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 Language

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
05817	4/14/2004	5/11/2005	$ 550.00	$ 550.00	8801682318	5/5/2005	Farmers
05817	11/20/2003	5/11/2005	$ 275.00	$ 275.00	8801563056	12/31/2003	Farmers
02521	8/12/2003	11/5/2003	$ 550.00	$ 550.00	833810	11/3/2003	Intercare/CIGA
04194	4/9/2004	9/7/2005	$ 275.00	$ 275.00	1080625414	8/31/2005	Zurich
05054	9/29/2003 - 2/4/2004	10/3/2005	$ 4,895.00	$ 4,895.00	CU-543591	9/30/2005	SCIF
05692	11/18/2003	5/14/2004	$ 550.00	$ 550.00	WE21406	5/14/2004	Hazelrigg
14458	7/26/2006	9/6/2006	$ 275.00	$ 275.00	DA54278264	8/29/2006	ACE USA/ESIS
23691	11/14/2006	12/28/2006	$ 343.75	$ 343.75	DA54976868	12/21/2006	ACE USA/ESIS
01848	5/19/2003 - 10/20/2006	2/26/2007	$ 3,480.00	$ 3,480.00	0001892849	11/22/2006	Gab
01848	5/19/2003 - 11/3/2006	2/26/2007	$ 1,350.00	$ 1,350.00	1000056404	2/16/2007	Gab

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

*** INVOICE ***

Date	NO#
05/11/05	05817

Claim # : E2-024078
W.C.A.B.: LBO 0350118
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS.
W.C. DEPARTMENT
ATTN: STEVE JENSEN
P.O. BOX # 10149
VAN NUYS, CA 91410-0149

Case: vs C.R.A. INT'L INDUSTRIES
Date Of Injury: 6/14/02 - 6/13/03

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/03	WCAB LB	MSC (EXOT LANG: VIETNAMESE)	275.00
12/17/03	WCAB LB	TRIAL (EXOT LANG: VIETNAMESE) REVISED	275.00
12/31/03	PMT BY CHECK	DOS 11/20/03 # 8801563056	-275.00
01/07/04	PMT BY CHECK	DOS 12/17/03 # 8801564159	-147.00
01/13/04	PMT BY CHECK	DOS 12/17/03 # 8801565673	-275.00
01/15/04	PMT BY CHECK	DOS 12-17-03 # 8801566288	-128.00
02/13/04	WCAB LB	TRIAL (EXOT LANG: VIETNAMESE)	275.00
04/14/04	WCAB LB	TRIAL (EXOT LANG: VIETNAMESE)	550.00
05/05/05	PMT BY CHECK	DOS 4/14/04 # 8801682318	-550.00

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).

CLAIMANT/PATIENT:

INSURED: CRA INTERNATIONAL INDUSTRIAL

DATE OF LOSS: 06/13/2003

CLAIM NUMBER: E2 024078

CHECK NUMBER: 8801682318 5/5/05

DESCRIPTION: MISCELLANEOUS $550.00

FARMERS

USER ID: WE2CR07

CRID: E28697

"Full Sets".

23-1185 11-04 12431

CLAIMANT/PATIENT:

INSURED: CRA INTERNATIONAL INDUSTRIAL

DATE OF LOSS: 06/13/2003

CLAIM NUMBER: E2 024078

CHECK NUMBER: 8801563056 12/31/03

DESCRIPTION: MISCELLANEOUS $275.00

USER ID: WE2MT50

CRID: E26811

D/S 11/20/03 # 05817

PAID

Farmers

23-1185 6-03 12431

Joyce Altman Interpreters, Inc.
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www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/05/03	02521

Claim # : 11-002036210-01
W.C.A.B.: AHM 0090491
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
INTERCARE INSURANCE SVCS.
W.C. DEPARTMENT
ATTN: LANAI PHOUNG PUN
P.O. BOX # 19544
IRVINE, CA 92715-9544

Case: vs CHOICE LITHOGRAPHERS
Date Of Injury: 8/13/01

DOS	SERVICE	DESCRIPTION	AMOUNT
06/17/03	WCAB AHM	MSC (EXOT LANG: MANDARIN CHINESE)	275.00
07/23/03	PMT BY CHECK	DOS 06/17/03 # 0003168430	-275.00
08/12/03	WCAB AHM	TRIAL (EXOT LANG: MANDARIN CHINESE)	550.00
11/03/03	PMT BY CHECK	DOS 8/12/03 # 833810	-550.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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PAID 833810

Intercare

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

BANK OF AMERICA NT SA
CENTURY CITY RCBO 1417
2049 CENTURY PARK EAST
LOS ANGELES CA 90067

16-66/1220

INSURED	CLAIM NUMBER
CYU LITHOGRAPHICS (A CORP)	2036210
CLAIMANT	POLICY NUMBER
0001	WCA701186002 00
INSOLVENT COMPANY	DATE ISSUED
Pacific National Insurance Company	11/03/2003
	IRS NO
	330-95-6713
	AMOUNT
	$550.00

CHECK TYPE	DATE OF LOSS	IN PAYMENT OF
CLAIM	08/13/2001	8/12/03

PAY THE SUM OF Five Hundred Fifty and 00/100 Dollars********** ********** ********** ********** ********** ********** ********** ********** ********** ********** ********** ********** **

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS, INC

NON-NEGOTIABLE

COPY ONLY

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION P.O BOX 29066 GLENDALE, CA 91209

833810

DESCRIPTION	INVOICE	IGA	GL CODE	BILLING FROM	BILLING TO	DATE ISSUED	AMOUNT
Claim No 2036210: 8/12/03	02521	114	-4112-00-	08/12/2003	08/12/2003	11/03/2003	$550.00

TOTAL> $550.00

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

Entity: REMOTE TPA INTERCARE
Location: IRVINE
Examiner: grantj

VAX807.CDR

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

*** INVOICE ***

Date	NO#
09/07/05	04194

Claim # : 2770024545
W.C.A.B.: LBO 0340777
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INSURANCE CO.
W.C. DEPARTMENT
ATTN: LETICIA AVILA
P.O. BOX # 92566
LOS ANGELES, CA 90009-2566

Case: vs WEST TRUCKING
Date Of Injury: 6/18/02

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/03	WCAB LB	MSC (EXOT LANG: VIETNAMESE)	275.00
10/10/03	WCAB LB	TRIAL (EXOT LANG: VIETNAMESE)	275.00
12/09/03	PMT BY CHECK	DOS 9/9/03 & 10/10/03 # 1080398746	-550.00
04/09/04	WCAB LB	EXPEDITED HEARING EXOT LANG:VIETNAMESE	275.00
06/09/04	PEN & INT	PER LABOR CODE °4622 DOS 4/9/04	0.00
08/31/05	PMT BY CHECK	DOS 4/9/04 # 1080625414	-275.00

BALANCE 0.00

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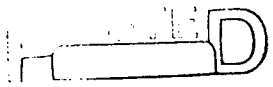
PO BOX 92566
LOS ANGELES CA 90009 2566
818 227-1700

Zurich American Insurance Co.

