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 2006 - February 2009

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
30873	6/18/2008	8/4/2008	$ 400.00	Board Appearance	$ 400.00	204685	7/28/2009	Kennan & Assoc.
29729	2/4/08 - 7/3/08	8/4/2008	$ 1,733.99	3 PR-2'S, Psych Eval,Initial, P&I's	$ 1,733.99	1006488464	7/30/2008	Specialty Risk Svc.
28307	4/2/2008	4/14/2008	$ 500.00	Board Appearance	$ 500.00	74829	4/8/2008	Kennan & Assoc.
22363	5/19/2007	6/19/2007	$ 700.00	Depo Review (Vol I & II)	$ 700.00	896D40603986	8/15/2007	Travelers
28307	11/7/2007	1/22/2008	$ 500.00	Board Appearance	$ 500.00	73704	1/16/2008	Kennan & Assoc.
22363	2/3/2009	3/23/2009	$ 350.00	Board Appearance	$ 350.00	896D73956820	3/18/2009	Travelers
25531	4/19/2007	5/29/2007	$ 650.00	Board Appearance (Full Day)	$ 650.00	896D35266065	5/22/2007	Travelers
25531	7/16/07 - 8/30/07	9/11/2007	$ 600.00	Depo Prep, Depo Review	$ 600.00	896D43233264	9/26/2007	Travelers
27619	10/2/2007	10/31/2007	$ 300.00	Board Appearance	$ 300.00	896D47647827	12/6/2007	Travelers
25817	5/15/07 - 6/6/07	11/5/2007	$ 600.00	2 Initials	$ 600.00	896D45099801	10/25/2007	Travelers
24324	1/25/2007	3/28/2007	$ 400.00	Board Appearance	$ 400.00	78429	3/23/2007	Acclamation/Century National Insurance
25766	5/10/2007	5/31/2007	$ 312.50	Initial	$ 312.50	DA55948976	5/24/2007	ESIS
01848	4/20/2007	5/23/2007	$ 250.00	Initial	$ 250.00	100018624	5/15/2007	GAB
24396	11/3/2006	8/26/2008	$ 405.60	Initial + P&I's	$ 405.60	30269266	8/23/2008	AIG
14458	7/3/2007	7/13/2007	$ 375.00	Board Appearance	$ 375.00	DA56339791	7/13/2007	ACE/ESIS

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
23691	11/14/2006	12/28/2006	$ 343.75	Diagnostic Study (R.O.M.)	$ 343.75	DA54976868	12/21/2006	ACE/ESIS
01120	8/16/2006	10/24/2006	$ 250.00	Follow up	$ 250.00	6140630177	10/17/2006	Kemper
22364	5/30/06 - 3/13/07	3/26/2007	$ 1,244.42	Depo Prep, Depo Review, Board Appearance + P&I's	$ 1,244.42	896D3116325	3/20/2007	Travelers
22364	1/24/2008	3/3/2008	$ 350.00	Board Appearance	$ 350.00	896D52694685	2/27/2007	Travelers
23505	10/25/06 - 5/2/07	6/4/2007	$ 600.00	2 Board Appearances	$ 600.00	3378	5/30/2007	LWP
30719	5/29/2008	8/11/2008	$ 310.00	Board Appearance	$ 310.00	1006557300	8/4/2008	Specialty Risk Svc.
29544	1/21/2008	5/27/2008	$ 325.00	C&R reading	$ 325.00	0017452502	5/21/2008	Sedgwick
23505	3/19/2008	5/1/2008	$ 300.00	Board Appearance	$ 300.00	4642	4/28/2008	LWP

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

*** INVOICE ***

Date	NO#
08/04/08	30873

Claim # : 0500070043
W.C.A.B.: LBO 0
S.S.N.
D.O.B. : 3
Terms : 45 days

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

Case: vs IRVINE UNIFIELD SCHOOL DISTRIC
Date Of Injury: 2/20/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/08	WCAB LB	TRIAL (EXOTIC: FARSI)	400.00
07/28/08	PMT BY CHECK	DOS 6/18/08 # 204685	-400.00

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.

