Joyce Altman Interpreters, Inc.
P.O. BOX 4165 ~ Tustin, CA 92781-4165
Phone (714) 838-0950 ~ Fax (714) 832-1979

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 C. Altman

Joyce Altman

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

Exotic Languages

March 2009 - August 2011

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
33700	4/14/09-5/18/09	7/21/09	$ 970.00	2 WCAB	$ 970.00	DA60949845	7/15/2009	ACE USA
34104	5/20/2009	6/26/09	$ 485.00	WCAB	$ 485.00	FE40573121	6/23/2009	ESIS
22363	12/29/2009	2/12/10	$ 485.00	WCAB	$ 485.00	896D75765747	2/8/2010	Travelers
36932	3/2/2010	5/21/10	$ 485.00	STIPULATION	$ 485.00	FE41618923	5/17/2010	ESIS
37371	4/29/2010	8/16/10	$ 485.00	WCAB	$ 485.00	85081921	8/10/2010	Risk Enterprises
37318	3/25/2010	8/30/10	$ 485.00	Initial	$ 485.00	9000833	8/26/2010	Guard insurance
09228	10/6/2009	3/19/10	$ 485.00	WCAB	$ 485.00	CU-595428	3/16/2010	SCIF
33693	4/13/2009	9/14/09	$ 485.00	WCAB	$ 485.00	106815	9/10/2009	ACCA
37382	4/27/2010	6/14/10	$ 485.00	C&R reading	$ 485.00	5000303129	6/10/2010	Preferred Employers
37663	6/15/10-9/14/10	3/23/11	$ 970.00	2 WCAB	$ 970.00	OO27285991	3/18/2011	Sedgwick
38110	7/15/10 - 10/15/10	12/9/10	$ 1,455.00	Depo prep, Depo Review & Job Analysis	$ 1,455.00	OO27285991	12/2/2010	Gallagher Bassett
38068	3/22/2011	4/20/11	$ 485.00	WCAB	$ 485.00	896D78118762	4/15/2011	Travelers
38068	7/29/2010 - 8/20/10	11/23/10	$ 1,455.00	Depo prep, 2 Depo Reviews	$ 1,455.00	891A80582533	11/18/2010	Travelers
43370	3/14/11 - 3/31/11	5/27/11	$ 970.00	2 Depo preps	$ 970.00	78289965	5/17/2011	Travelers

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
42867	2/18/11 - 3/11/11	5/27/2011	$ 970.00	Depo prep, Depo Review	$ 970.00	78289965	5/17/2011	Travelers
22363	5/11/2010	11/3/2010	$ 485.00	Board Appearance	$ 485.00	77183788	10/26/2010	Travelers
33010	3/23/2009	1/14/2010	$ 485.00	Board Appearance	$ 485.00	CU-563467	1/11/2010	SCIF
33808	6/28/2010	1/12/2011	$ 485.00	Board Appearance	$ 485.00	77485420	12/21/2010	Travelers
33808	10/4/2010	12/20/2010	$ 485.00	Board Appearance	$ 485.00	77425662	12/10/2010	Travelers
37264	7/13/10 - 8/24/10	11/30/2010	$ 970.00	Depo prep, Depo Reivew	$ 970.00	891A50582533	11/18/2010	Travelers
38112	6/28/10 - 8/25/10	10/13/2010	$ 4,850.00	2 Full Day Initials 1 Half Day, Diagn Study, 2 PR2s, Board Appearance, Depo Prep	$ 4,850.00	101609569	10/7/2010	CN A
37663	4/6/2011	5/19/2011	$ 485.00	Board Appearance	$ 485.00	0027571833	5/13/2011	Sedgwick
38068	7/29/10 - 11/18/10	11/23/2010	$ 1,455.00	Depo prep, 2 Depo Reviews	$ 1,455.00	891A50582533	11/18/2010	Travelers
37289	4/28/2010	7/28/2010	$ 485.00	Depo Prep	$ 485.00	896D76645760	7/20/2010	Travelers

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
43802	4/12/2011	6/14/2011	$ 485.00	Depo Prep	$ 485.00	896D78424390	6/10/2011	Travelers
37265	6/22/10 - 10/6/10	2/2/2011	$ 1,455.00	Initial, Depo Prep, Board Appearance (LBO)	$ 1,455.00	896D77668099	1/25/2011	Travelers
41996	1/12/11 - 4/12/11	6/9/2011	$ 4,850.00	2 Initials, 2 PR-2'S, 2 Diagnostic Studies (MRI,EMG/NCV) ,3 Psychs, Depo Prep	$ 4,850.00	166929	6/1/2011	Illinois Midwest
42969	5/12/2011	8/16/2011	$ 485.00	Depo Prep	$ 485.00	896D78731764	8/5/2011	Travelers
42969	8/2/2011	8/24/2011	$ 485.00	Depo Prep	$ 485.00	896D78732259	8/17/2011	Travelers
41095	1/27/11 - 3/1/11	8/16/2011	$ 1,455.00	Depo Prep, Depo Review, Board Appearance	$ 1,455.00	896D78731764	8/5/2011	Travelers
43370	3/14/11 - 6/13/11	8/12/2011	$ 485.00	Board Appearance	$ 485.00	896D78731764	8/5/2011	Travelers

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

*** INVOICE ***

Date	NO#
07/21/09	33700

Claim # : 635C9838983
W.C.A.B.:
ADJ # : ADJ6
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DESIGN TODAY
Date Of Injury: 2/29/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/09	WCAB LB	STATUS CONFERENCE (KOREAN)	485.00
05/18/09	WCAB LB	MSC (EXOTIC LANG: KOREAN)	485.00
07/15/09	PMT BY CHECK	DOS 4/14/09 THRU 5/18/09 # DA60949845	-970.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

*BODA60949845031280101090715000541 6
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31083
TAMPA FL 33631-3083

DATE 07/15/09

CHECK NO. DA60949845

STATEMENT

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

5900A11DA 00 00909 DA60949845
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
635C9838983

DOLLARS
$*********970.00

* NOT NEGOTIABLE *

FOR
04/14/09 THRU 05/18/09 33700 PT33700

CLAIMANT

DATE OF EVENT
02/29/08

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

PAID

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
06/26/09	34104

Claim # : 93893450003432
W.C.A.B.:
ADJ # : ADJ230
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case vs INDUSTRIAL MFG., CO.
Date Of Injury: 1/31/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/09	WCAB LB	MSC (EXOTIC LANG: TAGALOG)	485.00
06/23/09	PMT BY CHECK	DOS 5/20/09 # FE40573121	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

*C0FE405731210238801010906230005128
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 06/23/09

CHECK NO. FE40573121

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00652 FE40573121
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
9389345000343

DOLLARS
$*********485.00

* NOT NEGOTIABLE *

FOR
05/20/09 THRU 05/20/09 34104

CLAIMANT

DATE OF EVENT
01/31/07

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

PAID

BOA10B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***
Date NO#
02/12/10 22363

Claim # : 152-CB-A1K2592-N
W.C.A.B.: LBO
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 2/12/02