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

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

00338



PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
277-0024545 001 RR	WC 9301935	04194		06/18/02	04/09/04-04/09/04

Check Number	1080625414	Date Issued	08/31/05	Amount	$****275.00
Insured	Central Leasing Management Inc				
Claimant					
Nature of Payment	MISCELLANEOUS EXPENSE				
Issued To	Joyce Altman Interpreters, Inc.				
Requested By					
File Supervisor		Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	275.00		
TOTAL	$275.00		

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#
10/03/05	05054

Claim # : 01347485
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF
W.C. DEPARTMENT
ATTN: LEO TINGCO
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs HOLLYWOOD PARK CASINO
Date Of Injury: 5/20/98

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/03	INITIAL EXAM	DR DESHMUK (EXOT LANG: THAI) *	250.00
11/03/03	RE-EVAL	DR DESHMUK (EXOT LANG: THAI) *	250.00
11/06/03	INITIAL EXAM	DR BARKOW (EXOT LANG: THAI) *	250.00
11/07/03	EMG TESTING	REF BY: DR DESHMUK (EXOT LANG THAI)*	250.00
12/01/03	RE-EVAL	DR DESHMUK (EXOT LANG: THAI) *	250.00
12/03/03	RE-EVAL	DR BARKOW (EXOT LANG: THAI) *	250.00
12/11/03	INJECTION	DR BARKOW: EPIDURAL* (EXOT LANG: THAI)	250.00
12/13/03	INJECTION	DR BARKOW: EPIDURAL (4.5 HRS) (EXOT LANG: THAI)	465.00
12/10/03	PRE-OP	DR MISSIRIAN (5HRS) (EXOT LANG: THAI)	465.00
12/16/03	RE-EVAL	DR EMRANI (CARDIO)* (EXOT LANG: THAI)	250.00
12/17/03	RE-EVAL	DR KADABA * (EXOT LANG: THAI)	250.00
12/24/03	RE-EVAL	DR KADABA * (EXOT LANG: THAI)	250.00
01/05/04	PRE-OP	DR KADABA * (EXOT LANG: THAI)	250.00
01/06/04	RE-EVAL	DR DESHMUK (EXOT LANG: THAI) *	250.00
01/07/04	SURGERY	DR KADABA: KNEE (5.5 HRS) (EXOT LANG: THAI)	465.00
02/04/04	POST-OP	DR DESHMUK*	250.00

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

*** INVOICE ***

Date	NO#
10/03/05	05054

Claim # : 01347485
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF
W.C. DEPARTMENT
ATTN: LEO TINGCO
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: [redacted] vs HOLLYWOOD PARK CASINO
Date Of Injury: 5/20/98

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/03	RE-EVAL	(EXOT LANG: THAI) DR KADABA*	250.00
11/29/03	PEN & INT	(EXOT LANG: THAI) PER LABOR CODE °4622 DOS 09/29/2003	0.00
01/06/03	PEN & INT	PER LABOR CODE °4622 DOS 11/06/2003	0.00
09/30/05	PMT BY CHECK	DOS 9/29/03 THRU 2/04/04 # CU-543591	-4895.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Provider Number: 330956713

Check #: CU-543591

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 09/30/05
Doc #: 007421598

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name: [redacted]			Claim #: SA620939		Date of Injury: 10/15/01		
	ICD-9 Code: 959.[redacted] INJURY MULTIPLE SITES NEC								
1	2005092911214936DVV 01U	12/28/04	TXI	Non Med Legal Interp	1	90.00	.00	INT1	90.00
2	2005092911214936DVV 01U	12/28/04	PENALTY	[redacted]	1	15.30	15.30	G06	.00
								Subtotal:	90.00
		Patient Name: [redacted]			Claim #: SA620078		Date of Injury: 10/02/04		
	ICD-9 Code: 959.9 INJURY SITE NOS								
3	2005092910480806A1C 01U	08/23/05	TXI	Interpreting	1	90.00	.00	G32	90.00
		Patient Name: [redacted]			Claim #: 01347485		Date of Injury: 02/12/03		
4	2005092908250092PJS 01U	01/05/04	TXI	Non Med Legal	1	250.00	.00	G32	250.00
5	2005092908250092PJS 01U	01/06/04	TXI	Non Med Legal	1	250.00	.00	G32	250.00
6	2005092908250092PJS 01U	01/07/04	TXI	Non Med Legal	1	465.00	.00	G32	465.00
7	2005092908250092PJS 01U	02/04/04	TXI	Non Med Legal	1	250.00	.00	G32	250.00
8	2005092908250092PJS 01U	03/03/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
9	2005092908250092PJS 01U	09/29/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
10	2005092908250092PJS 01U	11/03/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
11	2005092908250092PJS 01U	11/06/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
12	2005092908250092PJS 01U	11/06/03	PENALTY	Interest	1	42.50	42.50	S28	.00
13	2005092908250092PJS 01U	11/07/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
14	2005092908250092PJS 01U	11/29/03	PENALTY	Interest	1	42.50	42.50	S28	.00
15	2005092908250092PJS 01U	12/01/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
16	20[redacted]2908250092PJS 01U	12/03/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
17	20[redacted]2908250092PJS 01U	12/10/03	TXI	Non Med Legal	1	465.00	.00	G32	465.00
18	20[redacted]2908250092PJS 01U	12/11/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
19	20[redacted]2908250092PJS 01U	12/13/03	TXI	Non Med Legal	1	465.00	.00	G32	465.00
20	20[redacted]2908250092PJS 01U	12/16/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
21	20[redacted]2908250092PJS 01U	12/17/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
22	2005092908250092PJS 01U	12/24/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
								Subtotal:	**4,895.00**

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.
To insure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

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

*** INVOICE ***

Date	NO#
05/14/04	05692

Claim # : 03-31958
W.C.A.B.: LBO 0350116
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
HAZELRIGG RISK MGMT.
W.C. DEPARTMENT
ATTN: LAM ROSE
P.O. BOX# 669
CHINO, CA 91708

Case: vs CITY OF WESTMINSTER
Date Of Injury: 6/28/02 - 6/27/03

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/03	WCAB LB	FULL DAY EXPEDITED HEARING (EXOTIC LANGUAGE)	550.00
12/29/03	PMT BY CHECK	DOS 11/18/03 # WE21406	-550.00
04/05/04	WCAB LB	TRIAL EXOT LANG:VIETNAMESE	275.00
05/05/04	PMT BY CHECK	DOS 4/5/04 # WE22160	-275.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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City of Westminster
Hazelrigg Risk Management Services, Inc.
14275 Pipeline Ave.
Chino, CA 91710

Payee: Joyce Altman Interpreters, Inc.
IRS/SSN: 330956713
Policy ID:
Claim Number: 03-31958
Incident Date: 06/27/2003
Invoice For: 05692

Examiner: LL2
Claimant Name
From: 12/18/2003
Through: 12/18/2003
Account Number:

Check Number: WE 21406
Check Total: $550.00
Check Date: 12/29/2003
Description: Expenses - General