Irvine USD W/C
KEENAN & ASSOCIATES
P.O. BOX 4328
TORRANCE, CA 90510

Forwarding Service Requested

3-DIGIT 927
35658 0.3840 AT 0.346

Altman Interpreters Inc, Joyce 152
PO BOX 4165
TUSTIN, CA 92781-4165

Employer Name:	Irvine Unified School District
Employer Address:	5050 Barranca Pkwy Irvine, CA 92604-
Provider Tax ID:	330956713
Patient Acct No.:	30873
Dates of Service:	06/18/2008-06/18/2008
Check Date:	07/28/2008
Check Number:	204685
Check Amount:	400.00
DOI:	02/20/2007
Claim #:	0500-07-0043
Claimant Name:	
Office:	Keenan & Associates - Torrance

ENV 35658 1 OF 1

EMPLOYEE NAME:	TOTAL AMOUNT:
	400.00

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.
ADVERTENCIA: Es necesario qué usted le avise a su patron o a su compania de seguro todo dinero qué usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

30873

PAID

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

*** INVOICE ***

Date	NO#
08/04/08	29729

Claim # : YLR06350
W.C.A.B.: VNO
ADJ # :
S.S.N. :
D.O.B. : 7/23/51
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LX-14153)
W.C. DEPARTMENT
ATTN: SHANON BECKBAY
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs COASTAL COMMUNITY HOSPITAL
Date Of Injury: 5/1/02

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/08	PR2/REEVAL	DR ARCHIE MAYS* (FARSI)	305.00
03/11/08	PR2/REEVAL	DR ARCHIE MAYS* (FARSI)	305.00
03/27/08	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR KOMBERG (3H 15M)	400.00
04/14/08	PR2/REEVAL	DR ARCHIE MAYS* (FARSI)	305.00
04/18/08	INITIAL EXAM	PHYSICAL THERAPY @ KOMBERG CHIRO* (FARSI)	355.00
07/03/08	PENALTIES	FOR DATE OF SERVICE 4/18/08	53.25
07/03/08	INTEREST	FOR DATE OF SERVICE 4/18/08	10.74
07/30/08	PMT BY CHECK	DOS 2/4/08 THUR 7/3/08 # 100648846 4	-1733.99

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
1-800-551-0271

SRS
SPECIALTY RISK SERVICES

002694
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

92729

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400312 1006489464

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
29729 03-11-97	72HMC 087470 YLRC 08341	COASTAL COMMUNITIES HOSPI	$1,733.99
Nature of Payment: Other Medical		Service Dates 02-04-2008 07-03-2008	$1,733.99
Claim Handler: Shannon McVey 877-809-9478 NO California SRS Claim Office P.O. Box 5068 Syracuse, NY 13220-5068		Additional Comments: PAID	

Issue Date	07-30-2008	Check Number	100648846 4	Total Amount of Check	$1,733.99

Please keep the above information for your records.

D7701.3A21

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

*** INVOICE ***

Date	NO#
04/08/08	28307

Claim # : 8470040035
W.C.A.B.: LBO
ADJ # :
S.S.N. :
D.O.B. : 10/2/51
Terms : 45 days

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

Case:] vs HOAG HOSPITAL
Date Of Injury: 8/22/04

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/07	WCAB LB	MSC (FARSI)	500.00
01/16/08	PMT BY CHECK	DOS 11/07/07 # 73704	-500.00
04/02/08	WCAB LB	MSC (FARSI)	500.00
04/08/08	PMT BY CHECK	DOS 4/2/08 # 74829	-500.00

BALANCE 0.00

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HOAG MEM HOSP PRESBY
KEENAN & ASSOCIATES
P.O. BOX 4328
TORRANCE, CA 90510

20080409012

Forwarding Service Requested

3-DIGIT 927
38521 0.3840 AT 0.334

Altman Interpreters Inc, Joyce 162
PO BOX 4165
TUSTIN, CA 92781-4165

Employer Name:	Hoag Memorial Hospital Presbyterian
Employer Address:	301 Newport Boulevard Newport Beach, CA 92663-0000
Provider Tax ID:	330956713
Patient Acct No.:	
Dates of Service:	04/02/2008-04/02/2008
Check Date:	04/08/2008
Check Number:	74829
Check Amount:	500.00
DOI:	08/22/2004
Claim #:	8470-04-0035
Claimant Name:	
Office:	Keenan Healthcare - Torrance

ENV 38521 1 OF 1

PAID

EMPLOYEE NAME: 28307

TOTAL AMOUNT: 500.00

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.
ADVERTENCIA: Es necesario qué usted le avise a su patron o a su compania de seguro todo dinero qué usted ha ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.

