/09/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
2	SF1-SFCA-8502565	11/16/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Subtotal:									300.00
Patient Name:				Claim #:	05566454	Date of Injury:	03/08/10		
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
3	SF1-SFCA-8495322	12/01/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
Patient Name:				Claim #:	SA626207	Date of Injury:	07/19/02		
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
4	SF1-SFCA-8495286	09/28/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
Patient Name: I				Claim #:	05470210	Date of Injury:	07/17/09		
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
5	SF1-SFCA-8496989	11/22/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Patient Name:				Claim #:	05445756	Date of Injury:	05/22/09		
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
6	SF1-SFCA-8496764	10/05/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Patient Name:				Claim #:	05639066	Date of Injury:	10/01/10		
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
7	SF1-SFCA-8494488	04/19/11	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
8	SF1-SFCA-8494488	11/13/10	999Q2	Interpreter Treatmen	1	150.00	150.00	788	.00
Subtotal:									150.00
Patient Name:				Claim #:	05580288	Date of Injury:	04/13/10		
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
9	SF1-SFCA-8494917	10/13/10	999Q2	Interpreter Treatmen	14	262.50	.00	723	262.50
Patient Name:				Claim #:	05648014	Date of Injury:	10/19/10		

Please refer to the Explanation of Review (EOR) for an explanation of reduction codes and other comments.

In future correspondence, please use the claim number shown above and the injured name on all future correspondence.

Please detach and retain the statement page(s) if you receive payment. RETURN TO:

01366841023002209013



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

*** INVOICE ***
Date NO#
06/22/11 38724

Claim # : 05612328
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs BOB DILLON CONSTRUCTION
Date Of Injury: 7/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/10	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
12/08/10	PR2/REEVAL	DR ZARRINI* ALBERTO	180.00
		VILLAGOMEZ # 500341	
02/07/11	PR2/REEVAL	DR ZARRINI* RICARDO AINSLIE	180.00
		# 500159	
06/15/11	PMT BY CHECK	DOS 10/13/10-2/7/11	-590.00
		# CL-459116	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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State Compensation Insurance Fund
 P.O. Box 63005
 Ann Arbor, MI 48106-3005
 (313)250-5678

Provider Number: 330956713

Check #: CL-459116

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
 Tustin CA 92781

Issue Date: 06/15/11
 Doc #: 023000199

Medical

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:			Claim #:			05612328 Date of Injury: 07/21/10			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-8496154	02/07/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
2	SF1-SFCA-8496154	10/13/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
3	SF1-SFCA-8496154	12/08/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
Total Allowances:									\$590.00

PAID

Please refer to the last page of EOR for an explanation of reductions and other comments.

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

011366832023000199012

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

*** INVOICE ***
Date NO#
06/22/11 39986

Claim # : 05552728
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B.:
Terms : 45 days

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

Case: vs AMERICAN INTERNATIONAL
Date Of Injury: 12/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/10	ULTRASOUND	DIAG STUDY REF BY DR CHANIN: ABDOMEN*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
11/16/10	CT SCAN	REF BY DR CHANIN: ABDOMEN @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/15/11	PMT BY CHECK	DOS 11/9/10 & 11/16/10 # CU-805912	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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State Compensation Insurance Fund
P.O. Box 63005
Pinedale, CA 93650-5005
(555)250-5673

Provider Number: 330956713

Check #: CU-805912

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 06/15/11
Doc #: 023002209

Medical

Page 1 of 3

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name: C:				Claim #: 05552728		Date of Injury: 12/01/09			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-8502565	11/09/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
2	SF1-SFCA-8502565	11/16/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Subtotal:									300.00
Patient Name:				Claim #: 05566454		Date of Injury: 03/08/10			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
3	SF1-SFCA-8495322	12/01/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
Patient Name:				Claim #: SA626207		Date of Injury: 07/19/02			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
4	SF1-SFCA-8495286	09/28/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
Patient Name:				Claim #: 05470210		Date of Injury: 07/17/09			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
5	SF1-SFCA-8496989	11/22/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Patient Name:				Claim #: 05445756		Date of Injury: 05/22/09			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
6	SF1-SFCA-8496764	10/05/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Patient Name:				Claim #: 05639066		Date of Injury: 10/01/10			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
7	SF1-SFCA-8494488	04/19/11	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
8	SF1-SFCA-8494488	11/13/10	999Q2	Interpreter Treatmen	1	150.00	150.00	788	.00
Subtotal:									150.00
Patient Name:				Claim #: 05580288		Date of Injury: 04/13/10			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
9	SF1-SFCA-8494917	10/13/10	999Q2	Interpreter Treatmen	14	262.50	.00	723	262.50
Patient Name:				Claim #: 05648014		Date of Injury: 10/19/10			

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

0136684102300209013

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

*** INVOICE ***
Date NO#
06/22/11 39026

Claim # : 05445756
W.C.A.B.:
ADJ # : A 10
S.S.N.
D.O.B. :
Terms : 45 days

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

Case: vs BENNY'S TIRE & ROAD SVC.
Date Of Injury: 7/12/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/10	MRI	REF BY DR PADVEEN: L/S @ CALI IMAGING*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
06/15/11	PMT BY CHECK	DOS 10/5/10 # CU-805912	-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)

Provider Number: 330956713

Check #: CU-805912

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 06/15/11
Doc #: 023002209

Medical

Page 1 of 3

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances	
Patient Name:				Claim #:		05552728	Date of Injury:			12/01/09
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS										
1	SF1-SFCA-8502565	11/09/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00	
2	SF1-SFCA-8502565	11/16/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00	
Subtotal:									300.00	
Patient Name:				Claim #:		05566454	Date of Injury:			03/08/10
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS										
3	SF1-SFCA-8495322	12/01/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00	
Patient Name:				Claim #:		SA626207	Date of Injury:			07/19/02
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS										
4	SF1-SFCA-8495286	09/28/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00	
Patient Name:				Claim #:		05470210	Date of Injury:			07/17/09
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS										
5	SF1-SFCA-8496989	11/22/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00	
Patient Name: ()				Claim #:		05445756	Date of Injury:			05/22/09
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS										
6	SF1-SFCA-8496764	10/05/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00	
Patient Name:				Claim #:		05639066	Date of Injury:			10/01/10
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS										
7	SF1-SFCA-8494488	04/19/11	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00	
8	SF1-SFCA-8494488	11/13/10	999Q2	Interpreter Treatmen	1	150.00	150.00	788	.00	
Subtotal:									150.00	
Patient Name:				Claim #:		05580288	Date of Injury:			04/13/10
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS										
9	SF1-SFCA-8494917	10/13/10	999Q2	Interpreter Treatmen	14	262.50	.00	723	262.50	
Patient Name:				Claim #:		05648014	Date of Injury:			10/19/10

01366841023002209013



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#
06/23/11 41215

Claim # : 10T50554
W.C.A.B.:
ADJ # : A 4
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: ----- vs PASADENA CONVALESCENT HOSP.
Date Of Injury: 3/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/22/10	MRI	REF BY DR KOHANIM: L/S*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/21/11	PMT BY CHECK	DOS 12/22/10 # 32580	-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.

WORKERS COMPENSATION ACCOUNT

Check No.

32580

FOR THE
BENEFIT OF
TOWER SELECT
INSURANCE CO.



Workers' Compensation Account

P.O. Box 5038
Modesto CA 95352-5038
(209)574-2800

Company Name:

PASADENA CONVALESCENT HOSPITAL DBA THE CALIFORNIAN

Department/Location:

PASADENA CONVALESCENT HOSPITAL DBA THE CALIFORNIAN

Claimant Name:
Claim No: 10TS0554
Date of Injury: 03/25/2010
Social Security No: XXX-XX-4602
Examiner ID: JES

Service Dates: 12/22/2010 - 12/22/2010
Payment Type: Interpreter
Comments: INTERP W/ DR KOHANIM
Invoice No: 41215
Invoice Comments:

Check Date: 06/21/2011
Amount: 150.00
Invoice Date:

PAID
BY: _____

ENDORSEMENT CONSTITUTES UNDERSTANDING OF BELOW WARNING

WARNING: Acceptance of employment with a different employer that requires the performance of activities you have stated that you cannot perform because of the injury for which you are receiving temporary disability benefits could constitute fraud and could result in criminal prosecution. If convicted, you could lose your rights to workers' compensation benefits and face imprisonment for up to five years and a fine of up to one hundred fifty thousand dollars (\$150,000) or double the amount of the fraud, whichever is greater.

ADVERTENCIA: El aceptar empleo con un patrón distinto, que necesite que usted realice actividades que usted ha dicho que no puede hacer por causa de una lesión, por la cual está recibiendo beneficios de incapacidad temporal, puede ser considerado un fraude; lo cual causaría la iniciación de una acción legal en contra de usted. Si es declarado culpable, usted puede perder sus derechos a recibir beneficios de compensación al trabajador, puede ser encarcelado por hasta cinco años, y multado hasta ciento cincuenta mil dólares (\$150,000) o el doble del valor del fraude, o la cifra que sea mayor.

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

*** INVOICE ***
Date NO#
06/23/11 42625

Claim # : 09C858058334
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CANNON COCHRAN MGMT SVCS (IRV)
W.C. DEPARTMENT
ATTN: JOHN ULMER
18881 VON KARMAN AVE, 380
IRVINE, CA 92612

Case: vs FLYING J INC.
Date Of Injury: 11/13/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/11	MRI	REF BY DR MONTGOMERY: L/S*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/20/11	PMT BY CHECK	DOS 2/17/11 # 100608821	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CCMSI o/b/o Pilot Travel Centers LLC
2 East Main St., Suite 208
Danville, IL 61832

Bank of America
CHICAGO, IL 60603

2-3/710 IL

Check
Number

100608821

Date: 06/20/2011

Batch #: 300360607

Amount

\$****150.00

Amount: ONE HUNDRED FIFTY AND XX / 100*****

P

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

Void After 90 Days

⑈0100608821⑈ ⑆071000039⑆ 866 662 2642⑈

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
42625	11/13/2009	09C85B058334	150.00	0.00	150.00	42625 DS 2/17/2011 - 2/17/2011	JULMER

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#
06/23/11 39816

Claim # : 002343001794-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: MILA CANAMASO
P.O. BOX # 14260
ORANGE, CA 92863

Case: vs MENZIES AVIATION
Date Of Injury: 8/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/10	CT SCAN	REF BY DR TEPPER: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/17/11	PMT BY CHECK	DOS 11/5/10 # 0086371516	-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/ANAHEIM N
GALLAGHER BASSETT SERVICE
P.O. BOX 14260
ORANGE CA 92863-1260

002343

PAGE 1 OF 1

008763



MDG2009 00000114 1 AB 0368 1

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



PAID
BY: 6

GALLAGHER BASSETT SERVICES INC
FOR XL SPECIALTY COMPANY

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

CLAIM NO.: 002343 001794 WC 01 (LAX-22)

CLAIMANT:

DESCRIPTION: INV# 39816

DATES OF SERVICE: 05Nov2010 THRU 05Nov2010

BENEFIT PERIOD: THRU

BRANCH NO.: 138

ACC DATE: 14Aug09

NO.: 0086371516

VN: 0000081515

DATE: 17Jun11

AMOUNT: 150.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000114 000132 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#
06/23/11 41402

Claim # : WC10025545
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 IHERB.COM
Date Of Injury: 12/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/10	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
02/08/11	PR2/REEVAL	DR RAHIMIAN* JESUS CASTILLO # 500358	180.00
02/04/11	INITIAL EXAM	DR CARRERA: PSYCH EVAL @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/29/11	PR2/REEVAL	DR RAHIMIAN* AUGUSTO SALAZAR # 500286	180.00
04/27/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/06/11	PR2/REEVAL	DR CARRERA - VINCENT MEJIA # 500309	180.00
05/14/11	INITIAL EXAM	W/ ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
06/10/11	PMT BY CHECK	DOS 12/30/10 THRU 5/6/11 # 8813048253	-1150.00
06/21/11	PMT BY CHECK	DOS 5/14/11 # 8813062196	-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.

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

June 21, 2011

MID-CENTURY INSURANCE COMPANY

Check Number: 8813062196

Date: 06/21/2011

Amount: \$230.00*****

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

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

41402

Claimant/Patient:

Insured: IHERB INC

Date of Loss: 12/02/2010

Claim Number: WC10025545

Correspondence Reference: 4F\$ZMR84N

Claim Representative: KIMBERLY ELIAS

Office Phone Number: 8884861451

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
05/14/11 - 05/14/11

Payment For
Interpreter

Paid Amount
\$230.00

PAID
JUN 23 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#
06/23/11 38940

Claim # : 05374176
W.C.A.B.:
ADJ # : ADJ-----
S.S.N. :
D.O.B.:
Terms : 45 days

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

Case: vs CARSON SERVICES COMPANY
Date Of Injury: 9/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/15/11	PENALTIES	FOR DATE OF SERVICE	37.50
04/15/11	INTEREST	FOR DATE OF SERVICE	16.93
06/21/11	PMT BY CHECK	DOS 9/30/10 # BU-736557	-304.43

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
Fremont, CA 94650-5005
(855)250-3678

Provider Number: 330956713

Check #: BU-736557

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 06/21/11
Doc #: 023044550

Compensation

Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	LALEXA	09/30/10	09/30/10	Claimant Incurred Legal Expense	1	304.43
Total Allowances:						\$304.43

35940

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05374176	304.43	.00	304.43

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:

05374176 FULL AND FINAL AS AGREED; CL \$304.43;

FF #
NDJ

PAID
JUN 23 2011
BY: _____

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

01167167023044550012



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

*** INVOICE ***
Date NO#
06/23/11 42086

Claim # : 040509101124
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DECRA ROOFING INC.
Date Of Injury: 9/21/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/11	MRI	REF BY DR WEESSIES: RT SHLDR, NECK*	150.00
/ /	INTERPRETER:	JOHN ALVAREZ # 500306	0.00
06/20/11	PMT BY CHECK	DOS 1/31/11 # 6733502	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Claim Ref #: 040509101124
Policy: 000071723429
Occurrence: 000006
Date of Loss: 09/21/2009
SSN#/TIN#: XXXXXXXXXXXX
Payee: Joyce Altman Interpreters
Insured: Decra Roofing Systems, Inc

Page: 1 of 1
Check Number: 6733502
Print Date: 06/20/2011
Issue Date: 06/20/2011

<u>DATE</u>	<u>CLAIMANT</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
06/03/2011-		Oth Med Pvd Cst	150.00
06/03/2011			

PAID
JUN 23 2011

BY: _____

Comments: Inv. #: 42068 Inv. Date: 6/3/2011 (23)

Claim Representative: LINDA WEST

CHECK TOTAL:

150.00

Phone: (925)598-6031

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

*** INVOICE ***
Date NO#
06/23/11 42518

Claim # : R00010031
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
REPUBLIC INDEMNITY (G.G.)
W.C. DEPARTMENT
ATTN: LAURA COMSTOCK
12833 MONARCH ST.
GARDEN GROVE, CA 92841

Case: vs COACH MAX CORPORATION
Date Of Injury: 11/23/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/11	MRI	REF BY DR DAHER: RT KNEE*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
06/20/11	PMT BY CHECK	DOS 1/10/11 # 3000112239	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Page 1 of 1

[illegible]

09.11.2017

PAID
JUN 27 2011

BY: [Signature]

KN/1100 UU1/U 10621/453/1 NNNNNN NNNNNN NNNNNNNN DUEB01

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#
06/27/11 34807

Claim # : 1010-09-02102
W.C.A.B.:
ADJ # : A 0
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PRESIDENTIAL LIMOUSINE LLC ICW
Date Of Injury: 10/29/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/09	DEPO PREP	@ THE L/O OF DENNIS FUSI AMENDED	200.00
09/09/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/02/09	PMT BY CHECK	DOS 8/6/09 # 0000741596	-156.50
12/10/09	PMT BY CHECK	DOS 8/6/09 THRU 9/9/09 # 0000751586	-293.50
04/05/11	WCAB SD	PRI-CONFERENCE	165.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
06/22/11	PMT BY CHECK	DOS 4/5/11 # 0000924387	-165.00

BALANCE 0.00

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

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete them.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress regularly to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves assessing the outcomes against the objectives and goals to determine the effectiveness of the intervention.

6. Based on the evaluation, the team can then decide on the next steps, which may include refining the plan, addressing any challenges, or celebrating success.

7. Throughout the process, communication and collaboration are essential to ensure that all team members are aligned and working towards the same goals.

8. It is also important to document the progress and findings of the project to provide a clear record of the work done and the results achieved.