PAID

TO REORDER BLANK CHECK STOCK CALL 800-347-3638

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

*** INVOICE ***

Date	NO#
09/06/06	14458

Claim # : 345C3491499
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS/ACE USA
W.C. DEPARTMENT
ATTN: ALLAN GIRARD
P.O. BOX # 4464
WOODLAND HILLS, CA 91365

Case: vs MEDTRONIC CORPORATION
Date Of Injury: CT 6/4/02

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/05	P AND S	DR WASSEF(EX LANG:VIETNAMESE*	275.00
02/01/06	PENALTIES	FOR DATE OF SERVICE 3/18/05	41.25
02/01/06	INTEREST	FOR DATE OF SERVICE 3/18/05	29.46
02/23/06	PMT BY CHECK	DOS 3/18/05 # DA53114336	-275.00
07/26/06	WCAB LB	TRIAL VIETNAMESE	275.00
08/29/06	PMT BY CHECK	DOS 7/26/06 # DA54278264	-275.00

BALANCE 70.71

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ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 4464
WOODLAND HILLS CA 91365-4464

DATE 08/29/06

CHECK NO. DA54278264

ES15

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

STATEMENT

5900A21DA 00 01185 DA54278264
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

FILE ID
345C3491499

DOLLARS
$*********275.00

* NOT NEGOTIABLE *

FOR
07/26/06 THRU 07/26/06

CLAIMANT

DATE OF EVENT
06/04/02

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.

BOA18B (02/2003)

DETACH THIS PORTION BEFORE CASHING

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

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

BankofAmerica

Bank of America CustomerConnection
Bank of America, N.A.
Atlanta, DeKalb County, Georgia

DA54278264

64-1278
611

FILE ID
345C3491499

DATE
08/29/06

PLEASE DEPOSIT or CASH WITHIN 90 DAYS

POLICY HOLDER ► MEDTRONIC INC., ETAL

DOLLARS
$*********275.00

TWO HUNDRED SEVENTY FIVE DOLLARS AND 00 CENTS

FOR ► 07/26/06 THRU 07/26/06

PAY TO THE ORDER OF

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

Francis W. McDonnell
AUTHORIZED SIGNATURE

CLAIM OFFICE
WOODLAND HILLS W/C CLMS

SPECIAL HANDLING
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#
12/28/06	23691

Claim # : CA635C9791639
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC
W.C. DEPARTMENT
ATTN: Steve Popkes
P.O. BOX # 31083
TAMPA, FL 33631-3083

Case: vs HOLLYWOOD CANTEEN
Date Of Injury: 12/31/05

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/06	COMPUTER ROM	COMPUTERIZED RANGE OF MOTION (2 HRS 45 MINS)	343.75
12/21/06	PMT BY CHECK	DOS 11/14/06 # DA54976868	-343.75

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), and any and all benefit printouts, depo transcripts and documentary evidence.

*BODA549768680324801010612210003299
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 5114
SOUTHFIELD MI 48086

DATE 12/21/06

CHECK NO. DA54976868

STATEMENT

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00697 DA54976868
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
635C9791639

DOLLARS
$*********343.75

* NOT NEGOTIABLE *

FOR
11/14/06 THRU 11/14/06 INTERPRETING

CLAIMANT

DATE OF EVENT
12/31/05

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.

BOA18B (02/2003)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT
05/19/03	INITIAL EXAM	DR BLAKE (10:30 AM - 1:05 PM) (VIETNAMESE)	250.00
05/22/03	INITIAL EXAM	@ BELLFLOWER MEDICAL GROUP* (VIETNAMESE)	250.00
04/18/03	INITIAL EXAM	DR JOHNSON* (VIETNAMESE)	250.00
07/15/03	PMT BY CHECK	DOS 05/19/03 THRU 05/22/03 # 225906	-500.00
06/17/03	MRI	REFERRED BY DR BLAKE* (VIETNAMESE)	250.00
06/09/03	EMS	ELECTRO MUSCLE STIMULATION W/ DR BLAKE* (VIETN)	250.00
08/20/03	PMT BY CHECK	DOS 06/17/03 # 232168	-250.00
08/11/03	CT SCAN	@ ADVANCED RADIOLOGY* (VIETNAMESE)	250.00
09/10/03	PMT BY CHECK	DOS 6-9-2003 # 235252	-250.00
10/14/03	PMT BY CHECK	DOS 8/11/03 # 240202	-250.00
01/16/04	PMT BY CHECK	DOS 6/9/03 & 6/17/03 # 251994	-250.00
08/13/04	WCAB LB	EXPEDITED HEARING (VIETNAM)	250.00
09/07/04	PMT BY CHECK	DOS 08/13/04 # 278046	-250.00
08/26/04	INITIAL EXAM	DR LIN* (VIETNAMESE)	250.00
08/19/04	INITIAL EXAM	DR SALKINDER* (VIETNAMESE)	250.00
09/23/04	RE-EVAL	DR SALKINDER* (VIETNAMESE)	250.00
09/30/04	RE-EVAL	DR JOHNSON* (VIETNAMESE)	250.00
09/30/04	RE-EVAL	DR SIMON LIN* (VIETNAMESE)	250.00
10/15/04	PMT BY CHECK	DOS 08/19/04 THRU 08/26/04 # 281235	-500.00
11/03/04	PMT BY CHECK	DOS 09/23/04 THRU 09/30/04 # 282668	-750.00
10/14/04	INITIAL EXAM	DR RICHARD SIEBOLD* (VIETNAM)	250.00
11/05/04	MRI	REF BY DR JOHNSON: FRONT &	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#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT
		BACK TORSO* (VIETN)	
11/04/04	RE-EVAL	DR SIEBOLD* (VIETNAMESE)	250.00
12/06/04	CONSULT	EXPLANATION OF MRI & CT SCAN* RESULTS W DR JOHNSON	250.00
01/12/05	WCAB LB	FULL DAY TRIAL (VIETNAMESE)	530.00
01/18/05	PMT BY CHECK	DOS 10/14/04 THRU 12/06/04 # 287646	-1000.00
02/01/05	PMT BY CHECK	DOS 01/12/04 # 288715	-530.00
12/23/04	RE-EVAL	DR SIEBOLD* (VIETNAMESE)	275.00
02/15/05	RE-EVAL	DR SIEBOLD* (VIETNAMESE)	275.00
02/03/05	CONSULT	EXPLANATION OF BONE SCAN* RESULTS W DR JOHNSON	275.00
04/11/05	RE-EVAL	DR PATRICK JOHNSON* (VIETNAM)	250.00
04/21/05	RE-EVAL	DR SIEBOLD* (VIETNAMESE)	250.00
02/28/05	INITIAL EXAM	DR JOHN ENAYATE* (VIETNAMESE)	250.00
03/10/05	RE-EVAL	DR SIEBOLD* (VIETNAMESE)	250.00
04/28/05	INITIAL EXAM	DR THOLEN* (VIETNAMESE)	250.00
05/18/05	PMT BY CHECK	DOS 5/19/03 THRU 4/21/05 # 0005322404	-1325.00
06/02/05	PMT BY CHECK	DOS 2/28/05 THRU 4/28/05 # 0005352365	-705.00
06/02/05	RE-EVAL	DR THOLEN* (VIETNAMESE)	250.00
06/06/05	TESTING	NEURO MUSCULAR TESTING W/ DR SHAH* (VIETNAM)	250.00
06/08/05	CONSULT	DR THOMAS* (VIETNAMESE)	250.00
05/09/05	TESTING	PSYCHOLOGICAL TESTING W/ DR THOLEN (4 HRS)	465.00
05/11/05	INITIAL EXAM	DR JAMES THOMAS* (VIETNAM)	260.00
05/16/05	CONSULT	EXPLANATION OF TEST RESULTS & MEDS W/ DR THOLEN*	250.00
06/08/05	PMT BY CHECK	DOS 5/19/03 THRU 5/9/05	-1075.00