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

*** INVOICE ***

Date	NO#
06/19/07	22363

Claim # : 152-CB-A1K2592-N
W.C.A.B.: LBO 0371385
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ST. PAUL TRAVELERS
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

BALANCE 0.00

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000235

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

UD00118

896D 40603986

22363

The Travelers Indemnity Company

DATE: 08/15/07
LOSS DATE: 12/20/03
FILE NUMBER: 152 CB AIK2592 N

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA COMMERCE CLUB

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 05/19/2007

TOTAL PAID: $700.00
TAX INFO: 330956713372147 6Y
PAY MISC: INV 22363
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: JUSTIN D ROMINE AT (909)612-3224

227008078
DETACH CHECK

UNSUMM -050795
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
01/22/08	28307

Claim # : 8470040035
W.C.A.B.: LBO 0368617
S.S.N. :
D.O.B. : 1 1
Terms : 45 days

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

Case:) vs HOAG HOSPITAL
Date Of Injury: 8/22/04

DOS	SERVICE	DESCRIPTION	AMOUNT
11/07/07	WCAB LB	MSC (FARSI)	500.00
01/16/08	PMT BY CHECK	DOS 11/07/07 # 73704	-500.00

BALANCE 0.00

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ENV 34420
1 OF 1

HOAG MEM HOSP PRESBY
KEENAN & ASSOCIATES
P.O. BOX 4328
TORRANCE, CA 90510

Forwarding Service Requested

3-DIGIT 927
34420 0.3840 AT 0.334

Altman Interpreters Inc, Joyce 138
PO BOX 4165
TUSTIN, CA 92781-4165

Employer Name:	Hoag Memorial Hospital Presbyterian
Employer Address:	301 Newport Boulevard Newport Beach, CA 92663-0000
Provider Tax ID:	330956713
Patient Acct No.:	
Dates of Service:	11/07/2007-11/07/2007
Check Date:	01/16/2008
Check Number:	73704
Check Amount:	500.00
DOI:	08/22/2004
Claim #:	8470-04-0035
Claimant Name:	
Office:	Keenan Healthcare - Torrance

28307

PAID

EMPLOYEE NAME:

TOTAL AMOUNT:
500.00

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

*** INVOICE ***
Date NO#
03/23/09 22363

Claim # : 152-CB-A1K2592-N
W.C.A.B.: LBO037[illegible]
ADJ # : ADJ[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: [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

BALANCE 0.00

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

UC01497

896D 73956820

TRAVELERS

DATE: 03/18/09
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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 02/03/2009

TOTAL PAID: $350.00
TAX INFO: 330956713443813 8Y
PAY MISC: 22363
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: RANDY V OCEAN AT (909)612-3224

077007127
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***
Date NO#
05/29/07 25531

Claim # : 152CBCDA3575
W.C.A.B.: LBO 0385047
S.S.N. : [illegible]
D.O.B. : [illegible]
Terms : 45 days

BILL TO:
ST. PAUL TRAVELERS
W.C. DEPARTMENT
ATTN: Yolanda Weniger
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: [illegible] vs HAWAIIAN GARDENS CASINO
Date Of Injury: 10/3/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/07	WCAB LB	FULL DAY EXPEDITED HEARING	650.00
05/22/07	PMT BY CHECK	DOS 4/19/07 # 896D 35260065	-650.00