DOS	SERVICE	DESCRIPTION	AMOUNT
05/19/06	DEPO PREP	@ THE L/O OF MALMQUEST,FIELDS & CAMASTRA (KOREAN)	350.00
07/19/06	PMT BY CHECK	DOS 5/19/06 # 896D 15185871	-350.00
09/06/06	DEPO PREP	@ THE L/O OF MALMQUEST,FIELDS & CAMASTRA (KOREAN)	350.00
12/11/06	PENALTIES	FOR DATE OF SERVICE 9/6/06	52.50
12/11/06	INTEREST	FOR DATE OF SERVICE 9/1606	11.69
12/14/06	PMT BY CHECK	DOS 9/6/06 # 896D 25056837	-350.00
05/08/07	PMT BY CHECK	DOS 12/11/06 # 896D 34366203	-64.19
05/19/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP - VOL I (KOREAN)	350.00
05/19/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP - VOL II (KOREAN)	350.00
08/15/07	PMT BY CHECK	DOS 5/19/07 # 896D40603986	-700.00
02/20/08	WCAB LB	STATUS CONFERENCE (KOREAN)	350.00
04/09/08	PMT BY CHECK	DOS 2/20/08 # 896D 55315098	-350.00
02/03/09	WCAB LB	MSC (KOREAN)	350.00
03/18/09	PMT BY CHECK	DOS 2/3/09 # 896D 73956820	-350.00
12/29/09	WCAB LB	MSC -CHANSUN NISHIMURA # 301033 (KOREAN)	485.00
02/08/10	PMT BY CHECK	DOS 12/29/09 # 896D 75765747	-485.00

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#
02/12/10	22363

Claim # : 152-CB-A1K2592-N
W.C.A.B.: LB[illegible]
ADJ # : AD[illegible]
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 2/12/02

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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001064

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

UC01064

896D 75765747

TRAVELERS

DATE: 02/08/10
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

Our Customer Service Phone is 1-800-258-3710
Please contact us if you have any questions.

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB AIK2592N	**05/19/06 - 12/29/09**	$ 485.00		INV#22363
	152 CB CDA8570T	**06/25/09 - 01/11/10**	$ 156.50		34442
		Total Amount Paid	$******641.50		

PAID

039006694
DETACH CHECK

SUMM -021509
OVRPSUM2-021509
DETACH CHECK

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

*** INVOICE ***

Date	NO#
05/21/10	36932

Claim # : 59964940165253
W.C.A.B.:
ADJ # : ADJ6[illegible]
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs L3 COMMUNICATIONS
Date Of Injury: 4/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/10	STIPULATION	@ WCAB LB (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
05/17/10	PMT BY CHECK	DOS 3/2/10 # FE41618923	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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*C0FE41618923013340101100517000207 6
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 05/17/10

CHECK NO. FE41618923

STATEMENT **ESIS** 36932

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00575 FE41618923
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
5996494016525

DOLLARS
$*********485.00

* NOT NEGOTIABLE *

FOR
03/02/10 THRU 03/02/10 ADJ6772718

CLAIMANT

DATE OF EVENT
04/21/08

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

PAID

DETACH THIS PORTION BEFORE CASHING

BOA10B (07/2009)

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

*** INVOICE ***

Date	NO#
08/16/10	37371

Claim # : 5720133165
W.C.A.B.: ANA
ADJ # : ADJ12
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CROWN PLAZA HOTEL
Date Of Injury: 1/20/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/10	WCAB SA	MSC (LANGUAGE: FARSI)	485.00
/ /	INTERPRETER:	GOLROKH KHATIBLOO # 700529	0.00
08/10/10	PMT BY CHECK	DOS 4/29/10 # 85081921	-485.00

BALANCE 0.00

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

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

5
824

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

Name

Telephone# 714-579-2761

Check# 85081921
Check Date 08/10/2010
Check amount $ 485.00
Invoice
Services/period **From** 04/29/2010
To 04/29/2010

Claim Number 572-0133165-173
Date of Loss 01/20/2007
Claimant
Client/Insured Crowne Plaza

Payee Joyce Altman Interpreters, Inc

For INV#37371

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#
08/30/10	37318

Claim # : SAWC 022911-001
W.C.A.B.:
ADJ # : ADJ7----
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GUARD INSURANCE (WILKES BARRE)
W.C. DEPARTMENT
ATTN: DIAN WASKI
P.O. BOX 1368
WILKES BARRE, PA 18703

Case: vs KIM CONSTRUCTION/SANG KIM PAIN
Date Of Injury: 8/17/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/25/10	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR. (LANGUAGE: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
08/26/10	PMT BY CHECK	DOS 3/25/10 # 009000833	-485.00

BALANCE 0.00

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08/26/2010 330956713-0000 JOYCE ALTMAN INTERPRETERS, INC.
(M016) 485.00 SAWC022911-001 DOL:08/17/2009
Inv/Case#: 37318
:03/25/2010

THIS CHECK CONTAINS MULTIPLE FRAUD DETERRENT SECURITY FEATURES

NorGUARD Insurance Company
A SUBSIDIARY OF GUARD INSURANCE GROUP
16 South River Street
Wilkes-Barre, PA 18703-0020

Wachovia Bank
National Association

3-50
310

009000833

DATE 08/26/2010

AMOUNT ********$485.00

⇨⇨⇨⇨⇨⇨PAY ONLY CAD PAID

NOT VALID AFTER 180 DAYS
TWO SIGNATURES REQUIRED IF OVER $10,000

FOUR HUNDRED EIGHTY-FIVE DOLLARS AND 00 CENTS**********

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

VOID OVER $485.00

Sy Fogel

⑈009000833⑈ ⑆031000503⑆ 2000519409116⑈

PAID

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

*** INVOICE ***

Date	NO#
03/19/10	09228

Claim # : 01238873
W.C.A.B.: LBO
ADJ # : ADJ4
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: . vs US METRO GROUP, INC.
Date Of Injury: 11/20/02

DOS	SERVICE	DESCRIPTION	AMOUNT
05/05/04	WCAB LB	MSC (EXOT LANG: KOREAN)	275.00
07/27/04	PMT BY CHECK	DOS 5/5/04 # CU-071537	-90.00
08/23/04	PMT BY CHECK	DOS 5/5/04 # CU-109109	-185.00
01/24/06	WCAB LB	FULL DAY MSC (KOREAN)	600.00
03/20/06	PMT BY CHECK	DOS 1/24/06 # CU-684033	-265.00
10/04/06	WCAB LB	FULL DAY EXPEDITED HEARING (KOREAN)	375.00
11/17/06	PMT BY CHECK	DOS 10/4/06 # CU-870440	-375.00
11/28/06	INITIAL EXAM	DR MATHEW MAIBAUM- PSYCH EVAL (1 pm - 4:45 pm)	650.00
12/07/06	EVALUATION	CONT'D FROM 11/28/06 W/ DR MAIBAUM* (KOREAN)	300.00
04/02/07	PENALTIES	FOR DATE OF SERVICE 11/28/06	97.50
04/02/07	INTEREST	FOR DATE OF SERVICE 11/28/06	29.70
06/04/07	PMT BY CHECK	DOS 11/28/06 THRU 12/7/06 # CU-985416	-303.75
10/01/07	PR2/REEVAL	DR EDELMAN*(KOREAN)	300.00
03/18/08	WCAB LB	MSC (EXOT LANG: KOREAN)	330.00
06/12/08	AME	DR BRIAN JACKS: PSYCH EVAL (KOREAN)	441.00
08/21/08	PMT BY CHECK	DOS 5/5/04 THRU 6/12/08 # CU-285027	-2179.45
10/06/09	WCAB LB	MSC	485.00
01/18/10	PENALTIES	FOR DATE OF SERVICE 01/24/06	50.25
03/18/10	INTEREST	FOR DATE OF SERVICE 01/24/06	289.99
01/18/10	PENALTIES	FOR DATE OF SERVICE 10/06/09	72.75
03/18/10	INTEREST	FOR DATE OF SERVICE 10/06/09	27.96
03/16/10	PMT BY CHECK	DOS 10/6/09 # CU-595428	-485.00