9. Finally, it is crucial to reflect on the experience and learn from any lessons learned to improve future projects.

10. By following these steps, teams can effectively manage projects and achieve their desired outcomes.

FAMILY

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

RAIN

BY: _____

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
10-09-02102		10/29/2008	34807	43	04/05/2011	04/05/2011	\$165.00
at	SubPC	Stub Notes					Stub Amount
		MISC EXPENSE					\$165.00
		WCAB SD PRE-CONFERENCE TRANSLATION SERVICES					\$0.00
							\$165.00

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

*** INVOICE ***
Date NO#
06/14/11 44300

Claim # : 22015384
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:

BERKSHIRE HATHAWAY (SAN FRSCO)
W.C. DEPARTMENT
ATTN: CHERYL SERRER X5407
P.O. BOX # 881716
SAN FRANCISCO, CA 94188-1716

Case: vs KOREA HOUSE BBQ
Date Of Injury: 7/17/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/06/11	C&R READING	@ THE L/O OF DENNIS FUSI*	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/09/11	PMT BY CHECK	DOS 5/6/11 # 0196836	-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.

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 06/09/2011 ✓
Check Number : 0196836 ✓
Check Amount : \$250.00 ✓

1WCE1M



1dn5a
00041

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



PAID
JUN 14 2011
BY:

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22015384		07/17/2009	44300	Interpreter Fees -	05/06/2011	05/06/2011	\$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#
06/20/11 41521

Claim # : 02440074
W.C.A.B.: JPC
ADJ # : 1-----
S.S.N.
D.O.B. :
Terms : 45 days

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

Case:
Date Of Injury: 6/20/05

vs ARROWHEAD BRONZE PRODUCTS

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/11	WCAB LB	FULL DAY TRIAL - CARMEN GUZMAN # 100585	313.00
05/16/11	PMT BY CHECK	DOS 1/25/11 # CU-794321	-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.

State Compensation Insurance Fund
 P.O. Box 63005
 Bredale, CA 93650-5005
 (818)291-7000

Provider Number: 330956713

Check #: CU-794321

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
 Tustin CA 92781

Issue Date: 05/16/11
 Doc #: 022814577

Medical

Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
1	41521	01/25/11	01/25/11	Interpreter fees	1	313.00
Total Allowances:						\$313.00

Claim Number	Allowances	Penalty & Interest	Invoice Totals
02440074	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.

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



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

*** INVOICE ***
Date NO#
04/25/11 38050

Claim # : AXHS-0008
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: BRIAN ARNOLD
P.O. BOX 619079
ROSEVILLE, CA 95661

Case: vs O.P.E.N. AMERICAN
Date Of Injury: 6/13/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/10	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (2 HRS 45 MINS)	316.25
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
09/20/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
10/25/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
10/26/10	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	AIDA WEIR # 600107	0.00
11/29/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
02/23/11	PMT BY CHECK	DOS 7/13/10 THRU 11/29/10 # 617558	-1012.75
03/07/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
04/20/11	PMT BY CHECK	DOS 3/7/11 # 644133	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

38050

Mailing Information:

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

Claim Number: AXJS-0008
Claimant:
Date of Loss: 06/13/2010

Check Number: 644133
Check Date: 04/20/2011
Check Amount: \$250.00
Type of Payment: 108 DEPOSITION COSTS

Location: 101 O.p.e.n. America, Inc. 4742 24th Street S. #300
For Period: 03/07/2011 to 03/07/2011
IRS #: 33-0956713
Detail: TRANSLATION FOR DEPOSITON REVIEW

APR 25 2011
BY: *[Signature]*

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD TO LIGHT TO VIEW

YORK

99 CHERRY HILL ROAD, SUITE 102
PARSIPPANY, NJ 07054

(973) 541-1330

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

NOT VALID AFTER SIX MONTHS
CLAIM NUMBER

AXJS-0008

DATE

CHECK NO.

04/20/2011

644133

AMOUNT

***\$250.00

PAY
TO
THE
ORDER
OF

4436 AIX Janitorial Services

TWO HUNDRED FIFTY AND 0/100 DOLLARS

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

David Parnis

COUNTERSIGNATURE REQUIRED OVER \$10,000

Details on back
Security features included.

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

*** INVOICE ***
Date NO#
04/25/11 38454

Claim # : 81907
W.C.A.B.:
ADJ # :
S.S.N.:
D.O.B.:
Terms : 45 days

BILL TO:
MAJESTIC INS CO (SAN DIEGO)
W.C. DEPARTMENT
ATTN: KIM MAURER
P O BOX 270769
SAN DIEGO, CA 92198

Case: vs ROBERT NELSON CO/RIVERSIDE DET
Date Of Injury: 6/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
09/22/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
11/02/10	PMT BY CHECK	DOS 8/24/10 THRU 9/22/10	-406.50
		# 0100482045	
11/18/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
12/20/10	PMT BY CHECK	DOS 11/18/10 # 0100493149	-156.50
01/08/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		L/O DENNIS FUSI	
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
04/20/11	PMT BY CHECK	DOS 1/8/11 # 0100525553	-250.00

BALANCE 0.00

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April 20, 2011

JOYCE ALTMAN INTERPRETERS

P.O. BOX 4165

TUSTIN, CA 92781

RE: MS (Robert A Nelson Co Inc.)

D.O.I.

Claim Number 81907

Payment	Period Covered	Date of Service	Amount	Invoice/Chart Number	Payment Type	
210	01/08/11	01/08/11	00/00/00	250.00	38454	Interpreter Fees
Check Amount			\$250.00			

Check Amount \$250.00

PAID
APR 25 2011

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

Sincerely,

MICHAEL WALSH

Claims Examiner

(858) 385-4040

BY:.....



WELLS FARGO BANK, N. A.
115 Hospital Drive
Van Wert, OH 45891

0100525553

P O Box 2359, San Francisco, CA 94126-2359

VOID AFTER 180 DAYS

Date of Check	Claim Number	Date of Injury	Payment From	Payment Thru
04/20/11	81907	06/04/10	01/08/11	01/08/11
Claimant		Payment Type Interpreter Fees		

56-382
412

041203824

Amount
\$250.00

PAY EXACTLY Two Hundred Fifty DOLLARS and NO/100 CENTS

TO THE
ORDER
OF

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

Donald R. Bell

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

*** INVOICE ***
Date NO#
05/02/11 42828

Claim # : EKE5765
W.C.A.B.:
ADJ # : ALJ.....
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (WC-8112)
W.C. DEPARTMENT
ATTN: EVELYN ARROYL
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: - vs ROGERS POULTRY CO.
Date Of Injury: 9/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/08/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/25/11	PMT BY CHECK	DOS 2/16/11 THRU 3/8/11	-406.50
		# 891A 81111304	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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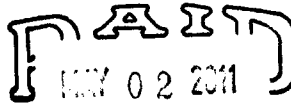
009335

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SA08974

891A 81111304

TRAVELERS 

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



BY: 

DATE: 04/25/11
LOSS DATE: 09/16/10
FILE NUMBER: 158 CB EKE5765 P

EMPLOYEE

ACCOUNT NAME:
ROGER'S POULTRY CO

TRAVELERS CASUALTY AND SURETY COMPANY

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 02/16/2011 TO: 03/08/2011

42828

TOTAL PAID: \$406.50
TAX INFO: 3309567133721476Y
PAY MISC: DEPO AND C&R INTERPRETING
PAYEE:
JOYCE ALMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT: EVELYN ARROYO AT (925)945-4292

115009015

DETACH CHECK 

UNSUMM -021410
OVRPUN82-721293
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#
05/19/11 41987

Claim # : 39363
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs J. ROBERT SCOTT
Date Of Injury: 7/26/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
02/09/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
02/25/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
		VOL 1 (AM)	0.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	250.00
02/25/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	
		VOL II (PM)	0.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	-813.00
05/16/11	PMT BY CHECK	DOS 1/13/11 THRU 2/25/11	
		# 2617403	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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EXPLANATION OF MEDICAL BENEFITS

PmtID: 2617403

Page 1 of 1

Invoice #: 41987

Group: CompWest Insurance Company
 Employer: J Robert Scott Inc
 Injured Worker:
 Claim#: 0000039363 DOI: 2010-07-26
 Pat Acct#:
 Prov ID#: License#:
 Dates of Svc: 2011-01-13 - 2011-02-25
 Comments:

Review Date:
 Bill Recvd:
 Print Date: 2011-05-16
 Recon Date
 Check Date: 05/16/2011 Chk #: 2617403
 Diagnosis:



16 100-000011 1105 1 004 145

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

Service	Modifiers	POS	Diag Cd	Billed	MRA Reduct	Netwrk Red	Payment
---------	-----------	-----	---------	--------	------------	------------	---------

PAID
 MAY 19 2011

BY: _____

PLEASE DETACH BEFORE DEPOSITING CHECK

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

CompWest Insurance Company
 PO Box 12858
 Newport Beach, CA 92658

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

11-24
1210

Date: 05/16/2011

Check #: 2617403

CLAIM NUMBER	DATE OF INJURY	INJURED WORKER
0000039363	2010-07-26	

\$*****813.00

VOID AFTER 180 DAYS

PAY **Eight Hundred Thirteen and 00/100-US Dollars**

16 100-000011 1105 1 004 145

PAY
 TO
 THE
 ORDER
 OF

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

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

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

*** INVOICE ***
Date NO#
05/19/11 43025

Claim # : WC71888
W.C.A.B. :
ADJ # : AI
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TOKIO MARINE MGMT (PASADENA)
W.C. DEPARTMENT
ATTN: GAYANE KOSTANYAN
P. O. BOX 7127
PASADENA, CA 91109

Case: vs MORRIS NATIONAL, INC.
Date Of Injury: 10/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/11	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
/ /	INTERPRETER:	MARIO VALDEZ # 100656	0.00
04/26/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/13/11	PMT BY CHECK	DOS 3/14/11 AND 4/26/11	-406.50
		# 800262813	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)

CLAIMS ACCOUNT - WESTERN REGION
800 E. Colorado Blvd., Pasadena, CA 91101

PAY TO THE ORDER OF
Joyce Altman Interpreters

59-292
113
CONTROL NO. 001416970
CHECK NO. 800262813

PAY

\$ *****\$406.50

FOR /43025
Four hundred six and 50/100 Dollars

Insured/Claimant	Claim Number	Date of Issue	Policy Number	Claimant	Date of Loss
MORRIS NATIONAL INC	210WC0000071888	05/13/2011	WC1116432	XXX	10/15/2010

UNION BANK
445 S. Figueroa Street, Los Angeles, CA 90071-1602

VOID AFTER 90 DAYS

Olene Mahmoud
AUTHORIZED SIGNATURE

THIS CHECK CONTAINS SECURITY FEATURES: VOID PANTOGRAPH - WATERMARK ON BACK (HOLD AT ANGLE TO VIEW) - CHEMICAL PROTECTION

⑈0800 26 28 13⑈ ⑆011302920⑆ ⑈9080013660⑈

PLEASE DETACH BEFORE DEPOSITING

CHECK NO. 800262813

Tokio Marine & Nichido Fire Insurance Co., Ltd.
(U.S. Branch)
230 Park Avenue
New York, NY 10169

FROM 03/14/2011 TO 04/26/2011,
Inv.#43025

Payment explanations may be mailed to you separately.

MAIL TO

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

FAI
MAY 19 2011
BY: _____ AGENT

BARNEY & BARNEY
9171 TOWNE CENTRE DR.#500
SAN DIEGO, 7
92122

cod

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#
05/20/11 41651

Claim # : 402299
W.C.A.B.:
ADJ # : A 0
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs VALLEY HO HOTELS, INC.
Date Of Injury: 3/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
02/04/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
05/17/11	PMT BY CHECK	DOS 1/10/11 AND 2/4/11	-450.00
		# 2617736	

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 MEDICAL BENEFITS

PmtID: 2617736

Page 1 of 1

Group: CompWest Insurance Company
 Employer: Valley Ho Hotels Inc
 Injured Worker:
 Claim#: 0000040299 DOI: 2010-03-01
 Pat Acct#:
 Prov ID#: License#:
 Dates of Svc: 2011-01-10 - 2011-02-04
 Comments:

Review Date:
 Bill Recvd:
 Print Date: 2011-05-17
 Recon Date
 Check Date: 05/17/2011 Chk #: 2617736
 Diagnosis:



17 100-000066 1105 1 004 145

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

Service	Modifiers	POS	Diag Cd	Billed	MRA Reduct	Netwrk Red	Payment
---------	-----------	-----	---------	--------	------------	------------	---------

PAID
 MAY 20 2011

BY: _____

PLEASE DETACH BEFORE DEPOSITING CHECK

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM

CompWest Insurance Company
 PO Box 12658
 Newport Beach, CA 92658

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

11-24
1210

Date: 05/17/2011
 Check #: 2617736

INJURED WORKER

CLAIM NUMBER	DATE OF INJURY
0000040299	2010-03-01

\$*****450.00

VOID AFTER 180 DAYS

PAY **Four Hundred Fifty and 00/100-US Dollars **

17 100-000066 1105 1 004 145

PAY
 TO
 THE
 ORDER
 OF

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

David D. Finkel
 Authorized Signer

If \$5,000 or greater two signatures required

⑈0002617736⑈ ⑆121000248⑆ 4121224901⑈

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

*** INVOICE ***
Date NO#
05/24/11 40781

Claim # : 003579-000149-WC-01
W.C.A.B.:
ADJ # : A1
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs EL NUEVO GUADALAJARA MEAT MKT.
Date Of Injury: 8/31/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/07/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/26/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
02/25/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/24/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/17/11	PMT BY CHECK	DOS 12/16/10 THRU 3/24/11	-969.50
		# 0085719131	

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

PAGE 1 OF 1

0102577 01 RE 0.390 **AUTO T4 0 5795 92781

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

PAID
MAY 23 2011
BY: *cl*

DIRECT INQUIRIES TO:

PHONE: 1-866-855-0230
GALLAGHER BASSETT - CORON
P.O BOX 6900
CORONA CA 92878-6900

AMTRUST 5STAR WC PROGRAM

CLAIM NO. 003579 000149 WC 01

CLAIMANT:

DESCRIPTION: INV#40781 INVDATE05/03/11 DOS12/16/10-03/24/11

DATE OF SERVICE: 16-Dec-2010 TO 24-Mar-2011

BRANCH NO. 170

CHECK NO. 0085719131

ACC. DATE 31-Aug-2010

VN. 0000005947

DATE: 17-May-2011

PAYMENT AMOUNT:

\$969.50

RE0102577-0002_of_0002 5795-0003395 (F28D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0085719131 ATTACHED BELOW

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

*** INVOICE ***
Date NO#
05/03/11 11623

Claim # : 6890139063; 6890139844
W.C.A.B.: AHM 7
ADJ # : ADJ 3
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RAPID RACK IND/WORLD TECH MOD.
Date Of Injury: 8/5/97; 4/18/98

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/04	WCAB AHM	EXPEDITED HEARING	147.00
11/16/04	PMT BY CHECK	DOS 10/12/04 # 82688180	-147.00
05/11/09	WCAB AHM	EXP. HEARING	156.50
05/29/09	PMT BY CHECK	DOS 5/11/09 # 84662476	-156.50
04/26/10	WCAB AHM	EXP. HEARING	156.50
		LAURA SALAS # 100471	
06/04/10	PMT BY CHECK	DOS 4/26/10 # 85019755	-156.50
11/17/10	WCAB AHM	EXPEDITED HEARING - LAURA	156.50
		SALAS # 100471	
03/07/11	WCAB AHM	TRIAL - ROSARIO PALMER	156.50
		# 100715	
04/28/11	PMT BY CHECK	DOS 11/17/10 THRU 3/7/11	-313.00
		# 70135829	

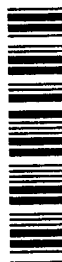
BALANCE 0.00

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



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

PAID
12 02 21



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

6
1076

BY: _____

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

Name	Dariene Tulicich	Telephone#	714-579-2550
Check#	70135829	Claim Number	6890139063
Check Date	04/28/2011	Date of Loss	08/05/1997
Check amount	\$ 313.00	Claimant	
Invoice	11623	Client/Insured	WORLD TECH INTERNATIONAL
Services/period	From 11/17/2010	To	03/07/2011
Payee	Joyce Altman Interpreters, Inc		
For	11623		

RECEIVED MAY 02 2011

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

*** INVOICE ***
Date NO#
05/03/11 36021

Claim # : 494C1150380
W.C.A.B.:
ADJ # : AD
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case vs B BRAUN MEDICAL, INC.
Date Of Injury: 9/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/16/09	DEPO PREP	@ THE L/O OF SAMUELSEN & VALENZUELA	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
01/27/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/18/10	PMT BY CHECK	DOS 12/16/09 THRU 1/27/10 # DA62365209	-406.50
01/19/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/15/11	PMT BY CHECK	DOS 1/19/11 # DA64751726	-156.50
03/24/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/27/11	PMT BY CHECK	DOS 3/24/11 # DA65233943	-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.



PDWLDMBD-002754-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 04/27/11

CHECK NO. DA65233943



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

STATEMENT

5900A11DA 00 00706 DA65233943
JOYCE ALTMAN INTEPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID

494C1150380

DOLLARS

\$*****250.00

* NOT NEGOTIABLE *

FOR

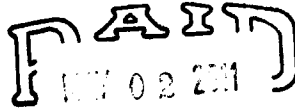
03/24/11 THRU 03/24/11 36021

CLAIMANT

DATE OF EVENT

09/11/09

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



BY:.....