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P.O. BOX # 4165
Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 0005364847	
06/02/05	PMT BY CHECK	DOS 5/19/03 THRU 5/11/05	-370.00
		# 0005352365	
06/13/05	RE-EVAL	DR THOLAN* (VIETNAMESE)	250.00
06/20/05	RE-EVAL	DR KARAMIGIOS* (VIETNAMESE)	250.00
07/11/05	RE-EVAL	DR THOLAN* (VIETNAMESE)	250.00
06/14/05	PMT BY CHECK	DOS 5/16/05 THRU 5/19/05	-280.00
		# 0005376150	
06/14/05	PMT BY CHECK	DOS 6/13/05 THRU 6/20/05	-425.00
		# 0005376150	
08/08/05	PMT BY CHECK	DOS 05/19/03 THRU 07/11/05	-325.00
		#0005477206	
08/15/05	RE-EVAL	DR THOLAN* (VIETNAMESE)	250.00
08/16/05	PMT BY CHECK	DOS 08/15/05 # 0005493067	-250.00
07/20/05	RE-EVAL	DR THOMAS* (VIETNAMESE)	250.00
09/12/05	RE-EVAL	DR THOLAN* (VIETNAMESE)	250.00
08/29/05	RE-EVAL	DR KARAMIGIOS* (VIETNAMESE)	250.00
08/31/05	RE-EVAL	DR THOMAS* (VIETNAMESE)	250.00
09/14/05	PMT BY CHECK	DOS 7/20/05 # 0005545847	-250.00
10/10/05	CT SCAN	REF BY DR NEHTA:ABDOMEN (VIETNAMESE)	250.00
10/19/05	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
10/31/05	FOLLOW-UP	DR MEHTA* (VIETNAMESE)	250.00
10/17/05	FOLLOW-UP	DR MEHTA* (VIETNAMESE)	250.00
10/20/05	TESTING	FUNCTIONAL CAPACITY TEST* (VIETNAMESE)	250.00
12/06/05	PMT BY CHECK	DOS 9/12/05 THRU 10/31/05	-1500.00
		# 0005693742	
11/07/05	FOLLOW-UP	DR THOLAN* (VIETNAMESE)	250.00
12/14/05	WCAB LB	TRIAL (FULL DAY - REVISED) (VIETNAMESE)	550.00

Joyce Altman Interpreters, Inc.
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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/05	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
12/01/05	FOLLOW-UP	DR KARAMIGIOS* (VIETNAMESE)	250.00
12/05/05	FOLLOW-UP	DR THOLAN* (VIETNAMESE)	250.00
01/11/06	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
01/23/06	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
02/03/06	PMT BY CHECK	DOS 10/17/05 THRU 12/14/05 # 0005793776	-1245.00
02/22/06	POST-OP	DR THOMAS* (VIETNAMESE)	250.00
02/15/06	PRE-OP	DR METHA* (VIETNAMESE)	250.00
02/16/06	SURGERY	DR METHA - 6 HOURS (VIETNAM)	500.00
03/06/06	FOLLOW-UP	DR THOLAN* (VIETNAMESE)	250.00
03/08/06	POST-OP	DR THOMAS* (VIETNAMESE)	250.00
04/07/06	FOLLOW-UP	DR THOLAN* (VIETNAMESE)	250.00
04/12/06	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
05/08/06	FOLLOW-UP	DR THOLAN* (VIETNAMESE)	250.00
04/12/06	FOLLOW-UP	DR GULASE* (VIETNAMESE)	250.00
04/28/06	INITIAL EXAM	@ WEST STAR PHYSICAL THERAPY W/ R.P.T.*	230.00
05/22/06	PMT BY CHECK	DOS 1/23/06 THRU 4/12/06 # 0005985848	-3350.00
05/17/06	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
06/21/06	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
07/14/06	FOLLOW-UP	DR THOMAS (VIETNAMESE) REVISED 7/31/06	250.00
07/31/06	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
08/07/06	MRI	REF BY DR THOMAS:LUM/CERVICAL * (VIETNAMESE)	250.00
08/18/06	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
07/06/06	FOLLOW-UP	DR GULASE* (VIETNAMESE)	250.00
08/31/06	FOLLOW-UP	DR GULASE* (VIETNAMESE)	250.00
09/20/06	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00

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Tustin, CA 92781-4165
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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. : [redacted]
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: [redacted] vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/06	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
10/20/06	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
12/20/06	PMT BY CHECK	DOS 5/19/03 THRU 10/20/06 # 0001892849	-3480.00
12/11/06	WCAB LB	EXPEDITED HEARING (AM+PM) (VIETNAMESE)	350.00
11/16/06	FOLLOW-UP	DR GULASE* (VIETNAMESE)	250.00
11/20/06	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
12/12/06	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
11/03/06	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
02/19/07	PMT BY CHECK	DOS 10/6/06 THRU 12/11/06 # 1000045237	-350.00
01/17/07	FOLLOW-UP	DR BACKOB* (VIETNAMESE)	250.00
02/16/07	PMT BY CHECK	DOS 5/19/03 THRU 11/3/06 # 1000056404	-1250.00
02/05/07	EMG TESTING	BY DR BACKOB* (VIETNAMESE)	250.00
02/09/07	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
03/09/07	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
03/28/07	PMT BY CHECK	DOS 2/5/07 # 1000117090	-500.00
03/29/07	FOLLOW-UP	DR GULASE* (VIETNAMESE)	250.00
03/29/07	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
04/05/07	PMT BY CHECK	DOS 5/19/03 THRU 3/9/07 # 1000130338	-750.00
04/20/07	INITIAL EXAM	DR BAKER* (VIETNAMESE)	250.00
05/18/07	INJECTION	BY DR EZEKIEL: CERV EPIDURAL (2 hrs 30 mins)	312.50
05/11/07	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
04/26/07	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
04/13/07	FOLLOW-UP	DR WILLIAMS (VIETNAMESE) (2 hrs 15 mins)	281.25
05/17/07	FOLLOW-UP	DR EZEKIEL* (VIETNAMESE)	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#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/07	PMT BY CHECK	DOS 4/20/07 # 100018624	-250.00
05/29/07	PMT BY CHECK	DOS 4/20/07 # 1000210372	-562.50
05/31/07	FOLLOW-UP	DR GULASE* (VIETNAMESE)	250.00
06/08/07	FOLLOW-UP	DR WILLIAMS (VIETNAMESE) (2 hrs 45 mins)	343.75
06/19/07	INJECTION	PAIN MGMT W/ DR EZEKIEL* (VIETNAMESE)	250.00
06/20/07	PMT BY CHECK	DOS 5/19/03 THRU 5/15/07 # 1000244454	-1343.75
06/28/07	PMT BY CHECK	DOS 5/31/07 THRU 6/19/07 # 1000256950	-281.25
07/09/07	FOLLOW-UP	DR MEHTA* (VIETNAMESE)	250.00
06/28/07	PMT BY CHECK	DOS 7/9/07 # 1000256950	-250.00
07/12/07	FOLLOW-UP	DR EZEKIEL* (VIETNAMESE)	250.00
07/13/07	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
07/13/07	PMT BY CHECK	DOS 7/12/07 THRU 7/13/07 # 1000280003	-500.00
06/14/07	FOLLOW-UP	DR EZEKIEL* (VIETNAMESE)	250.00
08/06/07	FOLLOW-UP	DR MEHTA* (VIETNAMESE)	250.00
07/09/07	WCAB LB	EXPEDITED HEARING (VIETNAM.)	350.00
08/24/07	WCAB LB	EXPEDITED HEARING (VIETNAM.)	350.00
08/10/07	PR2/REEVAL	DR WILLIAMS* (VIETNAMESE)	250.00
09/07/07	PMT BY CHECK	DOS 5/19/03-7/9/07 # 1000369019	-850.00
09/13/07	PR2/REEVAL	DR THOLEN* (VIETNAMESE)	250.00
09/13/07	PR2/REEVAL	DR GULASEKARAM* (VIETNAMESE)	250.00
09/14/07	PR2/REEVAL	DR WILLIAMS (2.5 HRS) - VIETNAMESE	312.50
09/12/07	INITIAL EXAM	ACUPUNCTURE W/ DR CHOW* (VIETNAMESE)	250.00