BALANCE 0.00

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

UD00019

896D 35260065

The Travelers Indemnity Company

DATE: 05/22/07
LOSS DATE: 10/03/06
FILE NUMBER: 152 CB CDA3575 M

EMPLOYEE

ACCOUNT NAME:
HAWAIIAN GARDENS CASINO

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 04/19/2007

TOTAL PAID: $650.00
TAX INFO: 330956713321476Y
PAY MISC: INV 25531
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: YOLANDA R. WENIGER AT (909)612-3896

142007994
DETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
09/11/07	25531

Claim # : 152CBCDA3575
W.C.A.B.: LBO 0385047
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case vs HAWAIIAN GARDENS CASINO
Date Of Injury: 10/3/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/07	WCAB LB	FULL DAY EXPEDITED HEARING (KOREAN)	650.00
05/22/07	PMT BY CHECK	DOS 4/19/07 # 896D 35260065	-650.00
07/16/07	DEPO PREP	@ THE L/O OF BARNARD & ASSOC. (KOREAN)	300.00
08/30/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (KOREAN)	300.00
09/26/07	PMT BY CHECK	DOS 7/16-8/30/07 # 896D 43233264	-600.00

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.

001756

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

UB01756

896D 43233264

The Travelers Indemnity Company

DATE: 09/26/07
LOSS DATE: 10/03/06
FILE NUMBER: 152 CB CDA3575 M

EMPLOYEE

ACCOUNT NAME:
HAWAIIAN GARDENS CASINO

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 07/16/2007 TO: 08/30/2007

TOTAL PAID: $600.00
TAX INFO: 330956713372147 6Y
PAY MISC: #25531
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: YOLANDA R. WENIGER AT (909)612-3896

269004760
DETACH CHECK

UNSUMM -050730
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
10/31/07	27619

Claim # : AIK1287
W.C.A.B.: LBO 0376861
S.S.N. : [redacted]
D.O.B. : 6/ /75
Terms : 45 days

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

Case: [redacted] vs RITE AID
Date Of Injury: N/A

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/07	WCAB SA	MSC (FARSI)	300.00
12/06/07	PMT BY CHECK	DOS 10/2/07 #896D 47647827	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

001774

THE TRAVELERS - RANCHO CORDOVA CL C
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089
0

896D 47647827

TRAVELERS

DATE: 12/06/07
LOSS DATE: 11/23/03
FILE NUMBER: 480 CB AIK1287 M

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

EMPLOYEE

ACCOUNT NAME:
RITE AID CORPORATION

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/02/2007

TOTAL PAID: $300.00
TAX INFO: 330956713372147 6Y
PAY MISC: INV 27619
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: KIM NORRIS AT (916)638-6387

340009519

UNSUMM -050799
OVRPUNS2-121295

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

*** INVOICE ***

Date	NO#
11/05/07	25817

Claim # : CB36011
W.C.A.B.: ANA (
S.S.N. : [illegible]
D.O.B. :
Terms : 45 days

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

Case: vs RITE AID
Date Of Injury: 3/19/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/15/07	INITIAL EXAM	DR WISEMAN* (LANG: FARSI)	300.00
06/06/07	INITIAL EXAM	DR VOGEL* (LANG: FARSI)	300.00
10/15/07	PENALTIES	FOR DATE OF SERVICE 5/15/07	45.00
10/15/07	INTEREST	FOR DATE OF SERVICE 5/15/07	16.35
10/15/07	PENALTIES	FOR DATE OF SERVICE 6/6/07	45.00
10/15/07	INTEREST	FOR DATE OF SERVICE 6/6/07	14.27
10/25/07	PMT BY CHECK	DOS 5/15-6/6/07 #896D45099801	-600.00

BALANCE 120.62

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

896D 45099801

The Travelers Indemnity Company

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

DATE: 10/25/07
TIN: 330956713
PROVIDER: JOYCE ALMAN INTERPRETERS

Our Customer Service Phone is 1-800-727-3995
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]	480 CB CBS4581R	05/01/07 - 08/24/07	$ 230.00		INV#25672
	480 CB CDA5775T	05/15/07 - 06/06/07	$ 600.00		INV#25817
		Total Amount Paid	$******830.00		