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#
03/19/10	09228

Claim # : 01238873
W.C.A.B.: LBO
ADJ # : ADJ
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs US METRO GROUP, INC.
Date Of Injury: 11/20/02

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 440.95

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

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-595428**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/16/10
Doc #: 020041787

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name: [illegible]		**Claim #:** 01258689		
1	36594	10/08/09	10/08/09	Interpreter fees	1		313.00
			Patient Name: I [illegible]		**Claim #:** 04984836		
2	24074	08/17/09	10/26/09	Interpreter fees	1		313.00
			Patient Name: [illegible]am		**Claim #:** 05236966		
3	29803	06/17/09	06/17/09	Interpreter fees	1		156.50
			Patient Name: [illegible]el E.		**Claim #:** SA632029		
4	02377	10/01/08	11/19/08	Interpreter fees	1		313.00
			Patient Name: [illegible] Y		**Claim #:** 01238873		
5	09228	10/06/09	10/06/09	Interpreter fees	1		485.00
					Total Allowances:		**$1,580.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01238873	485.00	.00	485.00
01258689	313.00	.00	313.00
04984836	313.00	.00	313.00
05236966	156.50	.00	156.50
SA632029	313.00	.00	313.00

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

PAID

Notations:

01238873 WCAB APPEARANCE; 10/06/09;
SA632029 WCAB APPEARANCES; 10/01/08 & 11/19/08;

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.

01238169020041787012

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

*** INVOICE ***

Date	NO#
09/14/09	33693

Claim # : 22007101; 22007102
W.C.A.B.: LBO
ADJ # : AD
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ACCA (SAN FRANCISCO 881716)
W.C. DEPARTMENT
ATTN: DREW KELLY
P.O. BOX 881716
SAN FRANCISCO, CA 94188

Case: vs BLUE MAN GROUP, INC.
Date Of Injury: 10/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/13/09	WCAB LB	MSC (EXOTIC LANG: KOREAN)	485.00
09/10/09	PMT BY CHECK	DOS 4/13/09 # 0106815	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 09/10/2009
Check Number : 0106815
Check Amount : $485.00

995811Y

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

kh24a
00020

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22007101		07/27/2007	33693	Interpreter Fees -	04/13/2009	04/13/2009	$485.00

PAID

20-20

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

*** INVOICE ***
Date NO#
06/14/10 37382

Claim # : 23627
W.C.A.B.:
ADJ # : Ai
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs INTERNATIONAL FOOD IMPORT INC.
Date Of Injury: 11/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/10	C&R READING	@ THE L/O OF DENISE KUPER (CHINESE/CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
06/10/10	PMT BY CHECK	DOS 4/27/10 # 5000303129	-485.00

BALANCE 0.00

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

Preferred Employers
INSURANCE COMPANY

37382

June 10,2010
5000303129

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

Re: (INTERNATIONAL FOODS I M P, INC.) D.O.I. 11/01/2008
Claim Number: 23627

From	To	Amount	Invoice Number	Payment Type
04/27/10	04/27/10	485.00	37382	OTHER INDEMNITY - MISC

Check Amount: $485.00

PAID

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

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

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

*** INVOICE ***
Date NO#
03/23/11 37663

Claim # : W042705500-0001
W.C.A.B.:
ADJ # : [illegible]
S.S.N. :
D.O.B. : [illegible]
Terms : 45 days

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

Case: [illegible] vs FEDERAL EXPRESS CORPORATION
Date Of Injury: 7/2/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/10	WCAB LB	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	MINH NGUYEN # 300289	0.00
09/14/10	WCAB LB	TRIAL (VIETNAMESE)	485.00
/ /	INTERPRETER:	LEE MARY GINTER # 300549	0.00
03/11/11	PENALTIES	FOR DATE OF SERVICE 06/15/10	72.75
03/11/11	INTEREST	FOR DATE OF SERVICE 06/15/10	44.16
03/11/11	PENALTIES	FOR DATE OF SERVICE 09/14/10	72.75
03/11/11	INTEREST	FOR DATE OF SERVICE 09/14/10	30.26
03/18/11	PMT BY CHECK	DOS 6/15/10 THRU 9/14/10 # 0027285991	-970.00

BALANCE 219.92

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

[redacted]

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

RETURN SERVICE REQUESTED

DATE	CHECK AMT	CHECK NO.
3/18/2011	970.00	0027285991

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

SCMS UNIT	PAGE
524 Sedgwick Claims Management Services	1

510

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

Claimant Name	Loss Date	Claim Number	SSN
	07/02/2007	W042705500-0001	

Amt Paid: 970.00 Description:
Amt Billed: 970.00 Invoice: 37663 ICN: W0427055000001
Dates: 06/15/2010 - 09/14/2010 Comment: interpreter

PAID
MAR 21 2011
BY:----------

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#
12/09/10	38110

Claim # : 792186643
W.C.A.B.:
ADJ # : 1
S.S.N. :
D.O.B. : --,--,
Terms : 45 days

BILL TO:
BROADSPIRE INS (SACRAMENTO)
W.C. DEPARTMENT
ATTN: ADESTO DE LA TORRE
PO BOX 15810
SACRAMENTO, CA 95852

Case: vs SWIFT TRANSPORTATION CO., INC.
Date Of Injury: 1/26/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/10	DEPO PREP	@ THE L/O OF DENNIS FUSI (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
08/25/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/15/10	JOB ANALYSIS	@ THE L/O OF DENNIS FUSI (KOREAN)	485.00
/ /	INTERPRETER:	JAEIS CHON # 301034	0.00
12/02/10	PMT BY CHECK	DOS 7/15/10 THRU 10/15/10 # 0082403677	-1455.00

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 (REGIONAL)
GALLAGHER BASSETT SRVC
P.O. BOX 255397
SACRAMENTO CA 95865-5397

002031 PAGE 1 OF 1 006740

MDG2009 00004746 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR SWIFT TRANSPORTATION

DIRECT CHECK INQUIRIES TO:
PHONE: 916-929-7581
GB-SACRAMENTO (REGIONAL)
GALLAGHER BASSETT SRVC
P.O. BOX 255397
SACRAMENTO CA 95865-5397

CLAIM NO.: 002031 007000 WC 01 (002109000)
CLAIMANT:
DESCRIPTION: INV# 38110 DOS 07/15/10-10/15/10

DATES OF SERVICE: 15Jul2010 **THRU** 15Oct2010
BENEFIT PERIOD: **THRU**

BRANCH NO.: 011
ACC DATE: 26Jan09

NO.: 0082403677
VN: 0000349804
DATE: 02Dec10
AMOUNT: 1455.00

PAID

[redacted]

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004746 005512 001 001

[redacted]