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

*** INVOICE ***

Date	NO#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
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Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1662.50

* 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), and any and all benefit printouts, depo transcripts and documentary evidence.

GAB BUSINESS SERVICES, INC.
100 TUJUNGA AVE.
BURBANK CA 95102

PHONE: (818)846-5297
FAX: (818)846-1153

0002817 01 MB **AUTO T7 0 6525 92781

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

DATE: 11/22/06

REQUISITION NO. 294240

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

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN:
OCCURRENCE DATE 11/05/02
SERVICE FROM: 05/19/03
THRU: 10/20/06
EMPLOYER: B & G MILLWORKS, INC. (

ACCOUNT:
GAB FILE NO.: 6532200102

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
05/19/03		MZ	3,480.00	.00	.00	3,480.00	

CHECK NO. 0001892849 NET CHECK TOTAL 3,480.00

GAB BUSINESS SERVICES, INC.
100 TUJUNGA AVE.
BURBANK CA 95102

PHONE: (818)846-5297
FAX: (818)846-1153

0001182 01 MB **AUTO H3 1 6332 92781

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

DATE: 02/16/07

REQUISITION NO. 302790

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

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN:
OCCURRENCE DATE 11/05/02
SERVICE FROM: 05/19/03
THRU: 11/03/06
EMPLOYER: B & G MILLWORKS, INC. (

ACCOUNT:
GAB FILE NO.: 6532200102

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
05/19/03		MZ	1,350.00	.00	.00	1,350.00	

CHECK NO. 1000056404 NET CHECK TOTAL 1,350.00

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

Exotic Language

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
01848	5/19/2003 - 6/19/2007	10/4/2007	$ 1,625.00	$ 1,625.00	1000280003	7/13/2007	Gab Business Svcs.
01848	4/20/2007	10/4/2007	$ 250.00	$ 250.00	1000189624	5/15/2007	Gab Business Svcs.
01848	5/19/2003 - 10/20/2006	10/4/2007	$ 3,480.00	$ 3,480.00	0001892849	11/22/2006	Gab Business Svcs.
01848	5/19/2003 - 11/3/2006	10/4/2007	$ 1,350.00	$ 1,350.00	1000056404	2/16/2007	Gab Business Svcs.
25766	5/15/2007	10/22/2007	$ 250.00	$ 250.00	DA56179433	7/2/2007	ACE USA
05054	3/3/2003 - 2/4/2004	10/3/2005	$ 4,895.00	$ 4,895.00	CU-543591	9/30/2005	State Compensation Insurance Fund

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

*** INVOICE ***

Date	NO#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: [redacted] vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT
05/19/03	INITIAL EXAM	DR BLAKE (10:30 AM - 1:05 PM) (VIETNAMESE)	250.00
05/22/03	INITIAL EXAM	@ BELLFLOWER MEDICAL GROUP* (VIETNAMESE)	250.00
04/18/03	INITIAL EXAM	DR JOHNSON* (VIETNAMESE)	250.00
07/15/03	PMT BY CHECK	DOS 05/19/03 THRU 05/22/03 # 225906	-500.00
06/17/03	MRI	REFERRED BY DR BLAKE* (VIETNAMESE)	250.00
06/09/03	EMS	ELECTRO MUSCLE STIMULATION W/ DR BLAKE* (VIETN)	250.00
08/20/03	PMT BY CHECK	DOS 06/17/03 # 232168	-250.00
08/11/03	CT SCAN	@ ADVANCED RADIOLOGY* (VIETNAMESE)	250.00
09/10/03	PMT BY CHECK	DOS 6-9-2003 # 235252	-250.00
10/14/03	PMT BY CHECK	DOS 8/11/03 # 240202	-250.00
01/16/04	PMT BY CHECK	DOS 6/9/03 & 6/17/03 # 251994	-250.00
08/13/04	WCAB LB	EXPEDITED HEARING (VIETNAM)	250.00
09/07/04	PMT BY CHECK	DOS 08/13/04 # 278046	-250.00
08/26/04	INITIAL EXAM	DR LIN* (VIETNAMESE)	250.00
08/19/04	INITIAL EXAM	DR SALKINDER* (VIETNAMESE)	250.00
09/23/04	RE-EVAL	DR SALKINDER* (VIETNAMESE)	250.00
09/30/04	RE-EVAL	DR JOHNSON* (VIETNAMESE)	250.00
09/30/04	RE-EVAL	DR SIMON LIN* (VIETNAMESE)	250.00
10/15/04	PMT BY CHECK	DOS 08/19/04 THRU 08/26/04 # 281235	-500.00
11/03/04	PMT BY CHECK	DOS 09/23/04 THRU 09/30/04 # 282668	-750.00
10/14/04	INITIAL EXAM	DR RICHARD SIEBOLD* (VIETNAM)	250.00
11/05/04	MRI	REF BY DR JOHNSON: FRONT &	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#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT
		BACK TORSO* (VIETN)	
11/04/04	RE-EVAL	DR SIEBOLD* (VIETNAMESE)	250.00
12/06/04	CONSULT	EXPLANATION OF MRI & CT SCAN* RESULTS W DR JOHNSON	250.00
01/12/05	WCAB LB	FULL DAY TRIAL (VIETNAMESE)	530.00
01/18/05	PMT BY CHECK	DOS 10/14/04 THRU 12/06/04 # 287646	-1000.00
02/01/05	PMT BY CHECK	DOS 01/12/04 # 288715	-530.00
12/23/04	RE-EVAL	DR SIEBOLD* (VIETNAMESE)	275.00
02/15/05	RE-EVAL	DR SIEBOLD* (VIETNAMESE)	275.00
02/03/05	CONSULT	EXPLANATION OF BONE SCAN* RESULTS W DR JOHNSON	275.00
04/11/05	RE-EVAL	DR PATRICK JOHNSON* (VIETNAM)	250.00
04/21/05	RE-EVAL	DR SIEBOLD* (VIETNAMESE)	250.00
02/28/05	INITIAL EXAM	DR JOHN ENAYATE* (VIETNAMESE)	250.00
03/10/05	RE-EVAL	DR SIEBOLD* (VIETNAMESE)	250.00
04/28/05	INITIAL EXAM	DR THOLEN* (VIETNAMESE)	250.00
05/18/05	PMT BY CHECK	DOS 5/19/03 THRU 4/21/05 # 0005322404	-1325.00
06/02/05	PMT BY CHECK	DOS 2/28/05 THRU 4/28/05 # 0005352365	-705.00
06/02/05	RE-EVAL	DR THOLEN* (VIETNAMESE)	250.00
06/06/05	TESTING	NEURO MUSCULAR TESTING W/ DR SHAH* (VIETNAM)	250.00
06/08/05	CONSULT	DR THOMAS* (VIETNAMESE)	250.00
05/09/05	TESTING	PSYCHOLOGICAL TESTING W/ DR THOLEN (4 HRS)	465.00
05/11/05	INITIAL EXAM	DR JAMES THOMAS* (VIETNAM)	260.00
05/16/05	CONSULT	EXPLANATION OF TEST RESULTS & MEDS W/ DR THOLEN*	250.00
06/08/05	PMT BY CHECK	DOS 5/19/03 THRU 5/9/05	-1075.00