RECEIVED MAY 02 2011

PDWLDMBD-002754-01-01-00

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#
05/09/11 35489

Claim # : A5T8265; A9M1523
W.C.A.B.:
ADJ # : A1 3
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (W CREEK)
W.C. DEPARTMENT
ATTN: TATIANA NORRIS
P.O. BOX # 9270
WALNUT CREEK, CA 94596

Case: vs CONTRACTORS WARDROBE
Date Of injury: 11/4/04; 7/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/26/09	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
12/03/09	PMT BY CHECK	DOS 10/14/09 THRU 8/26/09	-406.50
		# 891A 79489470	
03/15/11	WCAB LB	MSC (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
05/03/11	PMT BY CHECK	DOS 3/15/11 # 896D 78212683	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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005959

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

0

896D 78212683

TRAVELERS 

DATE: 05/03/11
LOSS DATE: 11/02/07
FILE NUMBER: 152 CB A9M1523 H

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

EMPLOYEE

ACCOUNT NAME:
CONTRACTORS WARDROBE INC

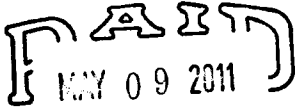
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/15/2011

TOTAL PAID: \$313.00
TAX INFO: 3309567133721476Y
PAY MISC: 35489
PAYEE:
JOYCE ALMAN INTERPRETERS



BY: 

RECEIVED MAY 09 2011

FOR ADDITIONAL INFORMATION, CONTACT: ERIC A BROWN AT (909)612-3047

123015282

DETACH CHECK 

UNSUMM -021410
OVRPUN2-121295
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#
05/09/11 32366

Claim # : 33006433
W.C.A.B.: N/A
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SAN FRAN)
W.C. DEPARTMENT
ATTN: JEWELL WILLIAMS
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs OJAI VALLEY INN AND SPA
Date Of Injury: 8/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/08	C&R READING	@ THE L/O OF DENNIS FUSI (CLIENT DIDN'T SIGN)	95.00
01/15/09	PMT BY CHECK	DOS 11/11/08 # 00736642	-95.00
01/13/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/12/10	PMT BY CHECK	DOS 1/13/10 # 0140460	-156.50
03/05/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/22/10	PMT BY CHECK	DOS 3/5/10 # 0153926	-250.00
11/02/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
11/24/10	PMT BY CHECK	DOS 11/2/10 # 0196266	-156.50
01/05/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
02/03/11	PMT BY CHECK	DOS 1/5/11 # 0211219	-250.00
02/10/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
03/10/11	PMT BY CHECK	DOS 2/10/11 # 0218840	-156.50
04/19/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
05/05/11	PMT BY CHECK	DOS 4/19/11 # 0231651	-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#
05/09/11 32366

Claim # : 33006433
W.C.A.B.: N/A
ADJ # : A J
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SAN FRAN)
W.C. DEPARTMENT
ATTN: JEWELL WILLIAMS
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs OJAI VALLEY INN AND SPA
Date Of Injury: 8/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
-----	---------	-------------	--------

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), 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 : 05/05/2011
Check Number : 0231651
Check Amount : \$250.00

271E1K



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00131

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



PAID
MAY 09 2011

BY: _____

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33006433		08/09/2008	32366	Interpreter Fees -	11/01/2008	04/19/2011	\$250.00

RECEIVED MAY 09 2011

131-131



4014

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

*** INVOICE ***
Date NO#
05/17/11 43463

Claim # : 1010-10-00043
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: MARCY ALMEIBA
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs R3 CONSTRUCTION SERVICES, INC.
Date Of Injury: 12/10/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
05/12/11	PMT BY CHECK	DOS 3/21/11 # 0000909569	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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[illegible]

7Y2E1A

PAID
MAY 17 2011

BY:.....

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-10-00043		12/10/2009	43463	43	03/21/2011	03/21/2011	\$250.00
Cat	SubPC	Stub Notes					Stub Amount
43		INTERPRETER FOR C&R READING					\$250.00
							\$250.00

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

*** INVOICE ***
Date NO#
05/16/11 43087

Claim # : 710-736668
W.C.A.B.:
ADJ # : A 1
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25977)
W.C. DEPARTMENT
ATTN: STEVE THRAEN
P.O. BOX 25977
SHAWNEE MISSION, KS 66225

Case: vs PERSONNEL PLUS, INC.
Date Of Injury: 12/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SANDRA TALACON # 100802	0.00
04/13/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/12/11	PMT BY CHECK	DOS 3/8/11 THRU 4/13/11	-406.50
		# 17338101	

BALANCE 0.00

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CHARTIS
P.O. BOX 2017
JERSEY CITY

NJ 07303-2017

LMS ABOVE ADDRESS ONLY FOR RETURNS
999 9 7101733810100500757

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

PAID
MAY 16 2011

BY:.....

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

No.:17338101
RFP No.:00500757
05/12/2011

Insured: PERSONNEL PLUS INC

Claimant:

Producer:

ACT: 43087

030811-041311

Policy	Claim	Sym.	DOL	Typ	S
000006517352	00736668	01	12/21/2010	MED	O

Amount
\$406.50

Claim Office: ,710

Use file # 710-00736668 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#
05/19/11 41825

Claim # : 62574940947804
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs KIRKHALL RUBBER
Date Of Injury: 7/12/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/11	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:	SANDRA TALANCON # 100802	0.00
05/16/11	PMT BY CHECK	DOS 1/24/11 AND 2/25/11 # FE42825263	-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.

PDWLDMCD-001760-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569



DATE 05/16/11

CHECK NO. FE42825263

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

FILE ID

6257494094780

DOLLARS

*****406.50

5900C13FE 00 00485 FE42825263
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

* NOT NEGOTIABLE *

FOR 01/24/11 THRU 02/25/11 41825

CLAIMANT

DATE OF EVENT

07/12/10

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



BY:.....

DETACH THIS PORTION BEFORE CASHING

BOA10B (07/2009)

PDWLDMCD-001760-01-01-00

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#
07/05/11 43518

Claim # : CDA7265
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/21/47
Terms : 45 days

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

Case: vs BRIER OAK ON SUNSET CARE
Date Of Injury: 2/9/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/11	ULTRASOUND	REF BY DR ZLOTOW: KIDNEY & ECHO*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/30/11	PMT BY CHECK	DOS 3/11/11 # 896D 78531193	-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

896D 78531193

0

TRAVELERS 

DATE: 06/30/11
LOSS DATE: 02/09/07
FILE NUMBER: 152 CB CDA7265 R

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

EMPLOYEE

ACCOUNT NAME:
SKILLED HEALTHCARE GROUP INC

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/11/2011

TOTAL PAID: \$150.00

TAX INFO: 3309567133317481Y

PAY MISC: 43518

PAYEE:

JOYCE ALTMAN INTERPRETERS INC

PAID
06/30/11

BY: 

FOR ADDITIONAL INFORMATION, CONTACT: CAROLE LANPHERE AT (909)612-3181

81017771

DETACH CHECK

UNSUMM -021410
OVRPUN2-121295
DETACH CHECK 

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

*** INVOICE ***
Date NO#
07/05/11 42795

Claim # : EHJ2562
W.C.A.B.:
ADJ # : AD
S.S.N. :
D.O.B. : 4/4/59
Terms : 45 days

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

Case: vs LITTLE CAESARS PIZZA
Date Of Injury: 6/18/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ ADVANCE CARE*	150.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
03/09/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR SALKELD (3.5 HRS)	262.50
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/11/11	INITIAL EXAM	DR PARVIN @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
06/30/11	PMT BY CHECK	DOS 2/23/11 THRU 4/11/11 # 896D 78531194	-642.50

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

896D 78531194

0



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

DATE: 06/30/11

TIN: 330956713

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

Our Customer Service Phone is 1-800-258-3710
Please contact us if you have any questions.

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
24-08-4528 L 12-92-1108	152 CB	03/25/10 - 06/01/11	\$ 406.50		37154
	A4A0193J 152 CB EHJ2562A	02/23/11 - 04/11/11	\$ 642.50		42795
Total Amount Paid			\$*****1049.00		

31017772

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#
07/05/11 42429

Claim # : BV10-014CA
W.C.A.B.:
ADJ # : AD-2
S.S.N.:
D.O.B. : 8/30/67
Terms : 45 days

BILL TO:
MURPHY & BEANE (CULVER CITY)
W.C. DEPARTMENT
ATTN: ELISA LUCIO
5901 Green Valley Circle, # 145
CULVER CITY, CA 90230

Case: vs BUENA VENTURE CARE CENTER
Date Of Injury: 5/12/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/25/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/15/11	MRI	& MRA REF BY DR AHMED: LT	225.00
		KNEE (3 HRS)	
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
06/29/11	PMT BY CHECK	DOS 2/10/11 THRU 4/15/11	-631.50
		# 019271	

BALANCE 0.00

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

THIS DOCUMENT HAS A TRUE DOG EYE CHECK WATERMARK AND CAN BE SEEN WHEN HELD TO LIGHT. THIS PAPER IS ALTERATION PROTECTED

MURPHY AND BEANE
COMPENSATION ACCOUNT
 5901 GREEN VALLEY CIRCLE, SUITE 145 • CULVER CITY, CA 90230

WELLS FARGO BANK
 11-24/1210(8)
 VOID AFTER 90 DAYS

NO. 019271
 00019271

NAME: [REDACTED]
 FILE#: BV /10-014CA /

SIX HUNDRED THIRTY ONE & 50/100

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

MED

DATE 06/29/11

AMOUNT *****\$631.50*

AUTHORIZED SIGNATURE [Signature]

THIS PAPER CONTAINS VISIBLE AND INVISIBLE FIBERS FACE AND BACK WHICH FLUORESCCE UNDER ULTRAVIOLET LIGHT. MICRO PRINTING IN SIGNATURE LINE.

⑈019271⑈ ⑈121000248⑈ 4020012738⑈

MURPHY AND BEANE - COMPENSATION ACCOUNT

F A I N

019271

412429

BY: [Signature]

PAYEE: THIS IS YOUR RECORD OF CLAIM PAYMENT PLEASE DETACH AND SAVE

CLAIM NUMBER	PAYMENT FOR	FOR THE PERIOD	AMOUNT	CODE
		FROM THRU		
BV /10-014CA /		02/10/11 04/15/11	631.50	0 15-26

MED

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

*** INVOICE ***
Date NO#
07/11/11 42238

Claim # : 05026388
W.C.A.B.:
ADJ # : 177767287
S.S.N. :
D.O.B. : 3/5/71
Terms : 45 days

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

Case: vs PJ TEXTILE
Date Of Injury: 3/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/11	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
05/23/11	PMT BY CHECK	DOS 2/2/11 # CU-797181	-156.50
06/28/11	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
07/06/11	PMT BY CHECK	DOS 2/2/11 # CU-814001	-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.

State Compensation Insurance Fund
P.O. Box 5005
Piedmont, CA 94650-5005
(855)250-5678

Provider Number: 330956713

Check #: CU-814001

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 07/06/11

Doc #: 023136841

Medical

Page 1 of 2

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
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1	42238	06/28/11	06/28/11	Interpreter fees	1	313.00
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Total Allowances:

\$313.00

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05026388	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:

05026388 PAYMENT FOR FULL DAY; INTERPRETING SERVICES AT; WCAB;

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

01265978023136841012



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

*** INVOICE ***
Date NO#
07/11/11 42899

Claim # : CDA2074
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. : 4/5/62
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 ARGUS CONTRACTING, INC.
Date Of Injury: 10/9/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/11	ULTRASOUND	REF BY DR ZLOTOLOW: KIDNEY*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/06/11	PMT BY CHECK	DOS 2/23/11 # 903A 64822270	-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.

CSS LLC - DIAMOND BAR CL CLAIM
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SA00731

903A 64822270

Constitution State Services

DATE: 07/06/11
LOSS DATE: 10/09/06
FILE NUMBER: 152 CB CDA2074 H

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

EMPLOYEE

ACCOUNT NAME:
IREX CORPORATION

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE : 02/23/2011
TOTAL PAID: \$150.00
TAX INFO: 3309567133721476Y
PAY MISC: 42899
PAYEE :
JOYCE ALMAN INTERPRETERS

PAID
BY: *a*

FOR ADDITIONAL INFORMATION, CONTACT: NATHANIEL ARIZABAL AT (909)612-3179

187000731
DETACH CHECK

UNSUMM -021410
OVRPUN31-121295
DETACH CHECK

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

*** INVOICE ***
Date NO#
07/11/11 41953

Claim # : EGP5488
W.C.A.B.:
ADJ # : AI
S.S.N.
D.O.B. : 6/10/73
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (WC-8112)
W.C. DEPARTMENT
ATTN: KARIE J LAYNE
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: vs JFK TRANSPORTATION
Date Of Injury: 4/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/11	SURGERY	DR CHANG - RT SHOULDER @ MONROVIA HOSP-10.5 H	945.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
07/05/11	PMT BY CHECK	DOS 1/14/11 # 891A 81360720	-945.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

0

891A 81360720

TRAVELERS 

DATE: 07/05/11

LOSS DATE: 04/21/10

FILE NUMBER: 158 CB EGP5488 F

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

EMPLOYEE

ACCOUNT NAME:
JFK TRANSPORTATION CO INC

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/14/2011

TOTAL PAID: \$945.00

TAX INFO: 3309567133317481Y

PAY MISC: 41953

PAYEE:

JOYCE ALTMAN INTERPRETERS INC

PAID
BY 

FOR ADDITIONAL INFORMATION, CONTACT: KATIE J LAYNE AT (925)945-4234

186011553

DETACH CHECK 

UNSUMM -021410
OVRPUN2-121295
DETACH CHECK 

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

*** INVOICE ***
Date NO#
07/11/11 41681

Claim # : 4100-10-0159
W.C.A.B.:
ADJ #
S.S.N.
D.O.B. : 2/11/79
Terms : 45 days

BILL TO:
SPRINGFIELD INS CO (COVINA)
W.C. DEPARTMENT
ATTN: JEFF McNABB
P.O. BOX # 3029
COVINA, CA 91722

Case: vs R-RANCH MARKET
Date Of Injury: 4/6/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/11	AME	DR ROBERT FENTON (3 hrs 10 mins)	373.75
/ /	INTERPRETER:	JOSE JIMENEZ # 100789	0.00
07/05/11	PMT BY CHECK	DOS 1/10/11 # WC 550241	-373.75

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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4100-10-0159

41681

Invoice# :
From : 01-10-11 Thru: 01-10-11

00 MEDICAL EXPENSE

373.75

TOTAL PAID: \$373.75

DOI : 04-06-10
LOC# :
TRANS# : 366141

0550241*33

TP#: 07

PAID
BY

THE ORIGINAL DOCUMENT HAS A WHITE REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW. DO NOT CASH IF NOT PRESENT.

SPRINGFIELD INSURANCE COMPANY
c/o U.G.I.S. CLAIMS DIVISION
PO BOX 3029, Covina CA 91722
Telephone (626) 916-1951
WORKER'S COMPENSATION ACCOUNT

UNION BANK
HEADQUARTERS OFFICE
445 S. FIGUEROA STREET
LOS ANGELES, CA 90071

WC 550241

07-05-11

\$**373.75

PAY



PAY ONLY 575

Not Valid Unless Presented Within 90 Days
UNIFIED GROCERS
INSURANCE SERVICES, INC., ADMINISTRATOR

TO THE JOYCE ALTMAN INTERPRETERS
ORDER JAI INC. 2002
OF P. O. BOX 4165
TUSTIN, CA 92781

MUST HAVE TWO SIGNATURES IF OVER \$49,999.99

550241 121000497 0700424766

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

*** INVOICE ***
Date NO#
06/28/11 45543

Claim # : 04743718
W.C.A.B.: POM 02
ADJ # :
S.S.N. :
D.O.B. : 7/14/77
Terms : 45 days

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

Case: ' vs CTR WEB PRINTING
Date Of Injury: 1/14/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/11	MRI	REF BY DR NEWTON: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
06/23/11	PMT BY CHECK	DOS 04/20/11 # CY-457351	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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State Compensation Insurance Fund
P.O. Box 65005
Fremont, CA 94630-5005
(855) 250-5678

Provider Number: 330956713

Check #: CY-457351

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 06/23/11

Doc #: 023060295

Medical

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances				
Patient Name:				Claim #:		04743718				Date of Injury:	01/14/06		
ICD-9 Code:999.9												COMPLIC MED CARE NEC/NOS	
1	SF1-SFCA-8530771	04/20/11	999Q2	Interpreter Treatmen	1	150.00	.00	375 723		150.00			
Total Allowances:										(✓ \$150.00)			

01367306023060295012



F A I M

BY:

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

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 3 as your record of payment. THANK YOU

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

*** INVOICE ***
Date NO#
06/28/11 40653

Claim # : 05606974
W.C.A.B.:
ADJ # :
S.S.N.:
D.O.B. : 6/3/66
Terms : 45 days

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

Case: vs IHSS/PUBLIC AUTHORITY
Date Of Injury: 6/24/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/10	MRI	REF BY DR CHAC: RT SHOULDER, T/S*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
06/24/11	PMT BY CHECK	DOS 11/16/10 # C7-674148	-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

Check #: C7 -674148

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 06/24/11
Doc #: 023074328

40653

Page 1 of 2

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:		05606974			
ICD-9 Code:999.9				COMPLIC MED CARE NEC/NOS					
1	SF1-SFCM-84509	11/16/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Total Allowances:									✓ \$150.00

PAID

BY

Please refer to the last page 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 2) as your record of payment. THANK YOU.