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

*** INVOICE ***
Date NO#
04/20/11 38068

Claim # : EHJ0200
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs CALIFORNIA COMMERCE CASINO
Date Of Injury: 4/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/10	DEPO PREP	@ THE L/O OF MALMQUIST, FIELDS (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
08/04/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
08/20/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100150	0.00
11/18/10	PMT BY CHECK	DOS 7/29/10 THRU 8/20/10 # 891A 80582533	-1455.00
03/22/11	WCAB LB	STATUS CONFERENCE (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
04/15/11	PMT BY CHECK	DOS 3/22/11 # 896D 78118762	-485.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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003758

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 78118762

TRAVELERS

DATE: 04/15/11
LOSS DATE: 04/04/10
FILE NUMBER: 152 CB EHJ0200 J

EMPLOYEE

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

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 03/22/2011

TOTAL PAID: $485.00
TAX INFO: 330956713331748 1Y
PAY MISC: 38068
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
APR 20 2011
BY:

FOR ADDITIONAL INFORMATION, CONTACT: HEATHER S VALDOVINOS AT (909)612-3027

105022001
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#
11/23/10	38068

Claim # : EHJ0200
W.C.A.B.:
ADJ # : ADJ
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs CALIFORNIA COMMERCE CASINO
Date Of Injury: 4/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/10	DEPO PREP	@ THE L/O OF MALMQUIST, FIELDS (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
08/04/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
08/20/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100150	0.00
11/18/10	PMT BY CHECK	DOS 7/29/10 THRU 8/20/10 # 891A 80582533	-1455.00

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.

001861

891A 80582533

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SB01861

TRAVELERS

DATE: 11/18/10
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

Our Customer Service Phone is 1-800-258-3710
Please contact us if you have any questions.

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB A4A1466K	06/08/10 - 10/06/10	$ 606.60		37666
	152 CB A4A5342E	07/20/10 - 08/10/10	$ 406.50		38124
	152 CB A4A7809K	07/13/10 - 08/24/10	$ 970.00		37284
	152 CB EHJ0200J	07/29/10 - 08/20/10	$ 1,455.00		38068
		Total Amount Paid	$*****3438.10		

PAID

SUMM -0214
OVRPSUM2-021

322011861
DETACH CHECK

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	43370

Claim # : ELW1031
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 12/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/11	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
03/31/11	DEPO PREP	@ THE L/O OF DENNIS FUSI (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	SUNNY WANG # 301251	0.00
05/17/11	PMT BY CHECK	DOS 3/14/11 THRU 3/31/11 # 896D 78289965	-970.00

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.

003343

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

SB03343

896D 78289965

TRAVELERS

DATE: 05/17/11

TIN: 330956713

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

PAID
MAY 24 2011
BY:

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
JE 563-67-5810	**152 CB EHJ9833K**	**02/18/11 - 03/11/11**	$ 970.00		42867
	152 CB ELW1031N	**03/14/11 - 03/31/11**	$ 970.00		43370
		Total Amount Paid	$*****1940.00		

37013343
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#
05/27/11	42867

Claim # : EHJ9833
W.C.A.B.:
ADJ # : AD
S.S.N. : [redacted]
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs COMMERCE CASINO
Date Of Injury: 9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/11	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD (MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN	0.00
03/11/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN WANG # 301251	0.00
03/21/11	PR2/REEVAL	DR KATTAR (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN WANG (SUNNY) 301251	0.00
04/25/11	INITIAL EXAM	DR SAMAAN @ GARFIELD HEALTH*	485.00
/ /	INTERPRETER:	HONGBIN WANG # 301251	0.00
05/17/11	PMT BY CHECK	DOS 2/18/11 THRU 3/11/21 # 896D 78289965	-970.00

BALANCE 970.00

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

003343

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

SB03343

896D 78289965

TRAVELERS

DATE: 05/17/11
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

PAID
MAY 24 2011
BY:.....

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
583-57-5810 807-94-3548	152 CB EHJ9833K 152 CB ELW1031N	02/18/11 - 03/11/11 03/14/11 - 03/31/11	$ 970.00 $ 970.00		42867 43370
		Total Amount Paid	$*****1940.00		

137013343
DETACH CHECK

SUMM -021410
OVRPSUM2-021509

DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

VOID VOID VOID VOID VOID VOID

896D 78289965

DATE 05/17/11 | ACCOUNT NUMBER J99 | TIN NUMBER 330956713 | FILE NUMBER SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

ONE THOUSAND NINE HUNDRED FORTY AND 00/100

PAY $*****1940.00

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

003343
SB03343

AUTHORIZED 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#
11/03/10 22363

Claim # : 152-CB-A1K2592-N
W.C.A.B.:
ADJ # : [illegible]
S.S.N. : [illegible]
D.O.B. : 6/20/55
Terms : 45 days

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

Case [illegible] vs COMMERCE CASINO
Date Of Injury: 2/12/02

DOS	SERVICE	DESCRIPTION	AMOUNT
05/19/06	DEPO PREP	@ THE L/O OF MALMQUEST,FIELDS & CAMASTRA (KOREAN)	350.00
07/19/06	PMT BY CHECK	DOS 5/19/06 # 896D 15185871	-350.00
09/06/06	DEPO PREP	@ THE L/O OF MALMQUEST,FIELDS & CAMASTRA (KOREAN)	350.00
12/11/06	PENALTIES	FOR DATE OF SERVICE 9/6/06	52.50
12/11/06	INTEREST	FOR DATE OF SERVICE 9/1606	11.69
12/14/06	PMT BY CHECK	DOS 9/6/06 # 896D 25056837	-350.00
05/08/07	PMT BY CHECK	DOS 12/11/06 # 896D 34366203	-64.19
05/19/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP - VOL I (KOREAN)	350.00
05/19/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP - VOL II (KOREAN)	350.00
08/15/07	PMT BY CHECK	DOS 5/19/07 # 896D40603986	-700.00
02/20/08	WCAB LB	STATUS CONFERENCE (KOREAN)	350.00
04/09/08	PMT BY CHECK	DOS 2/20/08 # 896D 55315098	-350.00
02/03/09	WCAB LB	MSC (KOREAN)	350.00
03/18/09	PMT BY CHECK	DOS 2/3/09 # 896D 73956820	-350.00
12/29/09	WCAB LB	MSC -CHANSUN NISHIMURA # 301033 (KOREAN)	485.00
02/08/10	PMT BY CHECK	DOS 12/29/09 # 896D 75765747	-485.00
05/11/10	WCAB LB	MSC - HYON K. RO # 300799 (KOREAN)	485.00
09/30/10	PENALTIES	FOR DATE OF SERVICE 05/11/10	72.75
09/30/10	INTEREST	FOR DATE OF SERVICE 05/11/10	24.75
10/26/10	PMT BY CHECK	DOS 5/11/10 # 896D 77183788	-485.00

[redacted]

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

*** INVOICE ***

Date	NO#
11/03/10	22363

Claim # : 152-CB-A1K2592-N
W.C.A.B.:
ADJ # :
S.S.N. : [redacted]
D.O.B. : 6/20/55
Terms : 45 days

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

Case: [redacted] vs COMMERCE CASINO
Date Of Injury: 2/12/02

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 97.50

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

[redacted]

001708

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

SB01708

896D 77183788

TRAVELERS

DATE: 10/26/10
LOSS DATE: 12/20/03
FILE NUMBER: 152 CB AIK2592 N

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 05/11/2010

TOTAL PAID: $485.00
TAX INFO: 330956713331748 1Y
PAY MISC: 22363
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: PATRICK B KARA AT (909)612-3224