PAID

8007543
DETACH CHECK

SUMM -121255
OVRPSUM1-121255
DETACH CHECK

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

*** INVOICE ***

Date	NO#
03/28/07	24324

Claim # : HO732478
W.C.A.B.: AHM 013
S.S.N. :
D.O.B. : 7/23/45
Terms : 45 days

BILL TO:
ACCLAMATION INSURANCE
W.C. DEPARTMENT
ATTN: Ron Antoyan
P.O. BOX # 28904
FRESNO, CA 93729-8904

Case: [redacted] vs MEHEL & FARAH KOHANI
Date Of Injury: 12/1/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/07	WCAB AHM	TRIAL (EXOT LANG: FARSI)	400.00
03/05/07	WCAB AHM	FULL DAY TRIAL (EXOT LANG: FARSI)	800.00
03/23/07	PMT BY CHECK	DOS 1/25/07 # 078429	-400.00

BALANCE 800.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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.

Century-National Insurance
A Division of Kramer-Wilson Company Insurance Services
12200 Sylvan Street, North Hollywood, CA 91606
Voice (818)760-1980 Fax (818)760-1554

March 23, 2007

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781

Attention: JOYCE ALTMAN INTERPRETERS INC 24324

The attached check, 078429, is in reference to the claim(s) noted above or in the attached list. The amount of the check is for $400.00.

Payment for professional services.

Sincerely,

PAID

Claims Department

DATE: 03/22/07
TIME: 13:18:26
TYPE: EXPENSE

WGA - CENTURY NATIONAL INS. CO
DEFERRED PAYMENT REGISTER

PROGRAM: CLOB019
SYSTEM CHECK#: E39751
PAGE: 044

PAYEE: EX 030575
JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165

TUSTIN CA 92781

MAILTO: EX 030575
JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165

TUSTIN CA 92781

CLAIM NO	AMOUNT	INVOICE NO
H0732478	400.00	24324
PAYMENT TOTAL	400.00	

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

*** INVOICE ***

Date	NO#
05/31/07	25766

Claim # : 345C066480-7
W.C.A.B.: N/A
S.S.N. :
D.O.B. : 10/8/47
Terms : 45 days

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

Case: [illegible] 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*	250.00
05/24/07	PMT BY CHECK	DOS 5/10/07 # DA55948976	-312.50

BALANCE 250.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

*10DA55948976083150101070524002415 8
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 05/24/07

CHECK NO. DA55948976

STATEMENT

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A21DA 00 02437 DA55948976
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C0664807

DOLLARS
$*********312.50

* NOT NEGOTIABLE *

FOR
05/10/07 THRU 05/10/07 25766

CLAIMANT
N[redacted]

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.

PAID

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
05/23/07	01848

Claim # : 7260755
W.C.A.B.: LBO 0342
S.S.N. :
D.O.B. : 1/__,
Terms : 45 days

BILL TO:
GAB ROBBINS
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
2755 E. DESERT INN RD, # 250
LAS VEGAS, NV 89121

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#
05/23/07 01848

Claim # : 7260755
W.C.A.B.: LBO C
S.S.N. :
D.O.B. : 1/11/[illegible]
Terms : 45 days

BILL TO:
GAB ROBBINS
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
2755 E. DESERT INN RD, # 250
LAS VEGAS, NV 89121

Case: [illegible] 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

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

*** INVOICE ***
Date NO#
05/23/07 01848

Claim # : 7260755
W.C.A.B.: LBO 03.
S.S.N. : --- --
D.O.B. : 1/11/66
Terms : 45 days

BILL TO:
GAB ROBBINS
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
2755 E. DESERT INN RD, # 250
LAS VEGAS, NV 89121

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

*** INVOICE ***
Date NO#
05/23/07 01848

Claim # : 7260755
W.C.A.B.: LBO 034
S.S.N.
D.O.B. : 1/
Terms : 45 days

BILL TO:
GAB ROBBINS
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
2755 E. DESERT INN RD, # 250
LAS VEGAS, NV 89121

Case: [redacted] 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

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

*** INVOICE ***
Date NO#
05/23/07 01848

Claim # : 7260755
W.C.A.B.: LBO 03
S.S.N. :
D.O.B. : 1
Terms : 45 days

BILL TO:
GAB ROBBINS
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
2755 E. DESERT INN RD, # 250
LAS VEGAS, NV 89121