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

*** INVOICE ***
Date NO#
07/13/11 41680

Claim # : 2900820207
W.C.A.B.:
ADJ # : A
S.S.N. :
D.O.B. : 10/26/57
Terms : 45 days

BILL TO:
VONS RISK MGMT (PHOENIX)
W.C. DEPARTMENT
ATTN: DAMIAN WEST
P.O. BOX # 29223
PHOENIX, AZ 85038

Case: vs VONS VARIETY COMPANY
Date Of Injury: 12/19/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/11	MRI	REF BY DR LAVI: L/S*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
07/05/11	PMT BY CHECK	DOS 1/10/11 # 9760165321	-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.

SAFEWAY INC
P.O. BOX 9032
PLEASANTON, CA 94588

No. 9760165321

88 - 156
531

Date 7/5/2011

SAFEWAY INC

AMOUNT

\$*****150.00*

PAY
TO THE
ORDER OF

JOYCE ALTMAN INTERPRETERS, INC
Po Box 4165
Tustin, CA 92781

Wells Fargo Bank, N.A.
Chapel Hill, NC
For inquiries call:
800-289-3557

One Hundred Fifty and 00/100 Dollars
CHECK NOT VALID UNLESS WATERMARK APPEARS ON BACK

⑈9760165321⑈ ⑆053101561⑆ 4759402779⑈

FAIM
JUL 16 2011

BY:.....

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
visc Medical	1/10/2011	1/10/2011	41680	\$150.00	\$150.00

Claim Number: 2900820207 Claimant: Payee: JOYCE ALTMAN INTERPRETERS, INC
Check Number: 9760165321 Total Check Amt: \$150.00 Event Date: 12/19/2008 Department: SWY 0029 6761 211 06761 211 GM/HBC WAREH Date of Che
Control Number: 9102917

This medical bill has been reviewed pursuant to the rules and regulations of the Official Medical Fee Schedule or state rules. If you disagree with his review you may contact the review companies listed below or you may file an appeal with the appropriate Workers' Compensation Appeals Board. For non-medical bills, call the local claims office.

MS-7275
Safeway - Northern CA
PO Box 29210
Phoenix, AZ 85038-9210
EK Health Services, Inc. 888-507-0616 or Email ProviderInquiry@EKHealth.com

MS-7300
Vons, a Safeway Company
PO Box 29223
Phoenix, AZ 85038-9223
Medata 800-854-7591 or Email ProviderInquiry@Medata.com

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

*** INVOICE ***
Date NO#
07/13/11 39684

Claim # : 05290484
W.C.A.B.:
ADJ # : AD
S.S.N. :
D.O.B. : 5/9/83
Terms : 45 days

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

Case: vs THE RIGHT CHOICE
Date Of Injury: 6/5/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/10	CT SCAN	REF BY DR HAFEZI: RT ANKLE*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
04/14/11	PMT BY CHECK	DOS 11/2/10 # CU-781633	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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MR

Explanation of Review (EOR)

State Compensation Insurance Fund

P.O. Box 65005

Emeryville, CA 94650-3005

(818) 291-7000

Provider Number: 330956713

Check #: CU-781633

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165

Tustin CA 92781

Issue Date: 04/14/11

Doc #: 022618478

Medical

Page 1 of 2

39684

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:	05419846	Date of Injury: 03/25/09			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-8180761	02/09/11	999Q2	Interpreter Treatmen	1	187.50	37.50	723	150.00
2	SF1-SFCA-8180761	11/01/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Subtotal:									300.00
Patient Name:				Claim #:	05290484	Date of Injury: 06/05/08			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
3	SF1-SFCA-8181823	11/02/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Patient Name:				Claim #:	05328838	Date of Injury: 08/13/08			
ICD-9 Code:959.9 INJURY-SITE NOS									
4	SF1-SFCA-8181790	10/05/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00
Patient Name:				Claim #:	04948442	Date of Injury: 09/18/06			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
5	SF1-SFCA-8196144	03/03/11	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
Patient Name:				Claim #:	05572200	Date of Injury: 03/25/10			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
6	SF1-SFCA-8180747	11/04/10	999Q2	Interpreter Treatmen	1	230.00	.00	723	230.00
7	SF1-SFCA-8180747	12/07/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
Subtotal:									410.00
Total Allowances:									\$1,190.00

PAID

BY:

RECEIVED APR 18 2011

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

To ensure proper payment of your bill, we have entered the provider number and the injured party's name.

Please detach and retain this statement page for your records or payment. THANK YOU.

01363219022618478012

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

*** INVOICE ***
Date NO#
07/13/11 40711

Claim # : 05656622
W.C.A.B.:
ADJ # :
S.S.N.
D.O.B. : 4/10/83
Terms : 45 days

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

Case: vs S.S. PRODUCE
Date Of Injury: 15/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/10	MRI	REF BY DR ALLENDE: C/S, L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
04/14/11	PMT BY CHECK	DOS 12/18/10 # CE-542143	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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State Compensation Insurance Fund
P.O. Box 3171
Suisun City, CA 94585-6171
(559)433-2700

Provider Number: 330956713

Check #: CE-542143

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 04/14/11
Doc #: 022619367

Medical

40711

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances			
Patient Name:				Claim #:		05656622				Date of Injury:	12/06/10	
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS												
1	SF1-SFCA-8197632	12/18/10	999Q2	Interpreter Treatmen	1	150.00	.00	723	150.00	Total Allowances: ✓\$150.00		

PAID
12/18/10

BY: _____

RECEIVED APR 18 2011

Please refer to the last page of EOR for explanation of reduction codes and provider comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.

Please attach and retain the original copy of this statement of payment. THANK YOU



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

*** INVOICE ***
Date NO#
07/13/11 39645

Claim # : 05474534
W.C.A.B.:
ADJ # : ADJ6
S.S.N. :
D.O.B. : 8/8/83
Terms : 45 days

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

Case: vs CB TIRES RECYCLING
Date Of Injury: 7/28/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/10	SURGERY	DR GALLONI @ MONROVIA HOSP (14 HRS)	1260.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
04/13/11	PMT BY CHECK	DOS 11/3/10 # CY-448491	-1260.00

BALANCE 0.00

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State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951) 656-8300

Provider Number: 330956713

Check #: CY-448491

JOYCE ALTMAN INTERPRETERS INC

Po Box 4165
Tustin CA 92781

Issue Date: 04/13/11
Doc #: 022607938

Medical

Page 1 of 2

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
Patient Name:				Claim #:		05474534 Date of Injury: 07/28/09			
ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS									
1	SF1-SFCA-8179719	11/03/10	999Q2	Interpreter Treatmen	56	1,260.00	.00	723	1,260.00
Total Allowances:									\$1,260.00

Please refer to the last page of EOR for explanation of reduction codes and related 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

01363138022607938012

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

*** INVOICE ***

Date NO#
05/27/11 39282

Claim # : YGP01338C; YGP28534C
W.C.A.B.:
ADJ # : AC
S.S.N. :
D.O.B. : 9/9/53
Terms : 45 days

BILL TO:

SPECIALTY RISK SVCS (LEX14153)
W.C. DEPARTMENT
ATTN: JEFF WILLIAMS
P.O. BOX # 591
LEXINGTON, KY 40512

Case vs CVS
Date Of Injury: 11/8/02

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/10	MRI	REF BY DR CHANIN: L/S*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
05/23/11	PMT BY CHECK	DOS 11/1/10 # 220033988 7	-150.00

BALANCE 0.00

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Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
714/674-1098



002911
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Attention: This remittance incorporates
1 claim payments

PAID
MAY 27 2011

BY: _____

Special Handling ID: RM 00

Explanation of Benefits

Page 1 of 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid		
39282 11-08-02	52HMC087153 YGP01338C	ADSI-OSCO/SAV-ON	\$150.00		
Nature of Payment: Miscellaneous Medical		Service Dates 03-04-2011 03-04-2011	\$150.00		
Claim Handler: Terri Caldwell 714/674-1098 Supervalu Brea SRS Claim Office P.O. BOX 2404 Brea, CA 92822-2404		Additional Comments:			
Issue Date	05-23-2011	Check Number	220033988 7	Total Amount of Check	\$150.00

Please keep the above information for your records.

093935439

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

*** INVOICE ***
Date NO#
05/27/11 42295

Claim # : ELW0946
W.C.A.B.:
ADJ # : AJ
S.S.N. :
D.O.B. : 11/15/69
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (WC-8112)
W.C. DEPARTMENT
ATTN: DARIA CAREY
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: _____ vs SAMMY'S WOODFIRE PIZZA
Date Of Injury: 11/17/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	VERONICA CAMPBELL # 100675	0.00
03/11/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
05/23/11	PMT BY CHECK	DOS 2/7/11 AND # 3/11/11 # 891A 81210124	-450.00

BALANCE 0.00

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010016

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
SA09602

891A 81210124

TRAVELERS

DATE: 05/23/11
LOSS DATE: 11/17/10
FILE NUMBER: 158 CB ELW0946 A

EMPLOYEE

ACCOUNT NAME:
SAMMY'S WOODFIRED PIZZA

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 02/07/2011 TO: 03/11/2011

TOTAL PAID: \$450.00

TAX INFO: 3309567133317481Y

PAY MISC: 42295

PAYEE:

JOYCE ALTMAN INTERPRETERS INC

PAID
MAY 27 2011

BY: _____

FOR ADDITIONAL INFORMATION, CONTACT: DARLA S CAREY AT (925)945-4198

143009661
DETACH CHECK

UNSUMM -021410
OVRPUN2-121295
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#
05/27/11 42041

Claim # : 40775
W.C.A.B.:
ADJ # : AF
S.S.N. :
D.O.B. : 12/14/90
Terms : 45 days

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

Case: vs WINDMILL FARMS
Date Of Injury: 8/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	PAULA GEARY # 100677	0.00
01/26/11	DEPOSITION	@ THE L/O OF DENNIS FUSI	300.00
/ /	INTERPRETER:	PAULA GEARY # 100677	0.00
05/23/11	PMT BY CHECK	DOS 1/26/11 AND 126/11 # 2620397	-500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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CompWest Insurance Company
PO Box 12859
Newport Beach, CA 92658

Page 1 of 1

Address Service Requested

Check Date: 05/23/2011
Chk #: 2620397



000212 RKDN1T1A
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165



Group: CompWest Insurance Company
Employer: S & B Grocery Inc
Injured Worker:
Dates of Svc: 2011-01-26 - 2011-01-26
Pat Acct#: 0000040775
Claim#: 0000040775
Prov ID#: 0000040775
Diagnosis:
Comments:

DOI: 2009-08-16

PmtID: 2620397
Invoice #: 42041
Bill Recvd:
Review Date:
Print Date: 2011-05-23
Recon Date:
License#:

Service	Modifiers	POS	Diag CD	Billed	MRA Reduct	Netwrk Red	Payment
 BY: <u> </u>							

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: 05/23/2011
Check #: 2620397

CLAIM NUMBER	DATE OF INJURY	INJURED WORKER
0000040775	2009-08-16	

Pay Exactly **Five Hundred and 00/100 -US Dollars**

TO THE
ORDER
OF

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

Amount

\$*****500.00

VOID AFTER 180 DAYS

Authorized Signer

WELLS FARGO BANK, N.A.

\$5,000 or greater require two signatures

0000 26 20397 00 1 2 1000 248 1 4 1 2 1 2 2490 1 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#
06/07/11 42658

Claim # : 0000027373
W.C.A.B. :
ADJ # : 1
S.S.N. :
D.O.B. : 12/21/58
Terms : 45 days

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

Case: vs VILLAGE CLUB
Date Of Injury: 11/29/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
03/11/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	200.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
04/07/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
06/02/11	PMT BY CHECK	DOS 2/17/11 THRU 4/7/11	-650.00
		# 2624887	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Page 1 of 1

Check Date: 06/02/2011
Chk #: 2624887

000052 RKDN1T1A
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165



PmtID: 2624887
 Invoice #: 42658
 Bill Recvd:
 Review Date:
 Print Date: 2011-06-02
 Recon Date:
 License#:

Service	Modifiers	POS	Diag CD	Billed	MRA Reduct	Netwrk Red	Payment
 BY:.....<i>[Signature]</i>.....							

SHADED AREA MUST GRADUALLY CHANGE FROM BLUE AT TOP TO GREEN AT BOTTOM

11-24/1210

Date: 06/02/2011
Check #: 2624887

CLAIM NUMBER	DATE OF INJURY	INJURED WORKER
0000027373	2008-11-29	

Amount

\$***650.00**

VOID AFTER 180 DAYS

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

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

*** INVOICE ***
Date NO#
06/07/11 36337

Claim # : GWAL-002987
W.C.A.B.:
ADJ # : ADJ
S.S.N. : - -
D.O.B. : 7/4/68
Terms : 45 days

BILL TO:
YORK INSURANCE SVCS(ROSEVILLE)
W.C. DEPARTMENT
ATTN: KATHRYN HICE
P.O. BOX 619058
ROSEVILLE, CA 95661

Case: vs NICODEMUS PLUMBING & MECHANICA
Date Of Injury: 8/5/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/10	WCAB LB	EXP. HEARING	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/10/10	PMT BY CHECK	DOS 1/5/10 # 64874	-156.50
03/14/11	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
03/29/11	MRI	REF BY DR KOMBERG: L/S, RT	150.00
/ /	INTERPRETER:	KNEE & LT ANKLE*	0.00
04/19/11	PMT BY CHECK	BLANCA MEJIA # 100741	-156.50
05/02/11	DIAGNSTUDY	DOS 3/14/11 # 75485	150.00
/ /	INTERPRETER:	POLYSOMNOGRAPHY REF BY DR	0.00
06/03/11	PMT BY CHECK	SADIGHPOUR*	-300.00
		RICARDO AINSLIE # 500159	
		DOS 3/29/11 AND 5/2/11	
		# 77413	

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: GWAL-002987

Claimant:

Date of Loss: 08/05/2008

Check Number: 77413

Check Date: 06/03/2011

Check Amount: \$300.00

Type of Payment: 176 INTERPRETER MED

Location: 39325 Nicodemus Plumbing & Mechanical 5636 Corporate Ave.

BY: _____

For Period: 03/29/2011 to 05/02/2011

InvoiceNo: 36337

IRS #: 33-0956713

Detail: INVOICE #36337

PAID
JUN 07 2011

PLEASE DETACH BEFORE DEPOSITING

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

California Contractors Network Self-Insured Group
2151 Convention Center Way, #203
Ontario, CA 91764

City National Bank
Riverside, CA
16-1608/1220

REF. NUMBER	
GWAL-002987	
DATE	CHECK NO.
06/03/2011	77413
AMOUNT	
***\$300.00	

PAY THREE HUNDRED AND 0/100 DOLLARS

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#
06/07/11 32520

Claim # : YLR42690C
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 11/8/64
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LX-14153)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 14153
LEXINGTON, KY 40512

Case: vs EMG PROPERTIES
Date Of Injury: CT 4/25/07-12/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/08	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
11/04/10	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
11/11/10	PR2/REEVAL	DR ZARRINI/PERRY*	180.00
01/07/11	PR2/REEVAL	DR ZARRINI* ALFREDO LANDEROS	180.00
		# 100753	
02/25/11	PR2/REEVAL	DR ZARRINI* RICARDO AINSLIE	180.00
		# 500159	
04/05/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
04/29/11	PR2/REEVAL	DR ZARRINI* AUGUSTO SALAZAR	180.00
		# 500286	
06/02/11	PMT BY CHECK	DOS 12/10/08 THRU 4/29/11	-1430.00
		# 200615203 3	

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
951/715-2771



001509
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 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid		
32520 04-25-07	72HMC TE1292 YLRC 42690	EMG PROPERTIES, INC.	\$1,430.00		
Nature of Payment: Miscellaneous Medical		Service Dates 12-10-2008 04-29-2011	\$1,430.00		
Claim Handler: Maryhelen Beltran 951/715-2771 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: Client Invoice No. 32520 JUN 07 2011 BY: [Signature] ✓			
Issue Date	06-02-2011	Check Number	200615203 3	Total Amount of Check	\$1,430.00

Please keep the above information for your records.