299011708
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

[redacted]

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

*** INVOICE ***

Date	NO#
01/14/10	33010

Claim # : 05285602
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 4/16/61
Terms : 45 days

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

Case: [redacted] vs YOUNG AGAIN ADULT DAY HEALTH C
Date Of Injury: 2/7/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/29/09	INITIAL EXAM	DR GALLONI (KOREAN) @ WILLOW MED	355.00
03/23/09	WCAB LB	MSC (KOREAN)	485.00
12/17/09	PENALTIES	FOR DATE OF SERVICE 1/29/09	53.25
12/17/09	PENALTIES	FOR DATE OF SERVICE 1/29/09	38.25
12/17/09	PENALTIES	FOR DATE OF SERVICE 3/23/09	72.75
12/17/09	INTEREST	FOR DATE OF SERVICE 3/23/09	44.16
01/11/10	PMT BY CHECK	DOS 3/23/09 # CU-563467	-485.00

BALANCE 563.41

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of 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-563467**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/11/10
Doc #: 019629391

33010

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05285602			
1		03/23/09	03/23/09	Interpreter fees	1		485.00
						Total Allowances:	**$485.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05285602	485.00	.00	485.00

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

PAID

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

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

*** INVOICE ***
Date NO#
01/12/11 33808

Claim # : 152-CB-A7T5396-P
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/30/55
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 HAWAIAN GARDEN CASINO
Date Of Injury: 9/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/09	WCAB LB	MSC (EXOTIC LANGUAGE: KOREAN)	485.00
04/30/09	DEPO PREP	@ THE L/O OF DENNIS FUSI (KOREAN)	485.00
06/03/09	WCAB LB	MSC	485.00
05/18/09	DEPO PREP	@ THE L/O OF DENNIS FUSI (KOREAN) VOL II	485.00
07/14/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (KOREAN) VOL I	485.00
07/15/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (KOREAN) VOL II	485.00
11/04/09	WCAB LB	MSC	485.00
02/08/10	PENALTIES	FOR DATE OF SERVICE 04/22/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 04/22/09	47.68
02/08/10	PENALTIES	FOR DATE OF SERVICE 04/30/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 04/30/09	46.45
02/08/10	PENALTIES	FOR DATE OF SERVICE 06/06/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 06/06/09	41.26
02/08/10	PENALTIES	FOR DATE OF SERVICE 05/18/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 05/18/09	43.70
02/08/10	PENALTIES	FOR DATE OF SERVICE 07/14/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 07/14/09	34.99
02/08/10	PENALTIES	FOR DATE OF SERVICE 07/15/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 07/15/09	34.84
02/08/10	PENALTIES	FOR DATE OF SERVICE 11/04/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 11/04/09	17.73
02/10/10	WCAB LB	MSC -CHANSUN NISHMURA #301033 (KOREAN)	485.00
03/18/10	PMT BY CHECK	DOS 4/22/09 THRU 2/10/10 # 896D 75975461	-1940.00
06/28/10	WCAB LB	STATUS CONFERENCE (KOREAN)	485.00
/ /	INTERPRETER:	JAEIS CHAN # 301034	0.00

[redacted]

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

*** INVOICE ***

Date	NO#
01/12/11	33808

Claim # : 152-CB-A7T5396-P
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/30/55
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 HAWAIAN GARDEN CASINO
Date Of Injury: 9/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/04/10	WCAB LB	MSC - CHANSUN NISHIMURA # 301033 (KOREAN)	485.00
12/10/10	PMT BY CHECK	DOS 10/4/10 # 896D 77425662	-485.00
12/21/10	PMT BY CHECK	DOS 6/28/10 # 896D 77485420	-485.00

BALANCE 2715.90

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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001783

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

SB01783

896D 77485420

TRAVELERS

DATE: 12/21/10
LOSS DATE: 12/21/05
FILE NUMBER: 152 CB A7T5396 P

EMPLOYEE

ACCOUNT NAME:
HAWIIAN GARDEN CASINO

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 06/28/2010

TOTAL PAID: $485.00
TAX INFO: 330956713372147 6Y
PAY MISC: INVOICE 33808
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: ERIKA A SCHWARTZ AT (909)612-3043

355011783
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

[redacted]

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

*** INVOICE ***

Date	NO#
12/20/10	33808

Claim # : 152-CB-A7T5396-P
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/30/55
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: [redacted] vs HAWAIAN GARDEN CASINO
Date Of Injury: 9/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/09	WCAB LB	MSC (EXOTIC LANGUAGE: KOREAN)	485.00
04/30/09	DEPO PREP	@ THE L/O OF DENNIS FUSI (KOREAN)	485.00
06/03/09	WCAB LB	MSC	485.00
05/18/09	DEPO PREP	@ THE L/O OF DENNIS FUSI (KOREAN) VOL II	485.00
07/14/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (KOREAN) VOL I	485.00
07/15/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (KOREAN) VOL II	485.00
11/04/09	WCAB LB	MSC	485.00
02/08/10	PENALTIES	FOR DATE OF SERVICE 04/22/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 04/22/09	47.68
02/08/10	PENALTIES	FOR DATE OF SERVICE 04/30/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 04/30/09	46.45
02/08/10	PENALTIES	FOR DATE OF SERVICE 06/06/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 06/06/09	41.26
02/08/10	PENALTIES	FOR DATE OF SERVICE 05/18/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 05/18/09	43.70
02/08/10	PENALTIES	FOR DATE OF SERVICE 07/14/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 07/14/09	34.99
02/08/10	PENALTIES	FOR DATE OF SERVICE 07/15/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 07/15/09	34.84
02/08/10	PENALTIES	FOR DATE OF SERVICE 11/04/09	72.75
02/08/10	INTEREST	FOR DATE OF SERVICE 11/04/09	17.73
02/10/10	WCAB LB	MSC -CHANSUN NISHMURA #301033 (KOREAN)	485.00
03/18/10	PMT BY CHECK	DOS 4/22/09 THRU 2/10/10 # 896D 75975461	-1940.00
06/28/10	WCAB LB	STATUS CONFERENCE (KOREAN)	485.00
/ /	INTERPRETER:	JAEIS CHAN # 301034	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#
12/20/10	33808

Claim # : 152-CB-A7T5396-P
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/30/55
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 HAWAIAN GARDEN CASINO
Date Of Injury: 9/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/04/10	WCAB LB	MSC - CHANSUN NISHIMURA # 301033 (KOREAN)	485.00
12/10/10	PMT BY CHECK	DOS 10/4/10 # 896D 77425662	-485.00

BALANCE 3200.90

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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004774

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

SB04774

896D 77425662

TRAVELERS

DATE: 12/10/10
LOSS DATE: 12/21/05
FILE NUMBER: 152 CB A7T5396 P

EMPLOYEE

ACCOUNT NAME:
HAWIIAN GARDEN CASINO

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 10/04/2010

TOTAL PAID: $485.00
TAX INFO: 330956713331748 1Y
PAY MISC: 33808
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: ERIKA A SCHWARTZ AT (909)612-3043

344014774
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#
11/30/10	37264

Claim # : A4A7809
W.C.A.B.:
ADJ # : ADJ
S.S.N.
D.O.B. : 5/30/68
Terms : 45 days

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

Case: vs CALIFORNIA COMMERCE CLUB INC.
Date Of Injury: 2/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/10	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301345	0.00
07/13/10	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD (MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
08/24/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	QIANG BJORNBAK # 301293	0.00
11/18/10	PMT BY CHECK	DOS 7/13/10 THRU 8/24/10 # 891A 80582533	-970.00