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#
05/23/07	01848

Claim # : 7260755
W.C.A.B.: LBO
S.S.N. :
D.O.B. : 1/1
Terms : 45 days

BILL TO:
GAB ROBBINS
W.C. DEPARTMENT
ATTN: DIANA MAILHOT
2755 E. DESERT INN RD, # 250
LAS VEGAS, NV 89121

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

BALANCE	1343.75

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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: 626-70-7943
OCCURRENCE DATE 11/06/02
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	01848	MZ	250.00	.00	.00	250.00	

PAID

CHECK NO. 1000188624 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#
08/26/08	24396

Claim # : 710132321
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs KUY KENDALL INC.
Date Of Injury: 6/15/05

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/06	INITIAL EXAM	DR WILLIAMS (2 HRS 45 MINS) EXOT LANG:VIETNAMESE	343.75
04/11/07	PENALTIES	FOR DATE OF SERVICE 11/3/06	51.56
04/11/07	INTEREST	FOR DATE OF SERVICE 11/03/06	10.29
08/23/08	PMT BY CHECK	DOS 11/3/06 THRU 4/11/07 # 30269266	-405.60

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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.

AIG DOMESTIC CLAIMS, INC.
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 7 7103026926600412907

AIG004

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

Remittance –
COMMERCE AND INDUSTRY INSURANCE CO.

No.: 30269266
RFP No.: 00412907
08/23/2008

Insured: KUYKENDALL, INC.
Claimant:
Producer:
ACT: 24396 110306-041107

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000009366490	00132321	01	06/15/2005	MED	O	$405.60	$10,613.84

PAID

Use file # 710-00132321 **on all correspondence, for prompt processing.**
For check information call: 800-225-8750

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

*** INVOICE ***

Date	NO#
07/13/07	14458

Claim # : 345C3491499
W.C.A.B.: LBO 03
S.S.N. :
D.O.B. : 1(
Terms : 45 days

BILL TO:
ESIS Woodland Hills WC
W.C. DEPARTMENT
ATTN: ALLAN GIRARD
P.O. BOX # 31051
TAMPA, FL 33631-3051

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
07/03/07	WCAB LB	MSC (VIETNAMESE)	375.00
07/27/07	PMT BY CHECK	DOS 7/3/07 # DA56339791	-375.00

BALANCE 70.71

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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.

*10DA563397910366901010707270010384
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 07/27/07

CHECK NO. DA56339791

STATEMENT

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A21DA 00 00878 DA56339791
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C3491499

DOLLARS
$*********375.00

* NOT NEGOTIABLE *

FOR
07/03/07 THRU 07/03/07 14458

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.

PAID

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

*** INVOICE ***
Date NO#
12/28/06 23691

Claim # : CA635C9791639
W.C.A.B.: N/A
S.S.N. :
D.O.B. : [redacted],68
Terms : 45 days

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

Case: [redacted] 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.

*BODAS4976868032480101061221000329 9
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 5114
SOUTHFIELD MI 48086

DATE 12/21/06

CHECK NO. DA54976868

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

STATEMENT

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
23691

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.

PAID
Sean

BOA186 (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#
10/24/06	01120

Claim # : 177021974
W.C.A.B.: LBO 034
S.S.N. :
D.O.B. : 11, 1
Terms : 45 days

BILL TO:
BROADSPIRE INSURANCE
W.C. DEPARTMENT
ATTN: ANGIE AMEZCUA
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: [redacted] vs JAMES GLIDEWELL
Date Of Injury: 6/1/01