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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/05	PMT BY CHECK	# 0005364847 DOS 5/19/03 THRU 5/11/05	-370.00
06/13/05	RE-EVAL	# 0005352365 DR THOLAN* (VIETNAMESE)	250.00
06/20/05	RE-EVAL	DR KARAMIGIOS* (VIETNAMESE)	250.00
07/11/05	RE-EVAL	DR THOLAN* (VIETNAMESE)	250.00
06/14/05	PMT BY CHECK	DOS 5/16/05 THRU 5/19/05 # 0005376150	-280.00
06/14/05	PMT BY CHECK	DOS 6/13/05 THRU 6/20/05 # 0005376150	-425.00
08/08/05	PMT BY CHECK	DOS 05/19/03 THRU 07/11/05 #0005477206	-325.00
08/15/05	RE-EVAL	DR THOLAN* (VIETNAMESE)	250.00
08/16/05	PMT BY CHECK	DOS 08/15/05 # 0005493067	-250.00
07/20/05	RE-EVAL	DR THOMAS* (VIETNAMESE)	250.00
09/12/05	RE-EVAL	DR THOLAN* (VIETNAMESE)	250.00
08/29/05	RE-EVAL	DR KARAMIGIOS* (VIETNAMESE)	250.00
08/31/05	RE-EVAL	DR THOMAS* (VIETNAMESE)	250.00
09/14/05	PMT BY CHECK	DOS 7/20/05 # 0005545847	-250.00
10/10/05	CT SCAN	REF BY DR NEHTA:ABDOMEN (VIETNAMESE)	250.00
10/19/05	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
10/31/05	FOLLOW-UP	DR MEHTA* (VIETNAMESE)	250.00
10/17/05	FOLLOW-UP	DR MEHTA* (VIETNAMESE)	250.00
10/20/05	TESTING	FUNCTIONAL CAPACITY TEST* (VIETNAMESE)	250.00
12/06/05	PMT BY CHECK	DOS 9/12/05 THRU 10/31/05 # 0005693742	-1500.00
11/07/05	FOLLOW-UP	DR THOLAN* (VIETNAMESE)	250.00
12/14/05	WCAB LB	TRIAL (FULL DAY - REVISED) (VIETNAMESE)	550.00

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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/05	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
12/01/05	FOLLOW-UP	DR KARAMIGIOS* (VIETNAMESE)	250.00
12/05/05	FOLLOW-UP	DR THOLAN* (VIETNAMESE)	250.00
01/11/06	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
01/23/06	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
02/03/06	PMT BY CHECK	DOS 10/17/05 THRU 12/14/05 # 0005793776	-1245.00
02/22/06	POST-OP	DR THOMAS* (VIETNAMESE)	250.00
02/15/06	PRE-OP	DR METHA* (VIETNAMESE)	250.00
02/16/06	SURGERY	DR METHA - 6 HOURS (VIETNAM)	500.00
03/06/06	FOLLOW-UP	DR THOLAN* (VIETNAMESE)	250.00
03/08/06	POST-OP	DR THOMAS* (VIETNAMESE)	250.00
04/07/06	FOLLOW-UP	DR THOLAN* (VIETNAMESE)	250.00
04/12/06	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
05/08/06	FOLLOW-UP	DR THOLAN* (VIETNAMESE)	250.00
04/12/06	FOLLOW-UP	DR GULASE* (VIETNAMESE)	250.00
04/28/06	INITIAL EXAM	@ WEST STAR PHYSICAL THERAPY W/ R.P.T.*	230.00
05/22/06	PMT BY CHECK	DOS 1/23/06 THRU 4/12/06 # 0005985848	-3350.00
05/17/06	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
06/21/06	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
07/14/06	FOLLOW-UP	DR THOMAS (VIETNAMESE) REVISED 7/31/06	250.00
07/31/06	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
08/07/06	MRI	REF BY DR THOMAS:LUM/CERVICAL * (VIETNAMESE)	250.00
08/18/06	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
07/06/06	FOLLOW-UP	DR GULASE* (VIETNAMESE)	250.00
08/31/06	FOLLOW-UP	DR GULASE* (VIETNAMESE)	250.00
09/20/06	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00

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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: _ vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/06	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
10/20/06	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
12/20/06	PMT BY CHECK	DOS 5/19/03 THRU 10/20/06 # 0001892849	-3480.00
12/11/06	WCAB LB	EXPEDITED HEARING (AM+PM) (VIETNAMESE)	350.00
11/16/06	FOLLOW-UP	DR GULASE* (VIETNAMESE)	250.00
11/20/06	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
12/12/06	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
11/03/06	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
02/19/07	PMT BY CHECK	DOS 10/6/06 THRU 12/11/06 # 1000045237	-350.00
01/17/07	FOLLOW-UP	DR BACKOB* (VIETNAMESE)	250.00
02/16/07	PMT BY CHECK	DOS 5/19/03 THRU 11/3/06 # 1000056404	-1250.00
02/05/07	EMG TESTING	BY DR BACKOB* (VIETNAMESE)	250.00
02/09/07	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
03/09/07	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
03/28/07	PMT BY CHECK	DOS 2/5/07 # 1000117090	-500.00
03/29/07	FOLLOW-UP	DR GULASE* (VIETNAMESE)	250.00
03/29/07	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
04/05/07	PMT BY CHECK	DOS 5/19/03 THRU 3/9/07 # 1000130338	-750.00
04/20/07	INITIAL EXAM	DR BAKER* (VIETNAMESE)	250.00
05/18/07	INJECTION	BY DR EZEKIEL: CERV EPIDURAL (2 hrs 30 mins)	312.50
05/11/07	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
04/26/07	FOLLOW-UP	DR THOLEN* (VIETNAMESE)	250.00
04/13/07	FOLLOW-UP	DR WILLIAMS (VIETNAMESE) (2 hrs 15 mins)	281.25
05/17/07	FOLLOW-UP	DR EZEKIEL* (VIETNAMESE)	250.00