BALANCE 485.00

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

SB01861

891A 80582533

TRAVELERS

DATE: 11/18/10
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
[redacted]	152 CB A4A1466K	06/08/10 - 10/06/10	$ 606.60		37066
	152 CB A4A5342E	07/20/10 - 08/10/10	$ 406.50		38124
	152 CB A4A7809K	07/13/10 - 08/24/10	$ 970.00		37284 37264
	152 CB EHJ0200J	07/29/10 - 08/20/10	$ 1,455.00		38068
					PAID
		Total Amount Paid	$*****3438.10		

011861
DETACH CHECK

SUMM -021410
OVRPSUM2-021809
DETACH CHECK

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

*** INVOICE ***

Date	NO#
10/13/10	38112

Claim # : E2683983
W.C.A.B.:
ADJ # : ADJ7?
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs CHILBO MYUNOK USA LLC
Date Of Injury: 6/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/28/10	INITIAL EXAM	DR QUESADA (LANG: KOREAN) FULL DAY	970.00
/ /	INTERPRETER:	JAEIS CHON # 301034	0.00
07/16/10	INITIAL EXAM	DR KUENSTLER (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/30/10	MRI	REF BY DR GADEA: C/S, L/S & BOTH KNEES*	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
07/14/10	INITIAL EXAM	DR KOMBERG - FULL DAY (LANG: KOREAN)	970.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
08/16/10	PR2/REEVAL	DR KOMBERG (LANG: KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
08/23/10	WCAB LB	EXP. HEARING (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
09/02/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
08/25/10	PR2/REEVAL	DR ROSENEWEIG (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
08/16/10	PR2/REEVAL	DR HOYT (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
09/15/10	INITIAL EXAM	DR FILEMING (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 300103	0.00
09/21/10	PR2/REEVAL	DR HARRIS (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
10/07/10	PMT BY CHECK	DOS 6/28/10 THRU 8/25/10 # 101609569	-4850.00

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

*** INVOICE ***

Date	NO#
10/13/10	38112

Claim # : E2683983
W.C.A.B.:
ADJ # : ADJ7
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [illegible] vs CHILBO MYUNOK USA LLC
Date Of Injury: 6/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1455.00

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

BANK ONE

PAGE 01
ISSUE DATE 10/07/10

JOYCE ALTMAN INTERPRETERS INC

CHECK NO 101609569 ALC 081 VENDOR NO 12967

CLAIM NO/ REASON	DT/ SFX	DATE OF LOSS	POLICY NUMBER	INSURED/ CLAIMANT	
E2 683983 WM		06/21/10	3010033090	[illegible] USA, LLC	$4,850.00
INTER/ INV 38112 DR EXAMS MANY DRS					

SUBTOTAL $4,850.00
TOTAL $4,850.00

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

PAID

0000001016095691296700000000001144

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

38112

000521

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

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

Claim Number *

Insured/Client	Claimant	ATT	
VARIOUS	VARIOUS		10/07/10

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount

Reason

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

ACCIWF 12.5.02

PLEASE DETACH BEFORE CASHING

CNA

101609569
Date Issued
10/07/10

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	Desk Code	Insured/Client	Issuing Off.
		VARIOUS	No. 081
Prefix & Contract No.		Claimant	Date of Loss
		VARIOUS	
From-thru (Dates)	In Payment of		
		BULK PMT--SEE ADVICE ATTACHED	

PAY FOUR THOUSAND EIGHT HUNDRED FIFTY AND NO/100THS ---------- Dollars

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

IN COOPERATION WITH AND PAYABLE IF DESIRED BY WELLS FARGO BANK, N.A. #4759-628092

******$4,850.00

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

Wachovia Bank, N.A. Greenville, South Carolina

Joyce Altman Interpreters, Inc.
P.O. BOX # 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 37663

Claim # : W042705500-0001
W.C.A.B.:
ADJ # : ADJ685
S.S.N.
D.O.B. : 4, --, --
Terms : 45 days

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

Case: vs FEDERAL EXPRESS CORPORATION
Date Of Injury: 7/2/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/10	WCAB LB	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	MINH NGUYEN # 300289	0.00
09/14/10	WCAB LB	TRIAL (VIETNAMESE)	485.00
/ /	INTERPRETER:	LEE MARY GINTER # 300549	0.00
03/11/11	PENALTIES	FOR DATE OF SERVICE 06/15/10	72.75
03/11/11	INTEREST	FOR DATE OF SERVICE 06/15/10	44.16
03/11/11	PENALTIES	FOR DATE OF SERVICE 09/14/10	72.75
03/11/11	INTEREST	FOR DATE OF SERVICE 09/14/10	30.26
03/18/11	PMT BY CHECK	DOS 6/15/10 THRU 9/14/10 # 0027285991	-970.00
04/06/11	WCAB LB	MSC (LANG: VIETNAMESE)	485.00
/ /	INTERPRETER:	THACH NGUYEN # 100147	0.00
05/13/11	PMT BY CHECK	DOS 4/6/11 # 0027571833	-485.00

BALANCE 219.92

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

5800200.2011050672401.02539

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

RETURN SERVICE REQUESTED

DATE	CHECK AMT	CHECK NO.
5/13/2011	485.00	0027571833

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

SCMS UNIT	PAGE
524 Sedgwick Claims Management Services	1

2539

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

Claimant Name	Loss Date	Claim Number	SSN
	07/02/2007	W042705500-0001	

Amt Paid: 485.00 Description:
Amt Billed: 485.00 Invoice: 37663 ICN: W0427055000001
Dates: 04/06/2011 - 04/06/2011 Comment:

PAID

BY:.....

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#
11/23/10 38068

Claim # : EHJ0200
W.C.A.B.:
ADJ # : ADJ7
S.S.N. : -
D.O.B. : __, __,
Terms : 45 days

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

Case: __. vs CALIFORNIA COMMERCE CASINO
Date Of Injury: 4/4/10

DOS	SERVICE	DESCRIPTION	AMOUNT
07/29/10	DEPO PREP	@ THE L/O OF MALMQUIST, FIELDS (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
08/04/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100140	0.00
08/20/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II (CANTONESE)	485.00
/ /	INTERPRETER:	ANNIE LO # 100150	0.00
11/18/10	PMT BY CHECK	DOS 7/29/10 THRU 8/20/10 # 891A 80582533	-1455.00

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.

001861

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
SB01861

891A 80582533

TRAVELERS

DATE: 11/18/10
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

Our Customer Service Phone is 1-800-258-3710
Please contact us if you have any questions.