094093678

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#
06/07/11 43964

Claim # : A4A1081
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/12/85
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 MASONITE CORPORATION
Date Of Injury: 9/9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/11	WCAB RIV	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JESSICA M. LUNA # 100690	0.00
06/03/11	PMT BY CHECK	DOS 4/18/11 # 896D 78386372	-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

SB05512

896D 78386372

TRAVELERS 

DATE: 06/03/11
LOSS DATE: 09/09/09
FILE NUMBER: 152 CB A4A1081 J

EMPLOYEE

ACCOUNT NAME:
MASONITE CORPORATION

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 04/18/2011

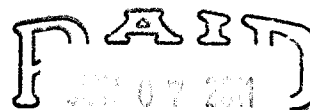
TOTAL PAID: \$313.00

TAX INFO: 3309567133317481Y

PAY MISC: 43964

PAYEE:

JOYCE ALTMAN INTERPRETERS INC

BY: 

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

154015512

DETACH CHECK 

UNSUMM -021410
OVRPUN82-121285
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#
06/07/11 39849

Claim # : 0000037999
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/18/61
Terms : 45 days

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

Case: vs PRIDE AUTO BODY
Date Of Injury: 6/11/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/14/10	WCAB LB	EXPEDITED HEARING - JOYCE	156.50
		ALTMAN # 300624	
03/09/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
03/08/11	MRI	REF BY DR CHANIN: C/S, L/S, RT	150.00
/ /		KNEE/ELBOW & SHLDR*	0.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
04/18/11	MRI	REF BY DR CHANIN: T/S, RT	150.00
/ /		WRIST*	0.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/24/11	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
		(BLOCK SETTLEMENT)	
06/01/11	PMT BY CHECK	DOS 11/5/10 THRU 5/24/11	-926.00
		# 2623962	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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EXPLANATION OF MEDICAL BENEFITS

CompWest Insurance Company
PO Box 12859
Newport Beach, CA 92658

Page 1 of 1

Address Service Requested



000633 RKDN1T1A
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

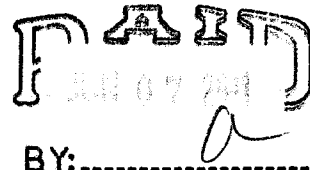


Check Date: 06/01/2011
Chk #: 2623962

Group: CompWest Insurance Company
Employer: Pride Collision Centers Inc
Injured Worker:
Dates of Svc: 2010-11-05 - 2011-05-24
Pat Acct#: 0000037999
Claim#: 0000037999
Prov ID#: 0000037999
Diagnosis:
Comments: Full & Final Resolution of Lien

DOI: 2009-06-01

PmtID: 2623962
Invoice #: 39849
Bill Recvd:
Review Date:
Print Date: 2011-06-01
Recon Date:
License#:

Service	Modifiers	POS	Diag CD	Billed	MRA Reduct	Netwrk Red	Payment
 BY:							

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: 06/01/2011
Check #: 2623962

CLAIM NUMBER	DATE OF INJURY	INJURED WORKER
0000037999	2009-06-01	

Pay Exactly **Nine Hundred Twenty-Six and 00/100 -US Dollars**

Amount
\$*****926.00

TO THE
ORDER
OF

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

VOID AFTER 180 DAYS


Authorized Signer

WELLS FARGO BANK, N.A.

\$5,000 or greater require two 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#
06/01/11 42409

Claim # : 2080234218
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/23/49
Terms : 45 days

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

Case: vs JONS MARKETPLACE
Date Of Injury: 8/27/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/11	DEPO PREP	@ THE L/O OF FLOYD, SKEREN & KELLY	156.50
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
02/19/11	MRI	REF BY DR REGEV: BRAIN*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/29/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
05/27/11	PMT BY CHECK	DOS 2/110/11 THRU 3/29/11 # 1101298397	-556.50

BALANCE 0.00

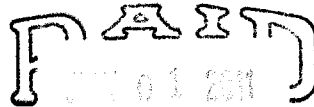
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PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Zurich Ins. Co.

Please Note:

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



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

BY: 02009

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0234218 001 MR	WC 9309014	42409		08/27/10	02/10/11-03/29/11
Check Number	1101298397	Date Issued	05/27/11	Amount	\$****556.50 ✓
Insured	Jons Marketplace				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Balamurali CG-Thirumalai				
File Supervisor	Eva Reale	Phone Number	818 227-1700		
Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID		
WC WAGE LOSS & DISABILITY	556.50				
TOTAL		\$556.50			

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#
06/01/11 42212

Claim # : YMH48967
W.C.A.B.:
ADJ # : AD
S.S.N.
D.O.B. : 10/20/44
Terms : 45 days

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

Case: vs DACOR
Date Of Injury: 10/13/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/03/11	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
03/10/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100741	0.00
05/02/11	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/25/11	PMT BY CHECK	DOS 2/3/11 THRU 5/2/11	-563.00
		# 116724620 9	

BALANCE 0.00

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



000652
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 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid		
42212 10-13-10	72WN C93000 YMHC 48967	DISTINCTIVE APPLIANCES IN	\$563.00		
Nature of Payment: Miscellaneous Expense		Service Dates 02-03-2011 05-02-2011	\$563.00		
Claim Handler: Robert Werner 866/401-9222 Western Workers' Compensation Claim Center P.O. Box 14475 Lexington, KY 40512		Additional Comments:			
Issue Date	05-25-2011	Check Number	116724620 9	Total Amount of Check	\$563.00

Please keep the above information for your records.

FOLD AT DOTTED LINE AND DETACH

093977211

00663

000012 1167246209

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#
06/01/11 42438

Claim # : PZC00413508
W.C.A.B.:
ADJ # : -
S.S.N. : -- --
D.O.B. : 5/3/65
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

BALANCE 0.00

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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:

#42435

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00413508	MC	406500896213500	07/15/2008	\$437.75

PAID
BY.....

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

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

*** INVOICE ***
Date NO#
05/24/11 38725

Claim # : 33018972
W.C.A.B.:
ADJ # :
S.S.N.:
D.O.B. : 3/4/72
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SAN FRAN)
W.C. DEPARTMENT
ATTN: PATIA VELASQUEZ
P O BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs CM LAUNDRY
Date Of Injury: CT 1/16/09-8/18/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/10	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (3H 25M)	262.50
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/11/10	INITIAL EXAM	DR YOON @ ADVANCED CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
10/29/10	INITIAL EXAM	DR PARVIN (PSYCH EVAL)* @ ADVANCE CARE	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
/ /	PENALTIES	FOR DATE OF SERVICE	0.00
03/24/11	PENALTIES	FOR DATE OF SERVICE 10/11/10	34.50
03/24/11	INTEREST	FOR DATE OF SERVICE 10/11/10	13.33
03/24/11	PENALTIES	FOR DATE OF SERVICE 10/29/10	34.50
03/24/11	INTEREST	FOR DATE OF SERVICE 10/29/10	12.03
03/07/11	PR2/REEVAL	DR YOON* JESUS CASTILLO # 500358	180.00
04/06/11	INITIAL EXAM	DR MC ARTHUR @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	JESUS CASTILLO # 500358	0.00
04/19/11	PR2/REEVAL	DR HIGASHI @ ADVANCE CARE*	180.00
05/19/11	PMT BY CHECK	DOS 10/13/10 THRU 4/19/11 # 0234856	-1406.86
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

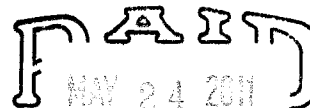
Check Date : 05/19/2011 ✓
Check Number : 0234856 ✓
Check Amount : \$1,406.86

756E1X



zpe5a
00112

02 01
JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165



BY: _____

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33018972	✓	08/13/2010	38725 ✓	Interpreter Fees -	10/13/2010	04/19/2011	\$1,406.86

112-112



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#
06/01/11 43375

Claim # : SAC0000100950
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/24/66
Terms : 45 days

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W.C. DEPARTMENT
ATTN: JUDY DUVAL
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

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

50-937/213

6301542274509

Account Number

Check No. 22195

Date 05/26/2011

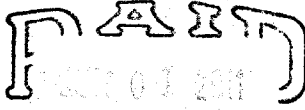
Second Signature Required
VOID AFTER 180 DAYS

PAY Three Hundred & 00/100 Dollars

\$300.00

TO THE ORDER OF

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781



BY: _____

Judy Adlam
Signature

Barbara L. Linn
Signature

⑈0000022195⑈ ⑆021309379⑆ 6301542274509⑈

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000100950		07/17/2007	43375	03/15/2011 - 03/22/2011

Reference: *BR# LWSPB2279865

Comments: *imgID 2279865

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Medical Miscellaneous		03/15/2011 - 03/22/2011	300.00	300.00
Fee Sched Discount:	0.00	PPO Discount: 0.00	Other Discounts: 0.00	Lien: 0.00

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

*** INVOICE ***
Date NO#
05/24/11 41948

Claim # : 30100591889-0001
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. : 4/16/58
Terms : 45 days

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

Case: vs WALGREENS
Date Of Injury: 5/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/11	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	AIDA WEIR # 600107	0.00
02/10/11	MRI	REF BY DR ROSENZWEIG: RT SHLDR (2H 45M)	206.25
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/03/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/19/11	PMT BY CHECK	DOS 1/14/11 THRU 2/3/11 # 0000713730	-612.75

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.

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

DATE	CHECK AMT	CHECK NO.
05/19/2011	612.75	0000713730
PAYEE	TAX ID	
JOYCE ALTMAN INTERPRETERS	*****6713	

SCMS UNIT	PAGE
218 Sedgwick Claims Management Services	001

*001552

0000713730 00001 OF 00001 OAM 110519 1011

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

Claimant Name	Loss Date	Claim Number	SSN
05/04/2010 30100591889-0001			
Amt Paid: 612.75	Description:	Invoice: 41948	
Amt Billed: 612.75		ICN: 301005918890001	
Dates: 01/14/2011 - 01/14/2011	Comment:		

PAID
MAY 24 2011
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#
05/26/11 39831

Claim # : E2040508
W.C.A.B.:
ADJ # : ADJ 1
S.S.N. : - -
D.O.B. : 5/9/55
Terms : 45 days

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

Case: ; vs CROWNE PLAZA L.A. HARBOR HOTEL
Date Of Injury: 6/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/10	INITIAL EXAM	DR DOMARACKI @ WILLOW MED* GLADYS REYNA #100755	230.00
12/15/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/19/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
01/27/11	EMG TESTING	& NCV BY DR DIJULIO: LT U/E @ WILLOW MED*	150.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
02/16/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
03/16/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/24/11	INITIAL EXAM	DR SAMIMI @ WILLOW MEDICAL*	230.00
05/23/11	PMT BY CHECK	DOS 11/15/10 THRU 3/24/11 # 8813017192	-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.

MID-CENTURY INSURANCE COMPANY

Check Number: 8813017192
Date: 05/23/2011

Amount: \$1,330.00****

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

37831

Claimant/Patient:
Insured: NHCA INC.
Date of Loss: 06/25/2009
Claim Number: E2040508
Correspondence Reference: RDBMMRYDN

Claim Representative: Vicky Zetino
Office Phone Number: 8188741696

Additional Information:

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

Service From/To
11/15/10 - 03/24/11

Payment For
Interpreter

Paid Amount
\$1330.00

FAI
MAY 20 2011
BK



THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT.

FARMERS

62-20/311

MID-CENTURY INSURANCE COMPANY
Westlake

Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Payable If Desired At Any Citibank

Claim #: E2040508

Check No. 8813017192

Date: 05/23/2011

PAY One Thousand Three Hundred Thirty Dollars And No Cents

\$1,330.00****

NOT GOOD AFTER SIX MONTHS

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

Citibank N.A. - One Penns Way - New Castle, DE 19720

Ron Myhan

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

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

*** INVOICE ***

Date NO#
05/26/11 31612

Claim # : WC2008287082
W.C.A.B.: N/A
ADJ #
S.S.N. :
D.O.B. : 6/11/62
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: ZOUINE MITCHELL
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: vs SHERATON GATEWAY HOTEL
Date Of Injury: 8/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/27/08	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
09/16/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/06/08	PMT BY CHECK	DOS 8/27/08 # 04517328	-230.00
10/28/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/19/08	PMT BY CHECK	DOS 9/16/08 # 04628189	-180.00
11/25/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/03/08	PMT BY CHECK	DOS 10/28/08 THRU 11/25/08 # 04727182	-360.00
01/28/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
02/17/09	PMT BY CHECK	DOS 1/28/09 # 04826460	-180.00
05/18/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/16/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/14/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
08/04/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/16/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/20/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/02/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
01/06/10	WCAB LB	STATUS CONFERENCE- CARMEN GUZMAN 100585	156.50
01/04/10	PR2/REEVAL	DR DOMARACKI* GLAYDS REYNA # 500257	180.00
02/15/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/07/10	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
04/27/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA #100755	180.00
06/04/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/23/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/03/10	WCAB LB	MSC - JOYCE ALTMAN # 300624	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#
05/26/11 31612

Claim # : WC2008287082
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 6/11/62
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: ZOUINE MITCHELL
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case vs SHERATON GATEWAY HOTEL
Date Of Injury: 8/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/10	PMT BY CHECK	DOS 5/18/09 THRU 9/16/09 # 06052208	-900.00
08/11/10	PMT BY CHECK	DOS 10/20/09 THRU 2/15/10 # 06052717	-720.00
10/14/10	PR2/REEVAL	DR DOMARACKI* NICOLAS BERNARI # 100468	180.00
11/03/10	PMT BY CHECK	DOS 9/16/08 THRU 10/14/10 # 6243828	-1033.00
11/24/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/22/10	PMT BY CHECK	DOS 8/3/10 THRU 11/24/10 # 6353438	-336.50
12/29/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/13/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/21/11	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/04/11	PMT BY CHECK	DOS 12/29/10 # 6499091	-156.50
03/29/11	PMT BY CHECK	DOS 1/13/11 THRU 2/21/11 # 6550088	-360.00
04/08/11	PR2/REEVAL	DR DOMARACKI* ELIZABETH VARGA # 500106	180.00
05/18/11	PMT BY CHECK	DOS 4/8/11 # 6665335	-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#
05/26/11 31612

Claim # : WC2008287082
W.C.A.B.: N/A
ADJ # : --
S.S.N. :
D.O.B. : 6/11/62
Terms : 45 days

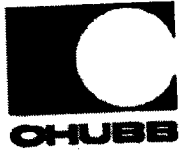
BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: ZOUINE MITCHELL
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: vs SHERATON GATEWAY HOTEL
Date Of Injury: 8/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
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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
15 MOUNTAIN VIEW ROAD, WARREN, NEW JERSEY 07059

Insured: KOR REALTY GROUP
Claimant:
Producer: WILLIS INS. SERVICES OF CALIFORNIA, INC

Claim No: 06 / 0071737121/000025/01-3
Date of Loss: 08/11/08
Issue Date: 05/18/11
Cheque No: 6665335

Below you will find a check in the amount of \$180.00.
If you have any questions please call () -

Sincerely,

Tamara Hill

PAID
MAY 26 2011
BY:.....

31612

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

*** INVOICE ***
Date NO#
05/24/11 38866

Claim # : WC10016151
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/31/74
Terms : 45 days

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

Case: vs IMHO INC/ DENNY'S REST.
Date Of Injury: 5/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/07/10	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
11/16/10	PR2/REEVAL	DR RAHIMIAN* JESUS CASTILLO	180.00
		# 500358	
12/09/10	DEPO PREP	@ THE L/O OF VEATCH CARLSON	156.50
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
01/18/11	PR2/REEVAL	DR RAHIMIAN* JESUS CASTILLO	180.00
		# 500358	
01/10/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/09/11	PMT BY CHECK	DOS 10/7/10 THRU 1/18/11	-746.50
		# 8812851603	
02/15/11	PMT BY CHECK	DOS 1/10/11 # 8812860634	-250.00
03/15/11	PR2/REEVAL	DR RAHIMIAN* JASON RAMIREZ	180.00
		# 500371	
04/06/11	PMT BY CHECK	DOS 3/15/11 # 8812944060	-180.00
03/28/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @	150.00
		AMERI CHIRO*	
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/07/11	P AND S	DR RAHIMIAN*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/19/11	PMT BY CHECK	DOS 3/28/11 THEU 4/7/11	-380.00
		# 8813013446	

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

*** INVOICE ***
Date NO#
05/24/11 38866

Claim # : WC10016151
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 12/31/74
Terms : 45 days

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

Case: vs IMHO INC/ DENNY'S REST.
Date Of Injury: 5/8/10

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.

TRUCK INSURANCE EXCHANGE

Check Number: 8813013446
Date: 05/19/2011
Amount: \$380.00*****

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

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

38866

Claimant/Patient:
Insured: IMHO INC
Date of Loss: 05/08/2010
Claim Number: WC10016151
Correspondence Reference: R5BZRHNDN

Claim Representative: Evelyne Sanchez Caraballo
Office Phone Number: 8188741723

Additional Information:

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

Service From/To
03/28/11 - 04/07/11

Payment For
Interpreter

Paid Amount
\$380.00

PAID
MAY 24 2011

BY: _____

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT.