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/03	NCV	DIAGNOSTIC STUDY INTERP:U/L/E * (VIETNAMESE)	225.00
05/07/03	EMG TESTING	DR GUY TRIMBLE: U/L/E* (VIETNAMESE)	225.00
08/25/03	PMT BY CHECK	DOS 05/07/03 THRU 05/07/03 # 6130915789	-450.00
08/25/03	WCAB LB	MSC (VIETNAMESE)	250.00
09/30/03	WCAB LB	TRIAL (VIETNAMESE)	250.00
10/16/03	PMT BY CHECK	DOS 8/25/03 & 9/30/03 # 605-0-198-228	-500.00
11/06/03	RE-EVAL	DR SLOAN* (VIETNAMESE)	250.00
01/27/04	PMT BY CHECK	DOS 11/6/03 # 6140130163	-250.00
12/15/03	INITIAL EXAM	DR THOMAS* (VIETNAMESE)	250.00
01/17/04	RE-EVAL	DR SLOAN* (VIETNAMESE)	250.00
01/17/04	MRI	REF BY DR THOMAS: NECK* (VIETNAMESE)	250.00
01/29/04	RE-EVAL	DR THOMAS* (VIETNAMESE)	250.00
03/10/04	RE-EVAL	DR THOMAS* (VIETNAMESE)	250.00
03/15/04	RE-EVAL	DR SLOAN* (VIETNAMESE)	250.00
06/29/04	PMT BY CHECK	DOS 12/15/03 THRU 3/15/04 # 6140299265	-1500.00
04/10/04	RE-EVAL	DR MORALES* (VIETNAMESE)	250.00
04/14/04	RE-EVAL	DR THOMAS* (VIETNAMESE)	250.00
05/05/04	RE-EVAL	DR MORALES* (VIETNAMESE)	250.00
08/30/04	RE-EVAL	DR FLORES* (VIETNAMESE)	250.00
07/29/04	RE-EVAL	DR SAGAFI* (VIETNAMESE)	250.00
08/06/04	RE-EVAL	DR ZARDOUS* (VIETNAMESE)	250.00
08/19/04	RE-EVAL	DR SAGAFI* (VIETNAMESE)	250.00
08/24/04	RE-EVAL	DR ZARDOUS* (VIETNAMESE)	250.00
09/16/04	RE-EVAL	DR SAGAFI* (VIETNAMESE)	250.00
09/24/04	RE-EVAL	DR ZARDOUS* (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#
10/24/06	01120

Claim # : 177021974
W.C.A.B.: LBO 034'
S.S.N. :
D.O.B. : 1[illegible]
Terms : 45 days

BILL TO:
BROADSPIRE INSURANCE
W.C. DEPARTMENT
ATTN: ANGIE AMEZCUA
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: [illegible] vs JAMES GLIDEWELL
Date Of Injury: 6/1/01

DOS	SERVICE	DESCRIPTION	AMOUNT
09/23/04	PMT BY CHECK	DOS 4/10/04 # 6140367407	-250.00
09/23/04	PMT BY CHECK	DOS 4/14/04 # 6140367407	-250.00
09/23/04	PMT BY CHECK	DOS 5/5/04 # 6140367407	-250.00
09/30/04	RE-EVAL	DR FLORES* (VIETNAMESE)	250.00
10/07/04	RE-EVAL	DR SAGAFI* (VIETNAMESE)	250.00
10/14/04	CONSULT	EXPLANATION OF BLOOD WORK RESULTS*(VIETNAMESE)	250.00
10/04/04	RE-EVAL	DR FLORES* (VIETNAMESE)	250.00
11/19/04	INITIAL EXAM	DR RICHARD MULVANIA* (VIETNAMESE)	250.00
10/22/04	RE-EVAL	DR ZARDOUS* (VIETNAMESE)	250.00
10/22/04	RE-EVAL	DR TANAGHO* (VIETNAMESE)	250.00
11/18/04	RE-EVAL	DR TANAGHO* (VIETNAMESE)	250.00
11/22/04	PMT BY CHECK	DOS 08/30/04 # 6140402912	-250.00
11/24/04	PMT BY CHECK	DOS 07/29/04 THRU 09/24/04 # 6140404842	-1500.00
11/22/04	PMT BY CHECK	DOS 09/30/04 THRU 10/14/04 # 6140402901	-1000.00
11/24/04	PMT BY CHECK	DOS 10/22/04 THRU 11/19/04 # 6140404876	-1000.00
11/04/04	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
11/22/04	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
11/29/04	RE-EVAL	DR FLORES* (VIETNAMESE)	250.00
12/16/04	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
01/05/05	PMT BY CHECK	DOS 11/04/04 THRU 12/16/04 # 6140425315	-1000.00
01/05/05	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
12/07/04	MRI	REF BY DR SAGHAFI: LOW BACK* (VIETNAMESE)	250.00
12/07/04	MRI	REF BY DR MULVANIA: NECK* (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#
10/24/06 01120