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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/07	PMT BY CHECK	DOS 4/20/07 # 100018624	-250.00
05/29/07	PMT BY CHECK	DOS 4/20/07 # 1000210372	-562.50
05/31/07	FOLLOW-UP	DR GULASE* (VIETNAMESE)	250.00
06/08/07	FOLLOW-UP	DR WILLIAMS (VIETNAMESE) (2 hrs 45 mins)	343.75
06/19/07	INJECTION	PAIN MGMT W/ DR EZEKIEL* (VIETNAMESE)	250.00
06/20/07	PMT BY CHECK	DOS 5/19/03 THRU 5/15/07 # 1000244454	-1343.75
06/28/07	PMT BY CHECK	DOS 5/31/07 THRU 6/19/07 # 1000256950	-281.25
07/09/07	FOLLOW-UP	DR MEHTA* (VIETNAMESE)	250.00
06/28/07	PMT BY CHECK	DOS 7/9/07 # 1000256950	-250.00
07/12/07	FOLLOW-UP	DR EZEKIEL* (VIETNAMESE)	250.00
07/13/07	FOLLOW-UP	DR WILLIAMS* (VIETNAMESE)	250.00
07/13/07	PMT BY CHECK	DOS 7/12/07 THRU 7/13/07 # 1000280003	-500.00
06/14/07	FOLLOW-UP	DR EZEKIEL* (VIETNAMESE)	250.00
08/06/07	FOLLOW-UP	DR MEHTA* (VIETNAMESE)	250.00
07/09/07	WCAB LB	EXPEDITED HEARING (VIETNAM.)	350.00
08/24/07	WCAB LB	EXPEDITED HEARING (VIETNAM.)	350.00
08/10/07	PR2/REEVAL	DR WILLIAMS* (VIETNAMESE)	250.00
09/07/07	PMT BY CHECK	DOS 5/19/03-7/9/07 # 1000369019	-850.00
09/13/07	PR2/REEVAL	DR THOLEN* (VIETNAMESE)	250.00
09/13/07	PR2/REEVAL	DR GULASEKARAM* (VIETNAMESE)	250.00
09/14/07	PR2/REEVAL	DR WILLIAMS (2.5 HRS) - VIETNAMESE	312.50
09/12/07	INITIAL EXAM	ACUPUNCTURE W/ DR CHOW* (VIETNAMESE)	250.00

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P.O. BOX # 4165
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TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/04/07	01848

Claim # : 65322-00102
W.C.A.B.: LBO 0342496
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (BURBANK)
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
P.O. BOX # 7858
BURBANK, CA 91510

Case: vs B & G MILLWORKS
Date Of Injury: 11/5/02

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1662.50

* 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), and any and all benefit printouts, depo transcripts and documentary evidence.

GAB BUSINESS SERVICES, INC.
100 TUJUNGA AVE.
BURBANK CA 95102

PHONE: (818)846-5297
FAX: (818)846-1153

0002542 01 MB **AUTO H7 1 6434 92781

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

DATE: 07/13/07

REQUISITION NO. 318090

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

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN:
OCCURRENCE DATE 11/05/02
SERVICE FROM: 05/19/03
THRU: 06/19/07
EMPLOYER: B & G MILLWORKS, INC. (

ACCOUNT:
GAB FILE NO.: 6532200102

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
05/19/03		MZ	1,625.00	.00	.00	1,625.00	

CHECK NO. 1000260003 NET CHECK TOTAL 1,625.00

GAB BUSINESS SERVICES, INC.
100 TUJUNGA AVE.
BURBANK CA 95102

PHONE: (818)846-5297
FAX: (818)846-1153

DATE: 11/22/06

0002817 01 MB **AUTO T7 0 6525 92781

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

REQUISITION NO. 294240

PG 1 OF 1

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

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN:
OCCURRENCE DATE 11/05/02
SERVICE FROM: 05/19/03
THRU: 10/20/06
EMPLOYER: B & G MILLWORKS, INC. (

ACCOUNT:
GAB FILE NO.: 6532200102

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
05/19/03		MZ	3,480.00	.00	.00	3,480.00	

CHECK NO. 0001892849 NET CHECK TOTAL 3,480.00

GAB BUSINESS SERVICES, INC.
100 TUJUNGA AVE.
BURBANK CA 95102

PHONE: (818)846-5297
FAX: (818)846-1153

0001182 01 MB **AUTO H3 1 6332 92781

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

DATE: 02/16/07

REQUISITION NO. 302790

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

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN:
OCCURRENCE DATE 11/05/02
SERVICE FROM: 05/19/03
THRU: 11/03/06
EMPLOYER: B & G MILLWORKS, INC. (

ACCOUNT:
GAB FILE NO.: 6532200102

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
05/19/03		MZ	1,350.00	.00	.00	1,350.00	

CHECK NO. 1000056404 NET CHECK TOTAL 1,350.00

GAB BUSINESS SERVICES, INC.
100 TUJUNGA AVE.
BURBANK CA 95102

PHONE: (818)846-5297
FAX: (818)846-1153

0001701 01 MB **AUTO T4 0 6393 92781

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

DATE: 05/15/07

REQUISITION NO. 311940

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

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN:
OCCURRENCE DATE 11/05/02
SERVICE FROM: 04/20/07
THRU: 04/20/07
EMPLOYER: B & G MILLWORKS, INC. (

ACCOUNT:
GAB FILE NO.: 6532200102

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
04/20/07		MZ	250.00	.00	.00	250.00	

CHECK NO. 1000189624 NET CHECK 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#
10/22/07	25766