62-20/311



FARMERS

TRUCK INSURANCE EXCHANGE
Westlake

Farmers WC Imaging Center, P. O. Box 108843
Oklahoma City, OK 73101-8843

Payable If Desired At Any Citibank

PAY Three Hundred Eighty Dollars And No Cents

NOT GOOD AFTER SIX MONTHS

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

Citibank N.A. - One Penns Way - New Castle, DE 19720

Claim #: WC10016151

Check No. 8813013446

Date: 05/19/2011

\$380.00*****

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

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

*** INVOICE ***
Date NO#
05/24/11 33241

Claim # : 2080181827
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/8/68
Terms : 45 days

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

Case: _____ vs HUNTINGTON PARK NURSING CENTER
Date Of Injury: 2/14/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
04/21/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
05/21/09	INITIAL EXAM	DR GALLONI @ WILLOW MED*	230.00
05/12/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
05/27/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/24/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/15/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/16/09	WCAB LB	MSC	156.50
09/01/09	PR2/REEVAL	DR OBUKOFF @ WILLOW MED*	180.00
09/16/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/02/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/24/09	WCAB LB	MSC	156.50
08/12/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/14/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/25/09	SURGERY	DR OBUKOFF @ MONROVIA HOSPITAL (3 HRS)	225.00
11/04/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
11/09/09	PR2/REEVAL	DR OBUKHOFF @ WILLOW MED*	180.00
12/01/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
01/05/10	PR2/REEVAL	DR OBUKHOFF* ELIZABETH VARGA # 500106	180.00
01/14/10	PR2/REEVAL	ODR DOMARACKI* ELENA LOPEZ # 500289	180.00
01/28/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/09/10	PMT BY CHECK	DOS 2/24/09 THRU 1/14/10 # 1100036839	-3698.00
02/08/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
02/16/10	PR2/REEVAL	DR OBUKHOFF* GLADYS REYNA #100755	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#
05/24/11 33241

Claim # : 2080181827
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/8/68
Terms : 45 days

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

Case: : vs HUNTINGTON PARK NURSING CENTER
Date Of Injury: 2/14/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/26/10	PMT BY CHECK	DOS 1/28/10 # 1100039993	-180.00
03/03/10	PMT BY CHECK	DOS 1/24/10 # 1100040837	-180.00
02/25/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/11/10	PMT BY CHECK	DOS 2/8/10 THRU 2/16/10 # 1100042495	-360.00
03/18/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
03/30/10	PR2/REEVAL	DR OBUKHOFF* JOSE LUGO # 500049	180.00
04/08/10	PR-2	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/30/10	PMT BY CHECK	DOS 3/18/10 THRU 3/30/10 # 1100050552	-360.00
11/23/09	PR2/REEVAL	DR OBUKHOFF* GLADYS REYNA # 100755	180.00
05/06/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	180.00
05/11/10	PR2/REEVAL	DR OBUKHOFF* ELENA LOPEZ # 500289	180.00
05/19/10	PMT BY CHECK	DOS 4/30/10 # 1100053344	-180.00
05/28/10	PMT BY CHECK	DOS 4/8/10 THRU 5/6/10 # 1100054905	-540.00
06/03/10	PR2/REEVAL	DR SCHEEL* ELENA LOPEZ # 500289	180.00
06/24/10	PMT BY CHECK	DOS 6/3/10 # 1100058948	-180.00
07/06/10	PR2/REEVAL	DR OBUKHOFF* VINCENT MEJIA # 500309	180.00
05/28/10	PMT BY CHECK	DOS 7/6/10 # 1100054905	-180.00
07/23/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ # 500289	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#
05/24/11 33241

Claim # : 2080181827
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/8/68
Terms : 45 days

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

Case : vs HUNTINGTON PARK NURSING CENTER
Date Of Injury: 2/14/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/10	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	ELIZABETH HERRERA # 301231	0.00
08/19/10	PMT BY CHECK	DOS 7/23/10 # 1100069186	-180.00
08/31/10	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA	180.00
		# 100755	
09/03/10	PMT BY CHECK	DOS 8/25/10 # 1100071863	-180.00
09/28/10	PR2/REEVAL	DR DOMARACKI*	180.00
		GLADYS REYNA #100755	
09/29/10	PMT BY CHECK	DOS 8/31/10 THRU 9/28/10	-360.00
		# 1100076018	
11/02/10	PR2/REEVAL	DR DOMARACKI*	180.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
12/03/10	PMT BY CHECK	DOS 11/2/10 # 1100088026	-180.00
12/16/10	PR2/REEVAL	DR DOMARACKI* ELENA LOPEZ	180.00
		# 500289	
02/14/11	PMT BY CHECK	DOS 12/16/10 # 1100102510	-180.00
04/06/11	MRI	REF BY DR KHAN: RT SHLDR @	150.00
		CALIF IMAGING*	
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
05/18/11	PMT BY CHECK	DOS 4/6/11 # 1100118976	-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.

11 60196 8005

Please Note:

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

CA 92781 4165

07410

PAID
MAY 24 2011

BY:

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

[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#
05/24/11 37454

Claim # : R00005000
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/21/67
Terms : 45 days

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

Case: vs ANTHONY'S BODY SHOP
Date Of Injury: 3/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/10	INITIAL EXAM	DR CHAN @ COAST CITY MEDICAL*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/26/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
06/17/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
07/15/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
08/12/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
09/09/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
10/07/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
11/04/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
11/29/10	PMT BY CHECK	DOS 5/11/10 THRU 11/4/10 # 3000081210	-1490.00
12/02/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
12/28/10	PMT BY CHECK	DOS 12/2/10 # 3000085967	-180.00
12/30/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
01/26/11	PMT BY CHECK	DOS 12/30/10 # 3000090041	-180.00
01/31/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
02/14/11	INITIAL EXAM	W/ ACUPUNCTURIST HAE OK LEE @ CITY COAST MED*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
02/22/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	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#
05/24/11 37454

Claim # : R00005000
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/21/67
Terms : 45 days

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

Case: vs ANTHONY'S BODY SHOP
Date Of Injury: 3/9/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/11	PMT BY CHECK	DOS 1/31/11 # 3000093957	-180.00
03/02/11	PMT BY CHECK	DOS 2/14/11 # 3000095165	-230.00
03/09/11	PMT BY CHECK	DOS 2/22/11 # 3000096315	-180.00
03/22/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
04/12/11	PMT BY CHECK	DOS 3/22/11 # 3000101811	-180.00
04/19/11	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
05/17/11	PMT BY CHECK	DOS 4/19/11 # 3000107167	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Date: 05/17/2011 ✓

Check #: 3000107167 ✓

Payment Amount: 180.00



BY: _____



130559 0517 0 000183 000001 000311/000602

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
R00005000	✓	37454 ✓	05/11/2011	04/19/11	04/19/11	180.00	180.00	
							Total	180.00

Please detach before depositing check

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

*** INVOICE ***

Date NO#
05/24/11 38894

Claim # : YLR54039C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/17/54
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LX-14153)
W.C. DEPARTMENT
ATTN: THUY-ANN THWANG
P.O. BOX 14153
LEXINGTON, KY 40512

Case: --- vs HACIENDA HOTEL INC.
Date Of Injury: 10/6/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/10	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (2 HRS 30 MINS)	287.50
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
12/15/10	PR2/REEVAL	DR KATTAR* ELIZABETH VARGA # 500106	180.00
02/24/11	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
05/18/11	PMT BY CHECK	DOS 10/6/10 THRU 2/24/11 # 200521177 0	-647.50

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
866/885-2369



001229
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Attention: This remittance incorporates
1 claim payments

PAID
MAY 24 2011

BY: _____

Special Handling ID: RM 00

Explanation of Benefits

Page 1 of 1

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid		
38894 09-29-10	72HMC TG0213 YLRC 54039	DEL REY CAPITAL CORPORATION BRISTOL INDUSTRIES W F	\$647.50		
Nature of Payment: Other Medical		Service Dates 10-06-2010 02-24-2011	\$647.50		
Claim Handler: Diana Gregory 866/885-2369 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: DCN:44201104253057882			
Issue Date	05-18-2011	Check Number	200521177 0	Total Amount of Check	\$647.50

Please keep the above information for your records.

093870491

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

*** INVOICE ***
Date NO#
07/18/11 42896

Claim # : 104798
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/2/56
Terms : 45 days

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

Case: vs JADE INC.
Date Of Injury: 12/28/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/11	CT SCAN	& LT SHLDR ARTHOGRAM REF BY DR POSPISIL (3H 40M)	281.25
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/14/11	PMT BY CHECK	DOS 2/23/11 # 61723	-281.25

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.

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000104798		12/28/2007	42896	02/23/2011 - 02/23/2011

Reference: *BR# LWSPB2335401

Comments: *ImgID 2335401

Service	Service Dates	Amount Paid
Interpretation (depositions-le	02/23/2011 - 02/23/2011	281.25 x <i>ck# 61723</i> 7/14/11

LWP Claims

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

*** INVOICE ***
Date NO#
07/18/11 40436

Claim # : 002586-041462-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/19/66
Terms : 45 days

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

Case: vs VIOLIA TRANSPORTATION
Date Of Injury: 8/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/02/10	MRI	REF BY DR CHABRA: L/S, RT KNEE*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/15/11	PMT BY CHECK	DOS 12/2/10 # 0086935493	-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.

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

002586

PAGE 1 OF 1 008620



MDG2009 00006388 1 MB 0390 1

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: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 002586 041462 WC 01 (A-00747)

CLAIMANT:

DESCRIPTION: INV# 40436 DOS 12/02/10

DATES OF SERVICE: 02Dec2010 THRU 02Dec2010

BENEFIT PERIOD: THRU

BRANCH NO.: 176

ACC DATE: 14Aug09

NO.: 0086935493

VN: 0001631447

DATE: 15Jul11

AMOUNT: 150.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006388 007214 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#
08/30/11 36128

Claim # : 395077
W.C.A.B.:
ADJ # : AD
S.S.N. :
D.O.B. : 6/13/66
Terms : 45 days

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

Case:
Date Of Injury: 3/3/09

vs AVALON TENT MANUFACTURING

DOS	SERVICE	DESCRIPTION	AMOUNT
12/01/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	LAURA RAUCH # 100711	0.00
01/05/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
05/10/10	WCAB LB	MSC - SABIEN SKELTON # 300884	156.50
05/28/10	PMT BY CHECK	DOS 12/1/09 THRU 5/10/10	-563.00
		# 944386	
03/14/11	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
04/06/11	PMT BY CHECK	DOS 3/14/11 # 471969	-156.50
07/29/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/24/11	PMT BY CHECK	DOS 7/29/11 # BR 643935	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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August 24, 2011
Our Ref : 395077
Your Ref : INV # 36128

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
08/08/11	FEE	250.00	250.00	0.00	
TOTAL \$		250.00	250.00	0.00	

**Sincerely,
Narine Dalyan
Claims Examiner**

#36128

PAID

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

August 24, 2011
Our Ref : 395077
Your Ref : INV # 36128

RE: (AVALON TENT & PARTY RENTAL CORPORATION) DOI:03/03/09

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
08/08/11	FEE	250.00	250.00	0.00	
TOTAL \$		250.00	250.00	0.00	

Please find attached our check # 643935 for \$250.00.
This check covers bills from August 8, 2011 through August 8, 2011.

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

Sincerely,
Narine Dalyan
Claims Examiner

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

THIS CHECK IS VOID 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 643935

DATE OF CHECK August 24, 2011	CLAIM NUMBER 395077	DATE OF INJURY March 3, 2009	PAYMENT FROM August 8, 2011	PAYMENT THRU August 8, 2011
CLAIMANT			PAYMENT TYPE Other Medical Provider/Unknown	

64-1278
611

AMOUNT

PAY ** Two Hundred and Fifty Dollars **

\$ 250.00

TO
THE
ORDER
OF

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

VOID AFTER 180 DAYS
All Checks Require Two Signatures

Joe Kavitar Gundy
SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

⑈643935⑈ ⑆061112788⑆ 3299777815⑈

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

*** INVOICE ***
Date NO#
03/28/11 40699

Claim # : 393364
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : 5/3/54
Terms : 45 days

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

Case: vs EPISCOPAL COMMUNITY SERVICES
Date Of Injury: 2/9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/02/10	WCAB SD	MSC - VERONICA CAMPBELL # 100675	165.00
10/07/10	WCAB SD	MSC - MICHAEL JANUSEK #100675	165.00
02/15/11	PMT BY CHECK	DOS 12/2/10 # 412533	-165.00
03/23/11	PMT BY CHECK	DOS 10/7/10 # 455883	-165.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

March 23, 2011
Our Ref : 393364
Your Ref : 40699

RE:

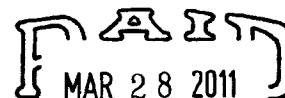
(EPISCOPAL COMMUNITY SERVICES) DOI:02/09/09

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
10/07/10	FEE	165.00	165.00	0.00	
TOTAL \$		165.00	165.00	0.00	

Please find attached our check # 455883 for \$165.00.
This check covers bills from October 7, 2010 through October 7, 2010.

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

Sincerely,
Denise Lotta
Claims Examiner

 MAR 28 2011

BY: 

CHECKED MAR 28 2011

ZENITH 7676 Hazard Center Drive, Suite 1200, San Diego, CA 92108 (619) 299-6252

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

*** INVOICE ***
Date NO#
10/05/11 39518

Claim # : SCA900055915
W.C.A.B.:
ADJ # : 1
S.S.N. :
D.O.B. : 4/13/70
Terms : 45 days

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

Case: vs MONKA TRANSPORTATION
Date Of Injury: 9/16/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/07/10	MRI	& MRA REF BY DR MONTGOMERY: RT WRIST (2H 45M)	206.25
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
06/08/11	CT SCAN	REF BY DR MONTGOMERY: RT WRIST*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/01/11	CT SCAN	REF BY DR MONTGOMERY: LT WRIST*	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ # 100741	0.00
09/23/11	PMT BY CHECK	DOS 10/7/10-8/1/11 # 213934	-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.



MR/CT

PAID

BY:

Claims Disbursement

Claim Number: SCA900055915
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 213934
Check Date: 09/23/2011
Check Amount: 506.25

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WSI0009938
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number: 39518
Invoice Date: 08/17/2011

Service From: 10/07/2010 **Service To:** 08/01/2011

Claimant First Name:
Claimant Last Name:

Additional Information: 10/07/2010 08/01/2011

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

*** INVOICE ***
Date NO#
07/18/11 42624

Claim # : SCA900075287
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: JESSIE STUTZMAN
P.O. BOX # 3188
OMAHA, NE 68103

Case: a vs MARSA SPECIALTY PRODUCTS
Date Of Injury: 10/13/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/11	MRI	REF BY DR MONTGOMERY: C/S, L/S*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/11/11	PMT BY CHECK	DOS 2/17/11 # 190543	-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.



HR1

MR

Claims Disbursement

Claim Number: SCA900075287
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number:
Check Date:
Check Amount:

190543
07/11/2011
150.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WSI0032450
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number: 42624
Invoice Date: 06/08/2011

Service From: 02/17/2011 **Service To:** 02/17/2011

Claimant First Name:
Claimant Last Name:

Additional Information: 02/17/2011 02/17/2011

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#
08/08/11 43385

Claim # : ECA900036933
W.C.A.B.:
ADJ # :
S.S.N.:
D.O.B. : 7/15/74
Terms : 45 days

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

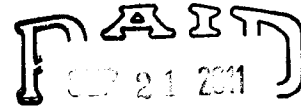
Case: vs PULLMAN MFG.
Date Of Injury: 8/10/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/11	MRI	REF BY DR LARSEN: RT SHLDR*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
09/09/11	PMT BY CHECK	DOS 3/17/11 # 2663420	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Claims Disbursement

BY _____

Claim Number: ECA900036933
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2663420
Check Date: 09/09/2011
Check Amount: 150.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0037018
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number: 43385
Invoice Date: 08/08/2011

Service From: 03/17/2011 **Service To:** 03/17/2011

Claimant First Name:
Claimant Last Name:

Additional Information: 03/17/2011 03/17/2011

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

*** INVOICE ***
Date NO#
10/03/11 46832

Claim # : SCA900072695
W.C.A.B.:
ADJ # : 1
S.S.N. : - - -
D.O.B. : - - -
Terms : 45 days

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

Case: vs GOMEZ HETAING & AIR
Date Of Injury: 6/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/11	MRI	REF BY DR LOAN-TORRES:L/SP @ CAL IMG *	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
09/22/11	PMT BY CHECK	DOS 7/21/11 # 213490	-150.00

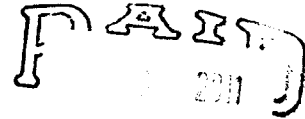
BALANCE 0.00

* 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.



mm



BY:.....