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
[redacted]	152 CB A4A1466K	06/08/10 - 10/06/10	$ 606.60		37666
	152 CB A4A5342E	07/20/10 - 08/10/10	$ 406.50		38124
	152 CB A4A7809K	07/13/10 - 08/24/10	$ 970.00		37264
545-58-3220	152 CB EHJ0200J	07/29/10 - 08/20/10	$ 1,455.00		38068
		Total Amount Paid	$*****3438.10		

PAID

SUMM -0214
OVRPSUM2-021

322011861
DETACH CHECK

DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/28/10	37289

Claim # : A4A5119
W.C.A.B.:
ADJ # : ADJ7
S.S.N. : -
D.O.B. : 1-, --, --
Terms : 45 days

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

Case vs CALIFORNIA COMMERCE CLUB
Date Of Injury: 12/28/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/10	DEPO PREP	@ THE L/O OF MALMQUIST & FIELDS (CHINESE)	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
07/12/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	485.00
/ /	INTERPRETER:	ANNIE M. LO # 100140	0.00
07/20/10	PMT BY CHECK	DOS 4/28/10 # 896D 76645760	-485.00

BALANCE 485.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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002797

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
UC02797

896D 76645760

37289

TRAVELERS

DATE: 07/20/10
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

Our Customer Service Phone is (877)228-2758
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
[redacted]	152 CB ABU7710M	07/06/10	$ 1,666.37		F/F PER STIP & ORDER ALL D.O.S.
580-21-0884	152 CB A4A5119R	04/28/10	$ 485.00		37289
					PAID
Total Amount Paid			$*****2151.37		

PAYMENT INQUIRIES? E-MAIL MBMPINQS@TRAVELERS.COM, FAX 888-558-8656, PH. 877-228-2758.

SUMM -021410
OVRPSUM2-021509

201008300
DETACH CHECK

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#
06/14/11	43802

Claim # : EHJ2912
W.C.A.B.:
ADJ # :
S.S.N. : ___ __
D.O.B. : 6/10/48
Terms : 45 days

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

Case vs CA COMMERCE CASINO
Date Of Injury: 6/23/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/12/11	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD (LANG: THAI)	485.00
/ /	INTERPRETER:	VARAPRORN CHITSILEHASOEN # 700586	0.00
06/10/11	PMT BY CHECK	DOS 4/12/11 # 896D 78424390	-485.00

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.

005463

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

SB05463

896D 78424390

TRAVELERS

DATE: 06/10/11
LOSS DATE: 06/23/10
FILE NUMBER: 152 CB EHJ2912 E

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

PAID
JUN 14 2011
BY: CL

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB INC

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 04/12/2011

TOTAL PAID: $485.00
TAX INFO: 330956713331748 1Y
PAY MISC: 43802
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

Market Rate Exp. 7/12

FOR ADDITIONAL INFORMATION, CONTACT: ERIC R JUSTUS AT (909)612-3455

161015463
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#
02/02/11	37265

Claim # : A4A9972
W.C.A.B.:
ADJ # : ADJ726
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 4/14/10

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/10	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
06/22/10	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
10/06/10	WCAB LB	STATUS CONFERENCE (MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN WANG # 307251	0.00
09/01/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
01/25/11	PMT BY CHECK	DOS 6/22/10 THRU 10/6/10 # 896D 77668099	-1455.00

BALANCE 485.00

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

005738

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 77668099

TRAVELERS

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

RECEIVED
JAN 31 2011
BY:.....

DATE: 01/25/11
TIN: 330956713
PROVIDER: JOYCE ALMAN INTERPRETERS

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
37265	152 CB A4A9972J	06/22/10 - 10/06/10	$ 1,455.00		37265
...-35-9083	152 CB A7T1802M	01/15/08	$ 230.00		PAYMENT IN FULL PER AGREEMENT
		Total Amount Paid	$*****1685.00		

)25014887
DETACH CHECK

SUMM -021410
OVRPSUM2-021509
DETACH CHECK

[redacted]

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

*** INVOICE ***
Date NO#
06/09/11 41996

Claim # : 0222225-WCMSTR
W.C.A.B.:
ADJ # : ADJ7671[illegible]
S.S.N. : [illegible]
D.O.B. : 6/1/73
Terms : 45 days

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

Case: [illegible] ; vs CJ OMNI
Date Of Injury: 9/7/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/11	INITIAL EXAM	DR MADRIGA @ SANTA ANA HEALTH GROUP (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
01/11/11	INITIAL EXAM	DR SIRAKOFF @ SANTA ANA HEALTH GRP (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
02/25/11	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/14/11	MRI	REF BY DR SIRAKOFF: C/S & L/S	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/02/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR WESSKOPF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/08/11	PSYCH TEST	PSYCHOMETRIC TEST REF BY DR WESSKOPF (2ND PART)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/29/11	EMG TESTING	& NCV BY DR HAKIMIAN: U/L/E (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
03/31/11	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/08/11	PR2/REEVAL	DR SIRAKOFF (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
04/12/11	PSYCH EVAL.	DR WEISSROPL @ SANTA ANA HEALTH GPR (KOREAN)	485.00
/ /	INTERPRETER:	CHANSUN NISHIMURA # 301033	0.00
06/01/11	PMT BY CHECK	DOS 1/12/11 THRU 4/12/11 # 166929	-4850.00

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#
06/09/11	41996

Claim # : 0222225-WCMSTR
W.C.A.B.:
ADJ # : ADJ
S.S.N.
D.O.B. : 6/_/_
Terms : 45 days

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

Case: [redacted] vs CJ OMNI
Date Of Injury: 9/7/10

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.

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
CJ OMNI, INC
Claimant
HYU LEE, SANG
8141 4TH STREET APT #D
BUENA PARK, CA 90621

Check No:	166929
Check Amt:	$4,850.00
Check Date:	06/01/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0222225-WCMSTR
Date of Loss:	09/07/2010
Adjuster:	Venvertloh, William
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	01/12/2011 To: 04/12/2011
Invoice No:	41996

Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
CJ OMNI, INC
Claimant
8141 4TH STREET APT #D
BUENA PARK, CA 90621

Check No:	166929
Check Amt:	$4,850.00
Check Date:	06/01/2011
Claimant:	
Soc. Sec. No:	
Claim No:	0222225-WCMSTR
Date of Loss:	09/07/2010
Adjuster:	Venvertloh, William
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Medical
Service Dates:	01/12/2011 To: 04/12/2011
Invoice No:	41996

Payable Comment

PAID
BY:

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

*** INVOICE ***

Date	NO#
08/16/11	42969

Claim # : ELW3877
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : [illegible]
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 2/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/11	INITIAL EXAM	DR GOFNUNG (LANG: KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
03/04/11	INITIAL EXAM	PT W/EVELYN CELIS (KOREAN)	485.00
/ /	INTERPRETER:	NANCY HONG # 300853	0.00
04/20/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR TORRES (FULL DAY)	970.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
04/13/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR CURTIS (FULL DAY)	970.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
04/27/11	P AND S	DR TORRES (FULL DAY)	970.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
05/10/11	PSYCH EVAL.	DR JASKOL - PSYCHO THERAPY (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
05/26/11	PSYCH EVAL.	DR JASKOL - PSYCHO THERAPY (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
05/12/11	DEPO PREP	@ THE L/O OF MALMQUIST,FIELDS & CAMASTRA	485.00
06/30/11	PSYCH EVAL.	DR JASKOL - PSYCHO THERAPY (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
08/02/11	DEPO PREP	@ THE L/O OF MALMQUIST,FIELDS & CAMASTRA	485.00
/ /	INTERPRETER:	JAEIS CHON # 301034	0.00
07/28/11	PR2/REEVAL	DR JASKOL - PSYCHO THERAPY (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
08/05/11	PMT BY CHECK	DOS 5/12/11 # 896D 78731764	-485.00

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#
08/16/11	42969

Claim # : ELW3877
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5, -,
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 2/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 6305.00

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

006238

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 78731764

TRAVELERS

DATE: 08/05/11
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

Our Customer Service Phone is 1-800-258-3710
Please contact us if you have any questions.