Claim # : 345C066480-7
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs CONOCOPHILLIPS CO.
Date Of Injury: 3/29/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/07	INITIAL EXAM	DR PAYNE (2.5 HRS) - EXOT LANG: VIETNAMESE	312.50
05/18/07	MRI	REF BY DR PAYNE: C/S* (VIETNAMESE)	250.00
05/24/07	PMT BY CHECK	DOS 5/10/07 # DA55948976	-312.50
06/07/07	FOLLOW-UP	DR PAYNE* (VIETNAMESE) (AMMENDED)	250.00
05/15/07	INITIAL EXAM	@ LONG BEACH MEDICAL CTR W/ R.P.T. (VIETNAMESE)	250.00
06/11/07	PMT BY CHECK	DOS 5/18/07 # DA56047610	-250.00
06/22/07	PMT BY CHECK	DOS 6/7/07 # DA56119555	-180.00
07/02/07	PMT BY CHECK	DOS 5/15/07 # DA56179533	-250.00
07/12/07	FOLLOW-UP	DR PAYNE* (VIETNAMESE)	250.00
07/16/07	WCAB LB	EXPEDITED HEARING (VIETNAM.)	250.00
08/02/07	PMT BY CHECK	DOS 7/12/07 # DA56372124	-250.00
08/10/07	PMT BY CHECK	DOS 7/16/07 # DA56419629	-250.00
08/09/07	FOLLOW-UP	DR PAYNE* (VIETNAMESE)	250.00
08/21/07	CONSULT	DR DESHMUK - NEUROLOGIST* (VIETNAMESE)	250.00
09/06/07	PMT BY CHECK	DOS 8/9/07 # DA56582262	-250.00
09/20/07	PR2/REEVAL	DR PAYNE* (VIETNAMESE)	250.00
10/02/07	PMT BY CHECK	DOS 8/21/07 # DA56729606	-250.00
10/15/07	PR2/REEVAL	DR KAHN* (VIETNAMESE)	250.00

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

*** INVOICE ***

Date	NO#
10/22/07	25766

Claim # : 345C066480-7
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CONOCOPHILLIPS CO.
Date Of Injury: 3/29/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 570.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

DATE 07/02/07

CHECK NO. DA56179433

STATEMENT

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A21DA 00 00930 DA56179433
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C0664807

DOLLARS
$*********250.00

* NOT NEGOTIABLE *

FOR
05/15/07 THRU 05/15/07 25766/@LONG BEACH ME

CLAIMANT
NGUYEN;WILLIAM

DATE OF EVENT
03/29/07

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

DETACH THIS PORTION BEFORE CASHING

BOA18B (02/2003)

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

*** INVOICE ***

Date	NO#
10/03/05	05054

Claim # : 01347485
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF
W.C. DEPARTMENT
ATTN: LEO TINGCO
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: _ vs HOLLYWOOD PARK CASINO
Date Of Injury: 5/20/98

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/03	INITIAL EXAM	DR DESHMUK (EXOT LANG: THAI) *	250.00
11/03/03	RE-EVAL	DR DESHMUK (EXOT LANG: THAI) *	250.00
11/06/03	INITIAL EXAM	DR BARKOW (EXOT LANG: THAI) *	250.00
11/07/03	EMG TESTING	REF BY: DR DESHMUK (EXOT LANG THAI)*	250.00
12/01/03	RE-EVAL	DR DESHMUK (EXOT LANG: THAI) *	250.00
12/03/03	RE-EVAL	DR BARKOW (EXOT LANG: THAI) *	250.00
12/11/03	INJECTION	DR BARKOW: EPIDURAL* (EXOT LANG: THAI)	250.00
12/13/03	INJECTION	DR BARKOW: EPIDURAL (4.5 HRS) (EXOT LANG: THAI)	465.00
12/10/03	PRE-OP	DR MISSIRIAN (5HRS) (EXOT LANG: THAI)	465.00
12/16/03	RE-EVAL	DR EMRANI (CARDIO)* (EXOT LANG: THAI)	250.00
12/17/03	RE-EVAL	DR KADABA * (EXOT LANG: THAI)	250.00
12/24/03	RE-EVAL	DR KADABA * (EXOT LANG: THAI)	250.00
01/05/04	PRE-OP	DR KADABA * (EXOT LANG: THAI)	250.00
01/06/04	RE-EVAL	DR DESHMUK (EXOT LANG: THAI) *	250.00
01/07/04	SURGERY	DR KADABA: KNEE (5.5 HRS) (EXOT LANG: THAI)	465.00
02/04/04	POST-OP	DR DESHMUK*	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#
10/03/05	05054

Claim # : 01347485
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF
W.C. DEPARTMENT
ATTN: LEO TINGCO
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: [redacted] vs HOLLYWOOD PARK CASINO
Date Of Injury: 5/20/98

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/03	RE-EVAL	(EXOT LANG: THAI) DR KADABA*	250.00
11/29/03	PEN & INT	(EXOT LANG: THAI) PER LABOR CODE °4622 DOS 09/29/2003	0.00
01/06/03	PEN & INT	PER LABOR CODE °4622 DOS 11/06/2003	0.00
09/30/05	PMT BY CHECK	DOS 9/29/03 THRU 2/04/04 # CU-543591	-4895.00

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).

State Compensation Insurance Fund
PO Box 92622
Los Angeles CA 90009-2622
(818) 291-7000

Provider Number: 330956713

Check #: CU-543591

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 09/30/05
Doc #: 007421598

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			Claim #:	SA620939	Date of Injury:	10/15/01	
	ICD-9 Code: 959.9 INJURY MULTIPLE SITES NEC								
1	2005092911214936DVV 01U	12/28/04	TXI	Non Med Legal Interp	1	90.00	.00	INT1	90.00
2	2005092911214936DVV 01U	12/28/04	PENALTIES & Interest		1	15.30	15.30	G06	.00
								Subtotal:	90.00
		Patient Name:			Claim #:	SA620078	Date of Injury:	10/02/01	
	ICD-9 Code: 959.9 INJURY SITE NOS								
3	2005092910480806A1C 01U	08/23/05	TXI	Interpreting	1	90.00	.00	G32	90.00
		Patient Name:			Claim #:	01347485	Date of Injury:	02/12/03	
4	2005092908250092PJS 01U	01/05/04	TXI	Non Med Legal	1	250.00	.00	G32	250.00
5	2005092908250092PJS 01U	01/06/04	TXI	Non Med Legal	1	250.00	.00	G32	250.00
6	2005092908250092PJS 01U	01/07/04	TXI	Non Med Legal	1	465.00	.00	G32	465.00
7	2005092908250092PJS 01U	02/04/04	TXI	Non Med Legal	1	250.00	.00	G32	250.00
8	2005092908250092PJS 01U	03/03/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
9	2005092908250092PJS 01U	09/29/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
10	2005092908250092PJS 01U	11/03/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
11	2005092908250092PJS 01U	11/06/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
12	2005092908250092PJS 01U	11/06/03	PENALTY	Interest	1	42.50	42.50	S28	.00
13	2005092908250092PJS 01U	11/07/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
14	2005092908250092PJS 01U	11/29/03	PENALTY	Interest	1	42.50	42.50	S28	.00
15	2005092908250092PJS 01U	12/01/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
16	2005092908250092PJS 01U	12/03/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
17	2005092908250092PJS 01U	12/10/03	TXI	Non Med Legal	1	465.00	.00	G32	465.00
18	2005092908250092PJS 01U	12/11/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
19	2005092908250092PJS 01U	12/13/03	TXI	Non Med Legal	1	465.00	.00	G32	465.00
20	2005092908250092PJS 01U	12/16/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
21	2005092908250092PJS 01U	12/17/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
22	2005092908250092PJS 01U	12/24/03	TXI	Non Med Legal	1	250.00	.00	G32	250.00
								Subtotal:	**4,895.00**

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

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