Claims Disbursement

Claim Number: SCA900072695
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 213490
Check Date: 09/22/2011
Check Amount: 150.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WSI0002555
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number: 46832
Invoice Date: 08/22/2011

Service From: 07/21/2011 **Service To:** 07/21/2011

Claimant First Name:
Claimant Last Name: (

Additional Information: 07/21/2011 07/21/2011

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

*** INVOICE ***
Date NO#
07/18/11 41686

Claim # : ECA900058041
W.C.A.B.:
ADJ # : AF
S.S.N. : - -
D.O.B. : 3/24/71
Terms : 45 days

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

Case: vs DPI, INC.
Date Of Injury: 10/21/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/11	INITIAL EXAM	DR GHODS @ ADVANCE CARE (2 HRS 20 MINS)	258.75
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
07/08/11	PMT BY CHECK	DOS 1/10/11 # 2648813	-258.75

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Claims Disbursement

Claim Number: ECA900058041

Name: JOYCE ALTMAN INTERPRETERS INC

Check Number:

2648813 ✓

Check Date:

07/08/2011 ✓

Check Amount:

258.75 ✓

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0036131
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number: 41686 ✓
Invoice Date: 06/08/2011

Service From: 01/10/2011 **Service To:** 01/10/2011

Claimant First Name: ✓
Claimant Last Name: ✓

Additional Information: 01/10/2011 01/10/2011

PAID

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

*** INVOICE ***
Date NO#
11/08/10 38289

Claim # : 37947
W.C.A.B.:
ADJ # : ALJES 26
S.S.N. :
D.O.B. : 8/1_/57
Terms : 45 days

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

Case: vs CARTEL ELECTRONICS
Date Of Injury: 5/6/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/13/10	DEPO PREP	@ THE L/O OF SAMUELSEN & GONZALEZ	156.50
/ /	INTERPRETER:	MARIA SEARS # 100795	0.00
10/01/10	PMT BY CHECK	DOS 8/13/10 # 2519402	-156.50
09/03/10	DEPO PREP	@ THE L/O OF SAMUELSEN & GONZALEZ - VOL II	156.50
/ /	INTERPRETER:	GRACE HERNANDEZ # 22059879	0.00
10/15/10	PMT BY CHECK	DOS 9/3/10 # 2525882	-156.50
09/24/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
11/02/10	PMT BY CHECK	DOS 9/24/10 # 2532698	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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EXPLANATION OF MEDICAL BENEFITS

PmtID: 2532698

Page 1 of 1

Group: CompWest Insurance Company

Invoice #: 38289

Employer: Cartel Electronics Inc

Injured Worker:

Claim#: 0000037947

DOI: 2010-05-06

Review Date:

Pat Acct#:

Bill Recvd:

Prov ID#:

License#:

Print Date: 2010-11-02

Dates of Svc: 2010-09-24 - 2010-09-24

Recon Date:

Comments:

Check Date: 11/02/2010 Chk #: 2532698

Diagnosis:

02 100-000178 1011 1 003 145



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

Service	Modifiers	POS	Diag Cd	Billed	MRA Reduct	Netwrk Red	Payment
---------	-----------	-----	---------	--------	------------	------------	---------

PAID

PLEASE DETACH BEFORE DEPOSITING CHECK

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

CompWest Insurance Company
PO Box 12859
Newport Beach, CA 92658

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

11-24
1210

Date: 11/02/2010

Check #: 2532698

CLAIM NUMBER	DATE OF INJURY	INJURED WORKER
0000037947	2010-05-06	

\$*****250.00

VOID AFTER 180 DAYS

PAY **Two Hundred Fifty and 00/100-US Dollars **

02 100-000178 1011 1 145

PAY
TO
THE
ORDER
OF

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

Authorized Signer

If \$5,000 or greater two signatures required

⑈0002532698⑈ ⑆121000248⑆ 4121224901⑈

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

*** INVOICE ***
Date NO#
05/10/11 37605

Claim # : WC648431493
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/27/87
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MATTEW ESPARZA
P.O. BOX # 4025
BEAVERTON, OR 97076-4025

Case vs WALDEN STRUCTURES INC.
Date of injury: 9/29/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/10	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/09/10	PMT BY CHECK	DOS 5/21/10 # 93626801	-156.50
03/16/11	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/14/11	PMT BY CHECK	DOS 3/16/11 # 94895856	-156.50
04/04/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/04/11	PMT BY CHECK	DOS 4/4/11 # 94991984	-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.

BRANCH OFFICE ADDRESS:
PO BOX 29073
GLENDALE, CA 91209
818-240-1234



B. CODE
189

CHECK NUMBER 94991984	CHECK DATE 05/04/11
CHECK AMOUNT ****\$250.00	BLOCK NUMBER 004993

PAGE 1 OF 1

OSN: EE3001050403-003255

CLAIM #: WC 648-431493
CONTRACT #: WC2-L15-007222-019-92

CONTROL #: 000006232 ID: C648C10
PROVIDER #: N1791645387362

37605

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 04/20/09
EMPLOYEE:

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

EMPLOYER: WALDEN STRUCTURES INC
DATES OF SERVICE 04/04/11-04/04/11
LOCATION CODE: 000008

PROVIDER:

DATES OF SERVICE		SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
FROM	TO					
04/04/11	04/04/11	MISC		250.00	250.00	

NOTE: INVOICE: 37605

TOTAL CHARGES
TOTAL PAYABLE:
TOTAL WITHHOLD:
TOTAL AMOUNT PAID:

250.00
250.00
0.00
250.00

PAID
MAY 10 2011

BY:

RECEIVED MAY 09 2011

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#
07/22/11 39917

Claim # : SBA900073245
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/4/50
Terms : 45 days

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

Case: vs GUS JR. ENTERPRISES, INC.
Date Of Injury: 8/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/11/10	MRI	REF BY DR SUUTARI: L/S & RT SHOULDER*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
12/13/10	MRI	REF BY DR SUUTARI: C/S, LT SHOULDER*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/28/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/19/11	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
07/06/11	CT SCAN	REF BY SUUTARI: RT KNEE*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
07/11/11	PMT BY CHECK	DOS 11/11/10-5/19/11 # 190542	-613.00

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.



MRI
Depo Prep
MRI

Claims Disbursement

Claim Number: SCA900073245
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number:
Check Date:
Check Amount:

190542 ✓
07/11/2011 ✓
613.00 ✓

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WSI0039883
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 39917 ✓
Invoice Date: 06/08/2011

Service From: 11/11/2010 **Service To:** 05/19/2011

Claimant First Name: ...
Claimant Last Name: ...

Additional Information: 11/11/2010 05/19/2011

PAID

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

*** INVOICE ***
Date NO#
05/10/11 37965

Claim # : E2038992
W.C.A.B.:
ADJ # : 1
S.S.N. :
D.O.B. : 0/14/64
Terms : 45 days

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

Case: ----- S AKA CLAUDIA vs HORIZON GROWERS
Date Of Injury: 1/12/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
09/10/10	PMT BY CHECK	DOS 7/13/10 # 8812611465	-250.00
04/01/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	MICHAEL JANUSEK # 100808	0.00
05/09/11	PMT BY CHECK	DOS 4/1/11 # 8812993004	-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.

TRUCK INSURANCE EXCHANGE

Check Number: 8812993004

Date: 05/09/2011

Amount: \$250.00*****

Farmers

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

37965

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

Claimant/Patient:

Insured:

RUTLEDGE, DAVID (AN IND)

Date of Loss:

01/12/2009

Claim Representative: MONA TOMASSINI

Claim Number:

E2038992

Office Phone Number: 8188741620

Correspondence Reference:

1H45HH6RN

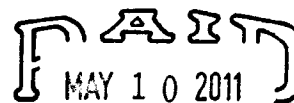
Additional Information:

reading of c&r 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
04/01/11 - 04/01/11

Payment For
Communications

Paid Amount
\$250.00



BY:.....

01 01 000149 1H45HH6RN1 CE0509P1 02 000250

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

*** INVOICE ***
Date NO#
05/24/11 38167

Claim # : WC10012237; WC10012321
W.C.A.B.:
ADJ # : 2
S.S.N. :
D.O.B. : 12/1/71
Terms : 45 days

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

Case: vs CITY CLUB
Date Of Injury: 1/22/10; 1/1/07-1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/08/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
09/29/10	DEPO PREP	@ THE L/O OF EARLY, MASLACH	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
10/21/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
12/08/10	PMT BY CHECK	DOS 7/8/10 # 8812751885	-156.50
12/21/10	PMT BY CHECK	DOS 9/29/10 THRU 10/21/10	-406.50
		# 881270697	
12/06/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/14/10	INITIAL/P&S	PSYCH EVAL W/ DR PARVIN @	230.00
		ADVANCE CARE*	
01/12/11	PR2/REEVAL	DR HARRIS* TITO SILVA #500272	180.00
01/27/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY	150.00
		DR HARRIS*	
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
01/28/11	INITIAL EXAM	DR YOON @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/04/11	PR2/REEVAL	DR YOON* CONSUELO GONZALEZ	180.00
		# 500288	
03/21/11	INITIAL EXAM	DR JOHNSON @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	KAY PARK # 500260	0.00
04/11/11	PMT BY CHECK	DOS 7/8/10 THRU 3/4/11	-1126.50
		# 8812950873	
04/19/11	PR2/REEVAL	DR YOON* TITO SILVA # 500272	180.00
05/19/11	PMT BY CHECK	DOS 3/21/11 AND 4/19/11	-410.00
		# 8813013010	

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

*** INVOICE ***
Date NO#
05/24/11 38167

Claim # : WC10012237; WC10012321
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1-, -, .1
Terms : 45 days

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

Case:) vs CITY CLUB
Date Of Injury: 1/22/10; 1/1/07-1/10

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.

FARMERS INSURANCE EXCHANGE

Check Number: 8813013010

Date: 05/19/2011

Amount: \$410.00*****

Farmers

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

38167

Claimant/Patient:

Insured:

VELASCO REYNA

Date of Loss:

01/22/2010

Claim Number:

WC10012321

Correspondence Reference:

1C15RSL0N

Claim Representative: Evelyne Sanchez Caraballo

Office Phone Number: 8188741723

Additional Information:

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

Service From/To
03/21/11 - 04/19/11

Payment For
Interpreter

Paid Amount
\$410.00

PAID
MAY 24 2011

BY: *[Signature]*

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

*** INVOICE ***
Date NO#
04/08/11 38866

Claim # : WC10016151
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/31/74
Terms : 45 days

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

Case: vs IMHO INC/ DENNY'S REST.
Date Of Injury: 5/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/07/10	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
11/16/10	PR2/REEVAL	DR RAHIMIAN* JESUS CASTILLO	180.00
		# 500358	
12/09/10	DEPO PREP	@ THE L/O OF VEATCH CARLSON	156.50
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
01/18/11	PR2/REEVAL	DR RAHIMIAN* JESUS CASTILLO	180.00
		# 500358	
01/10/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/09/11	PMT BY CHECK	DOS 10/7/10 THRU 1/18/11	-746.50
		# 8812851603	
02/15/11	PMT BY CHECK	DOS 1/10/11 # 8812860634	-250.00
03/15/11	PR2/REEVAL	DR RAHIMIAN* JASON RAMIREZ	180.00
		# 500371	
04/06/11	PMT BY CHECK	DOS 3/15/11 # 8812944060	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

TRUCK INSURANCE EXCHANGE

Check Number: 8812944060

Date: 04/06/2011

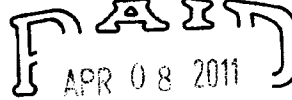
Amount:

\$180.00*****

Farmers

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

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



BY:.....

38866

Claimant/Patient:

Insured: IMHO INC

Date of Loss: 05/08/2010

Claim Number: WC10016151

Correspondence Reference: BCBZHSZHN

Claim Representative: Evelyne Sanchez Caraballo

Office Phone Number: 8188741723

Additional Information:

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

Service From/To
03/15/11 - 03/15/11

Payment For
Interpreter

Paid Amount
\$180.00

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

*** INVOICE ***

Date NO#
02/17/11 38866

Claim # : WC10016151
W.C.A.B.:
ADJ # : A'
S.S.N. :
D.O.B. : 12/31/74
Terms : 45 days

BILL TO:

FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: WILYNE SANCHEZ
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs IMHO INC/ DENNY'S REST.
Date Of Injury: 5/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/07/10	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
11/16/10	PR2/REEVAL	DR RAHIMIAN* JESUS CASTILLO	180.00
		# 500358	
12/09/10	DEPO PREP	@ THE L/O OF VEATCH CARLSON	156.50
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
01/18/11	PR2/REEVAL	DR RAHIMIAN* JESUS CASTILLO	180.00
		# 500358	
01/10/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/09/11	PMT BY CHECK	DOS 10/7/10 THRU 1/18/11	-746.50
		# 8812851603	
02/15/11	PMT BY CHECK	DOS 1/10/11 # 8812860634	-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.

TRUCK INSURANCE EXCHANGE

Farmers

Check Number: 8812860634

Date: 02/15/2011

Amount:

\$250.00****

38866

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

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

Claimant/Patient:

Insured:

IMHO INC

Date of Loss:

05/08/2010

Claim Number:

WC10016151

Correspondence Reference:

V2BFSSCZN

Claim Representative: Evelyne Sanchez Caraballo

Office Phone Number: 8188741723

Additional Information:

Signing Depo Trans 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
01/10/11 - 01/10/11

Payment For
Communications

Paid Amount
\$250.00

FEB 17 2011

BY: _____

01 01 000643 V2BFSSCZN1 CE0215P2 021 000700

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

*** INVOICE ***
Date NO#
03/04/11 39656

Claim # : WC10015802
W.C.A.B.:
ADJ # : A
S.S.N. :
D.O.B. : 11/28/63
Terms : 45 days

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

Case: , vs CANOGA SUPERMARKET
Date Of Injury: 5/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/02/10	MRI	REF BY DR PIETRUSZKA: C/S*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
03/02/11	PMT BY CHECK	DOS 11/2/10 # 8812888607	-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.

MID-CENTURY INSURANCE COMPANY

Check Number: 8812888607

Date: 03/02/2011

Amount: \$150.00*****

Farmers

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

39656

Claimant/Patient:

Insured:

ISLAND PACIFIC ENTERPRISES

Date of Loss:

05/07/2010

Claim Representative: DOLORES HATTIER

Claim Number:

WC10015802

Office Phone Number: 8188741610

Correspondence Reference:

4148SB60N

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
11/02/10 - 11/02/10

Payment For
Interpreter

Paid Amount
\$150.00

MAR 04 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#
09/30/11 39994

Claim # : WC10007556
W.C.A.B. :
ADJ # :
S.S.N. :
D.O.B. : 3/10/68
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 ROSAS CAFE TORILLA FACTORY
Date Of Injury: 10/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/10	MRI	REF BY DR HAFEZI: C/S, BIL HIPS*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/04/11	PMT BY CHECK	DOS 11/9/10 # 8812840819	-150.00
06/19/11	MRI	REF BY DR VANDYKE: C/S*	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ # 100741	0.00
07/20/11	PMT BY CHECK	DOS 6/19/11 # 8813109463	-150.00
08/27/11	MRI	REF BY DR KATAKIA: BRAIN*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
09/14/11	EMG TESTING	& NCV REF BY DR VANDYKE: U/E*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/26/11	PMT BY CHECK	DOS 8/27/11 # 8813221322	-150.00

BALANCE 150.00

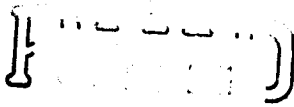
* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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.