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
622-74-6096	152 CB EHJ9835R	01/27/11 - 03/01/11	$ 1,455.00		41095
607-94-3548	152 CB ELW1031N	03/14/11 - 06/13/11	$ 485.00		43370
625-62-8301	152 CB ELW3877T	05/12/11	$ 485.00		42969
		Total Amount Paid	$*****2425.00		

SUMM -021410
OVRPSUM2-021509

217023238
DETACH CHECK

DETACH CHECK

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Citibank, N.A.
[illegible]

896D 78731764

02-20
311

TRAVELERS
[illegible]

VOID VOID VOID

DATE 08/05/11
ACCOUNT NUMBER J99
TIN NUMBER 330956713
FILE NUMBER SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

PAY: $*****2425.00

TWO THOUSAND FOUR HUNDRED TWENTY FIVE AND 00/100

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

006238
0

Maria Olivo
AUTHORIZED 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#
08/24/11	42969

Claim # : ELW3877
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 2/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/11	INITIAL EXAM	DR GOFNUNG (LANG: KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
03/04/11	INITIAL EXAM	PT W/EVELYN CELIS (KOREAN)	485.00
/ /	INTERPRETER:	NANCY HONG # 300853	0.00
04/20/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR TORRES (FULL DAY)	970.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
04/13/11	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR CURTIS (FULL DAY)	970.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
04/27/11	P AND S	DR TORRES (FULL DAY)	970.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
05/10/11	PSYCH EVAL.	DR JASKOL - PSYCHO THERAPY (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
05/26/11	PSYCH EVAL.	DR JASKOL - PSYCHO THERAPY (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
05/12/11	DEPO PREP	@ THE L/O OF MALMQUIST,FIELDS & CAMASTRA	485.00
06/30/11	PSYCH EVAL.	DR JASKOL - PSYCHO THERAPY (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
08/02/11	DEPO PREP	@ THE L/O OF MALMQUIST,FIELDS & CAMASTRA	485.00
/ /	INTERPRETER:	JAEIS CHON # 301034	0.00
07/28/11	PR2/REEVAL	DR JASKOL - PSYCHO THERAPY (KOREAN)	485.00
/ /	INTERPRETER:	INSOOK BECK # 500360	0.00
08/05/11	PMT BY CHECK	DOS 5/12/11 # 896D 78731764	-485.00
08/17/11	PMT BY CHECK	DOS 8/2/11 # 896D 78793259	-485.00

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#
08/24/11	42969

Claim # : ELW3877
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 2/17/11

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 5820.00

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

009391

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 78793259

TRAVELERS

DATE: 08/17/11
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
571-35-2004	152 CB AIK1876J	08/10/11	$ 1,000.00		F/F PER STIP & ORDER ALL D.O.S.
o/4-34-8522	152 CB CBU8878N	10/16/09 - 07/19/11	$ 156.50		35668
62	152 CB ELW3877T	03/02/11 - 08/02/11	$ 485.00		42969
		Total Amount Paid	$*****1641.50		

PAID

229017283
DETACH CHECK

SUMM -021410
OVRPSUM2-021509
DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Citibank, N.A.
One Penn Plaza
New York, NY 10119

TRAVELERS
P O BOX 6510
DIAMOND BAR, CA 91765-8510

896D 78793259 02-20 911

DATE 08/17/11 | ACCOUNT NUMBER J99 | TIN NUMBER 330956713 | FILE NUMBER SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

ONE THOUSAND SIX HUNDRED FORTY ONE AND 50/100 ---------- PAY: $*****1641.50

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

009391

Maria Olvera
AUTHORIZED SIGNATURE

⑈78793259⑈ ⑆021100208⑆ 38r 33803⑈

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

*** INVOICE ***

Date	NO#
08/16/11	41095

Claim # : EHJ9835
W.C.A.B.:
ADJ # : ADJ7563832
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 11/18/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/29/10	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH (MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN (SUNNY) WANG # 301251	0.00
01/27/11	DEPO PREP	@ THE L/O OF MALMQUEST & CAMASTRA (MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN (SUNNY) WANG # 301251	0.00
02/23/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN (SUNNY) WANG # 301251	0.00
03/01/11	WCAB LB	EXP. HEARING	485.00
/ /	INTERPRETER:	HONGBIN (SUNNY) WANG # 301251	0.00
05/03/11	INITIAL EXAM	DR MILLER* (MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN (SUNNY) WANG # 301251	0.00
04/25/11	PR2/REEVAL	DR SAMAAN @ GARFIELD HEALTH (MANDARIN)	485.00
/ /	INTERPRETER:	HONGBIN WANG # 301251	0.00
06/06/11	PR2/REEVAL	DR KATTAR @ GARFIELD HC* (MANDARIN)	485.00
/ /	INTERPRETER:	YONG JIA (SUNNY) JOHNSTON # 301304	0.00
07/11/11	PR2/REEVAL	DR KATTAR (MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
08/05/11	PMT BY CHECK	DOS 1/27/11-3/1/11 # 896D 78731764	-1455.00

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#
08/16/11	41095

Claim # : EHJ9835
W.C.A.B.:
ADJ # : ADJ7563832
S.S.N. : [redacted]
D.O.B. : 8[redacted]
Terms : 45 days

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

Case: [redacted] vs COMMERCE CASINO
Date Of Injury: 11/18/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 2425.00

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

006238

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 78731764 MR Exotic

TRAVELERS

DATE: 08/05/11
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
1 622-74-6096 807-84-3548 H 625-62-9301	152 CB EHJ9835R 152 CB ELW1031N 152 CB ELW3877T	01/27/11 - 03/01/11 03/14/11 - 06/13/11 05/12/11	$ 1,455.00 $ 485.00 $ 485.00		41095 43370 42969
		Total Amount Paid	$*****2425.00		

SUMM -021410
OVRPSUM2-021509

217023238
DETACH CHECK

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	43370

Claim # : ELW1031
W.C.A.B.:
ADJ # : ADJ7650304
S.S.N. :
D.O.B. : 12/26/79
Terms : 45 days

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

Case: vs COMMERCE CASINO
Date Of Injury: 12/21/10

DOS	SERVICE	DESCRIPTION	AMOUNT
03/14/11	DEPO PREP	@ THE L/O OF MALMQUIST, FIELD (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	MICHELLE TAN # 301245	0.00
03/31/11	DEPO PREP	@ THE L/O OF DENNIS FUSI (LANG: MANDARIN)	485.00
/ /	INTERPRETER:	SUNNY WANG # 301251	0.00
05/17/11	PMT BY CHECK	DOS 3/14/11 THRU 3/31/11 # 896D 78289965	-970.00

BALANCE 0.00

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003343

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

SB03343

896D 78289965

TRAVELERS

DATE: 05/17/11
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

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

PAID
MAY 24 2011
BY:

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
J 583-57-5810 F 607-84-3548	152 CB EHJ9833K 152 CB ELW1031N	02/18/11 - 03/11/11 03/14/11 - 03/31/11	$ 970.00 $ 970.00		42867 43370
		Total Amount Paid	$*****1940.00		

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DETACH CHECK

SUMM -021410
OVRPSUM2-021509
DETACH CHECK