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

September 26, 2011

TRUCK INSURANCE EXCHANGE



Check Number: 8813221322
Date: 09/26/2011

BY:

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

#39994

Claimant/Patient:
Insured: HACKBARTH EDWARD SR PTNR
Date of Loss: 10/14/2009
Claim Number: WC10007556
Correspondence Reference: Z6144HR0N
Claim Representative: KIMBERLY ELIAS
Office Phone Number: 8884861451

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
08/27/11 - 08/27/11

Payment For
Interpreter

Paid 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#
10/06/11 39994

Claim # : WC10007556
W.C.A.B.:
ADJ # : 5
S.S.N. :
D.O.B. : 3/10/68
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 ROSAS CAFE TORILLA FACTORY
Date Of Injury: 10/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/10	MRI	REF BY DR HAFEZI: C/S, BIL HIPS*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/04/11	PMT BY CHECK	DOS 11/9/10 # 8812840819	-150.00
06/19/11	MRI	REF BY DR VANDYKE: C/S*	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ # 100741	0.00
07/20/11	PMT BY CHECK	DOS 6/19/11 # 8813109463	-150.00
08/27/11	MRI	REF BY DR KATAKIA: BRAIN*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
09/14/11	EMG TESTING	& NCV REF BY DR VANDYKE: U/E*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
09/26/11	PMT BY CHECK	DOS 8/27/11 # 8813221322	-150.00
10/04/11	PMT BY CHECK	DOS 9/14/11 # 8813233247	-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

amg

October 4, 2011

TRUCK INSURANCE EXCHANGE

Check Number: 8813233247
Date: 10/04/2011
Amount: \$150.00*****

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

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

PAID
BY: _____

Claimant/Patient:

Insured: HACKBARTH EDWARD SR PTNR

Date of Loss: 10/14/2009

Claim Representative: KIMBERLY ELIAS

Claim Number: WC10007556

Office Phone Number: 8884861451

Correspondence Reference: JR\$4PHZ0N

Additional Information:

inv# 39994. 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
09/14/11 - 09/14/11

Payment For
Interpreter

Paid Amount
\$150.00

01 01 000257 JR\$4PHZ0N1 CE100AP1 02 [] 000610

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

*** INVOICE ***
Date NO#
04/01/11 40322

Claim # : WC10011733
W.C.A.B. :
ADJ # :
S.S.N. : - -
D.O.B. : 8/18/68
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 NICKENT GOLF
Date Of Injury: 4/13/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/10	MRI	REF BY DR RAHIL: C/S, L/S (3 HRS 20 MINS)	243.75
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/30/11	PMT BY CHECK	DOS 11/20/10 # 8812933830	-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.

TRUCK INSURANCE EXCHANGE

Check Number: 8812933830

Date: 03/30/2011

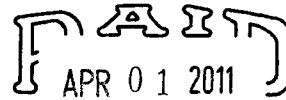
Amount: \$243.75*****

Farmers

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

40327

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



BY: _____

Claimant/Patient:

Insured:

Date of Loss:

Claim Number:

Correspondence Reference:

CHIH AN INTERNATIONAL INC

04/13/2009

WC10011733

B548HRPBN

Claim Representative: ELIZABETH MAXFIELD

Office Phone Number: 8887543260

Additional Information:

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
11/20/10 - 11/20/10

Payment For
Interpreter

Paid Amount
\$243.75

01 01 000542 B548HRPBN1 CE030P2 02 1 000651

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

*** INVOICE ***
Date NO#
04/18/11 40583

Claim # : WC10019394
W.C.A.B.:
ADJ # : AD
S.S.N. :
D.O.B. : 8/24/61
Terms : 45 days

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

Case: ----- vs BARE TAN
Date Of Injury: 7/18/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/29/10	MRI	REF BY DR BLACK: C/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
01/17/11	MRI	REF BY DR BLACK: LT SHOULDER*	150.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
03/16/11	MRA	REF BY DR BLACK: LT SHOULDER (3.5 HRS)	262.50
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
04/14/11	PMT BY CHECK	DOS 11/29/10 THRU 3/16/11 # 8812957554	-562.50

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.

TRUCK INSURANCE EXCHANGE

Check Number: 8812957554
Date: 04/14/2011

Amount: \$562.50*****

40583

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

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

Claimant/Patient:

Insured: BARETAN INC A CORP

Date of Loss: 07/24/2010

Claim Number: WC10019394

Correspondence Reference: BX\$RMS8ZN

Claim Representative: ROOSEVELT PANTHER

Office Phone Number: 8188741631

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
11/29/10 - 03/16/11

Payment For
Interpreter

Paid Amount
\$562.50

FAIR
APR 18 2011
BY: _____

RECEIVED APR 18 2011



THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT.

FARMERS

62-20/311

TRUCK INSURANCE EXCHANGE
Check No. 8812957554
Date: 04/14/2011
Amount: \$562.50*****
PAY Five Hundred Sixty Two Dollars And Fifty Cents
To the order of JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781
Citibank N.A. - One Penns Way - New Castle, DE 19720
NOT GOOD AFTER SIX MONTHS
FARMERS
THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

AA 12957554 0311002092

3A72L3A9

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

*** INVOICE ***
Date NO#
08/17/11 41402

Claim # : WC10025545
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/21/73
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 IHERB.COM
Date Of Injury: 12/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/10	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
02/08/11	PR2/REEVAL	DR RAHIMIAN* JESUS CASTILLO # 500358	180.00
02/04/11	INITIAL EXAM	DR CARRERA: PSYCH EVAL @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/29/11	PR2/REEVAL	DR RAHIMIAN* AUGUSTO SALAZAR # 500286	180.00
04/27/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ AMERI CHIRO*	150.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/06/11	PR2/REEVAL	DR CARRERA - VINCENT MEJIA # 500309	180.00
05/14/11	INITIAL EXAM	W/ ACUPUNCTURIST ALEX LEE @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
06/10/11	PMT BY CHECK	DOS 12/30/10 THRU 5/6/11 # 8813048253	-1150.00
06/21/11	PMT BY CHECK	DOS 5/14/11 # 8813062196	-230.00
07/05/11	P AND S	DR RAHIMIAN* JESUS CASTILLO # 500358	230.00
08/01/11	PMT BY CHECK	DOS 7/5/11 # 8813128321	-230.00
07/08/11	P AND S	DR CARRERA - PSYCH EVAL*	230.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/16/11	PMT BY CHECK	DOS 7/8/11 # 8813154340	-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#
08/17/11 41402

Claim # : WC10025545
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/21/73
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 IHERB.COM
Date Of Injury: 12/2/10

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.

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

August 16, 2011

MID-CENTURY INSURANCE COMPANY

Check Number: 8813154340
Date: 08/16/2011
Amount: \$230.00*****

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

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

Claimant/Patient:

Insured:

IHERB INC

Date of Loss:

12/02/2010

Claim Number:

WC10025545

Correspondence Reference:

MHBM8BGZN

Claim Representative: KIMBERLY ELIAS

Office Phone Number: 8884861451

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
07/08/11 - 07/08/11

Payment For
Interpreter

Paid Amount
\$230.00

#4402

PAID

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

*** INVOICE ***
Date NO#
08/02/11 41402

Claim # : WC10025545
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/21/73
Terms : 45 days

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

Case: S1 . vs IHERB.COM
Date Of Injury: 12/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/10	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
/ /	INTERPRETER:	VINCENT MEJIA # 500309	0.00
02/08/11	PR2/REEVAL	DR RAHIMIAN* JESUS CASTILLO	180.00
		# 500358	
02/04/11	INITIAL EXAM	DR CARRERA: PSYCH EVAL @	230.00
/ /		AMERI CHIRO*	
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
03/29/11	PR2/REEVAL	DR RAHIMIAN* AUGUSTO SALAZAR	180.00
		# 500286	
04/27/11	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @	150.00
/ /		AMERI CHIRO*	
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
05/06/11	PR2/REEVAL	DR CARRERA - VINCENT MEJIA	180.00
		# 500309	
05/14/11	INITIAL EXAM	W/ ACUPUNCTURIST ALEX LEE	230.00
/ /		@ AMERI CHIRO*	
/ /	INTERPRETER:	FERNANDO RODRIGUEZ # 500234	0.00
06/10/11	PMT BY CHECK	DOS 12/30/10 THRU 5/6/11	-1150.00
		# 8813048253	
06/21/11	PMT BY CHECK	DOS 5/14/11 # 8813062196	-230.00
07/05/11	P AND S	DR RAHIMIAN* JESUS CASTILLO	230.00
		# 500358	
08/01/11	PMT BY CHECK	DOS 7/5/11 # 8813128321	-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#
08/02/11 41402

Claim # : WC10025545
W.C.A.B.:
ADJ # :
S.S.N. : €
D.O.B. : 3/21/73
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 IHERB.COM
Date Of Injury: 12/2/10

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.

Farmers

MID-CENTURY INSURANCE COMPANY

Check Number: 8813128321

Date: 08/01/2011

Amount: \$230.00*****

#41402

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

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

PAID

Claimant/Patient:

Insured:

IHERB INC

Date of Loss:

12/02/2010

Claim Number:

WC10025545

Correspondence Reference:

\$T\$RMRGMN

Claim Representative: KIMBERLY ELIAS

Office Phone Number: 8884861451

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
07/05/11 - 07/05/11

Payment For
Interpreter

Paid 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#
07/19/11 41693

Claim # : E2039592
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/18/65
Terms : 45 days

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

Case: _____ AKA GARCIA vs CROWNE PLAZA LA HARBOR HOTEL
Date Of Injury: 3/10/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/11	PR2/REEVAL	DR ZARRINI @ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
07/18/11	PMT BY CHECK	DOS 1/10/11 # 8813105435	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

July 18, 2011

MID-CENTURY INSURANCE COMPANY

Check Number: 8813105435
Date: 07/18/2011

Amount: \$180.00*****

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

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

Claimant/Patient:

Insured: NHCA INC.
Date of Loss: 03/18/2009
Claim Number: E2039529
Correspondence Reference: MC4PMR8ZN

Claim Representative: Philip Uribe
Office Phone Number: 8188741585

Additional Information:

1.10.11 DR. ZARINI PAIN RELIEF 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
01/10/11 - 01/10/11

Payment For
Interpreter

Paid Amount
\$180.00

PAID

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

*** INVOICE ***
Date NO#
08/10/11 41791

Claim # : WC10005985
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/18/61
Terms : 45 days

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

Case: vs VERSATILE FACILITY INC
Date Of Injury: 8/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/11	MRI	REF BY TABIBIAN: L/S*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/12/11	MRI	REF BY DR TABIBIAN: LT	150.00
		SHOULDER*	
/ /	INTERPRETER:	BLANCA NOCHEZ # 100741	0.00
08/08/11	PMT BY CHECK	DOS 1/28/11-7/12/11	-300.00
		# 8813141146	

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 9, 2011

MID-CENTURY INSURANCE COMPANY

Check Number: 8813141146
Date: 08/08/2011

Amount: \$300.00*****

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

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

Claimant/Patient: FACILITY MASTERS INC
Insured: FACILITY MASTERS INC
Date of Loss: 08/23/2009
Claim Number: WC10005985
Correspondence Reference: \$BBDRBLZN
Claim Representative: PAM MATTSON
Office Phone Number: 9259248319

Additional Information:
Invoice #41791 for Claim #WC10005985 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 06/22/11 - 06/22/11
Payment For Interpreter

Paid Amount
\$300.00

PAID

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

*** INVOICE ***

Date NO#
08/23/11 41872

Claim # : WC10022343
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/25/73
Terms : 45 days

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

Case: S vs VINYL TECH
Date Of Injury: 9/22/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/11	MRI	REF BY DR KHAN: C/S*	150.00
/ /	INTERPRETER:	BLANCA MEJIA # 100741	0.00
05/18/11	CT SCAN	REF BY DR KHAN: BIL ELBOWS, BIL FOREARMS*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
05/27/11	MRI	REF BY DR KHAN: BIL WRISTS*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
08/19/11	PMT BY CHECK	DOS 1/18/11-5/27/11 # 8813161556	-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.

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

August 19, 2011

CT/MRI
TRUCK INSURANCE EXCHANGE

Check Number: 8813161556
Date: 08/19/2011
Amount: \$450.00*****

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:

Date of Loss:

Claim Number:

Correspondence Reference:

VINYL TECHNOLOGY INC

09/22/2010

WC10022343

VD\$FRHCZN

Claim Representative: KRISTEN FERNANDEZ

Office Phone Number: 8188741630

Additional Information:

Invoice #41872 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
01/18/11 - 05/27/11

Payment For
Interpreter

Paid Amount
\$450.00

PAID

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

*** INVOICE ***
Date NO#
08/09/11 42176

Claim # : WC10023691
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/10/75
Terms : 45 days

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

Case: vs GEORGE CHIALA FARM
Date Of Injury: 10/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/11	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (2H 15M)	258.75
/ /	INTERPRETER:	JASON RAMIREZ # 500371	0.00
06/27/11	ULTRASOUND	DIAG STUDY REF BY DR ZLOTOLOW OF ABDOMEN*	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA # 100741	0.00
08/04/11	PMT BY CHECK	DOS 1/26/11-6/27/11 # 8813130868	-408.75

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.

TRUCK INSURANCE EXCHANGE

Uthasound

Check Number: 8813130868

Date: 08/04/2011

Amount:

\$408.75*****

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:

GEORGE CHIALA FARMS INC

Date of Loss:

10/25/2010

Claim Representative: PAM MATTSON

Claim Number:

WC10023691

Office Phone Number: 9259248319

Correspondence Reference:

4X\$8HRLMN

Additional Information:

Invoice #42176 for Claim #WC10023691 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
01/26/11 - 06/27/11

Payment For
Interpreter

Paid Amount
\$408.75

PAID

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

*** INVOICE ***
Date NO#
08/04/11 42807

Claim # : WC10027150
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 2/7/73
Terms : 45 days

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

Case: vs SOUTHERN PACIFIC COATINGS,
Date Of Injury: 1/23/11

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/11	MRI	REF BY DR MONTGOMERY: LEFT SHOULDER & ELBOW*	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
08/02/11	PMT BY CHECK	DOS 2/22/11 # 8813129356	-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

MR

August 2, 2011

TRUCK INSURANCE EXCHANGE

PAID

Check Number: 8813129356

Date: 08/02/2011

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 92781

Claimant/Patient:

Insured:

BJMV INC

Date of Loss:

01/23/2011

Claim Number:

WC10027150

Correspondence Reference:

MY4HRBTBN

Claim Representative: Paul Turner

Office Phone Number: 8188741705

Additional Information:

2.22.11 DR. MONTGOMERY 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
02/22/11 - 02/22/11

Payment For
Interpreter

#42807

Paid 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#
08/17/11 43486

Claim # : WC1001928
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. : 3/7/58
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 AMASEMENT INDUSTRY
Date Of Injury: 7/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/11	MRI	REF BY DR KHAN: L/S*	150.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
08/15/11	PMT BY CHECK	DOS 3/18/11 # 8813152174	-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

August 15, 2011

MID-CENTURY INSURANCE COMPANY

Check Number: 8813152174
Date: 08/15/2011
Amount: \$150.00*****

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

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

43486

Claimant/Patient:

Insured:

AMUSEMENT INDUSTRY INC

Date of Loss:

07/14/2010

Claim Representative: Evelyne Sanchez Caraballo

Claim Number:

WC10019128

Office Phone Number: 8188741723

Correspondence Reference:

MD17RB3ZN

Additional Information:

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

Service From/To
03/18/11 - 03/18/11

Payment For
Interpreter

Paid Amount
\$150.00

PAID

01 01 00069C MD17RB3ZN1 CE0816P2 02 1 000935

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

*** INVOICE ***
Date NO#
09/12/11 44103

Claim # : WC10028412
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/26/82
Terms : 45 days

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

Case: vs LADNSHIP LLC
Date Of Injury: 8/11/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/11	MRI	REF BY DR KOHANIM: L/S*	150.00
/ /	INTERPRETER:	ALBERTO VILAGOMEZ # 500341	0.00
09/08/11	PMT BY CHECK	DOS 4/8/11 # 8813190826	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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FARMERS INSURANCE EXCHANGE

Check Number: 8813190826

Date: 09/08/2011

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:

LOADNSHIP LLC

Date of Loss:

08/11/2010

Claim Number:

WC10028412

Correspondence Reference:

XR\$HBBBBN

Claim Representative: KIMBERLY ELIAS

Office Phone Number: 8884861451

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
04/08/11 - 04/08/11

Payment For
Interpreter

Paid Amount
\$150.00

#44103

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#
08/17/11 45755

Claim # : WC10006362
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/18/65
Terms : 45 days

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

Case: vs ENGINEERING PRODUCTS
Date Of Injury: 9/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/11	DEPO PREP	@ THE L/O OF EARLY MASLACH	156.50
/ /	INTERPRETER:	ALBERTINA LOPEZ # 01438482	0.00
07/19/11	PMT BY CHECK	DOS 6/21/11 # 8813106829	-156.50
07/26/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/15/11	PMT BY CHECK	DOS 7/26/11 # 8813152222	-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

August 15, 2011

TRUCK INSURANCE EXCHANGE

Check Number: 8815152222
Date: 08/15/2011
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 00000

#45755

Claimant/Patient:

Insured:

ENGINEERED PRODUCTS BY LEE

Date of Loss:

09/24/2009

Claim Representative: KIMBERLY ELIAS

Claim Number:

WC10006362

Office Phone Number: 8884861151

Correspondence Reference:

4ZB4HRY0N

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
07/26/11 - 07/26/11

Payment For
Communications

Paid Amount
\$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#
08/09/11 46656

Claim # : WC10011524
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. : 10/2/58
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

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

August 8, 2011

MR
CTR

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:

Date of Loss:

Claim Number:

Correspondence Reference:

VILLAGE GREEN FOODS INC

01/11/2010

WC10011524

VC44RS3BN

Claim Representative: MISTY BEUTLER

Office Phone Number: 8188741725

Additional Information:

ANTONIO MATLA-OSORIO/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
07/18/11 - 07/18/11

Payment For
Communications

Paid Amount
\$250.00

01 01 000676 VC44RS3BN1 CE0808P1 02 11 001388