Claim # : 177021974
W.C.A.B.: LBO 0347
S.S.N. : [illegible]
D.O.B. : 11/19/61
Terms : 45 days

BILL TO:
BROADSPIRE INSURANCE
W.C. DEPARTMENT
ATTN: ANGIE AMEZCUA
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: vs JAMES GLIDEWELL
Date Of Injury: 6/1/01

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/04	NCV	DIAGNOSTIC STUDY INTERP: U/E* (VIETNAMESE)	250.00
12/20/04	RE-EVAL	DR MULVANIA* (VIETNAMESE)	250.00
01/24/05	PSYCH EVAL	DR FLORES* (VIETNAMESE)	250.00
01/25/05	P AND S	DR FLORES* (VIETNAMESE)	250.00
01/28/05	RE-EVAL	DR MULVANIA* (VIETNAMESE)	250.00
01/26/05	PMT BY CHECK	DOS 11/4/04,11/22/4, 11/29/4 # 6140437125	-750.00
01/28/05	PMT BY CHECK	DOS 12/16/04 # 6140437892	-250.00
02/24/05	PMT BY CHECK	DOS 01/05/05 # 6140449658	-250.00
03/03/05	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
03/01/05	PMT BY CHECK	DOS 12/07/04 THRU 1/5/05 # 6140452251	-750.00
03/17/05	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
03/18/05	RE-EVAL	DR MULVANIA* (VIETNAMESE)	250.00
02/03/05	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
03/29/05	PRE-OP	@ PACIFIC HOSPITAL IN LONG BEACH (VIETNAMESE)	250.00
03/31/05	PMT BY CHECK	DOS 1/24/05 THRU 1/28/05 # 6140465067	-500.00
03/31/05	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
04/18/05	POST-OP	DR MULVANIA* (VIETNAMESE)	250.00
04/04/05	PRE-OP	DR MULVANIA* (VIETNAMESE)	250.00
04/28/05	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
05/02/05	RE-EVAL	DR MULVANIA* (VIETNAMESE)	250.00
04/01/05	CONSULT	DR MORRIS SILVER* (GASTRO SPECIALTY) - VIETNAM	275.00
04/05/05	MEDICAL	ADMISSION AT PACIFIC HOSPITAL FOR SURGERY*	250.00
05/17/05	PMT BY CHECK	DOS 12/20/04 THRU 3/29/05 # 6140482571	-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#
10/24/06	01120

Claim # : 177021974
W.C.A.B.: LBO
S.S.N. : [illegible]
D.O.B. : [illegible] /61
Terms : 45 days

BILL TO:
BROADSPIRE INSURANCE
W.C. DEPARTMENT
ATTN: ANGIE AMEZCUA
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: vs JAMES GLIDEWELL
Date Of Injury: 6/1/01

DOS	SERVICE	DESCRIPTION	AMOUNT
05/18/05	PMT BY CHECK	DOS 2/3/05 THRU 3/18/05 # 6140483004	-750.00
05/17/05	PMT BY CHECK	DOS 3/3/05 # 6140482561	-250.00
06/06/05	RE-EVAL	DR MULVANIA* (VIETNAMESE)	250.00
05/19/05	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
07/06/05	RE-EVAL	DR MULVANIA* (VIETNAMESE)	250.00
07/14/05	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
06/30/05	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
07/20/05	PMT BY CHECK	DOS 04/01/05 THRU 04/28/05 # 6140504826	-1275.00
06/30/05	MEDICAL	BLOOD TEST RESULTS W/ DR SAGHAFI*(VIETNAMESE)	250.00
07/25/05	RE-EVAL	DR SILVER* (VIETNAMESE)	250.00
07/28/05	DIAGN STUDY	ENDOSCOPY OF THE STOMACH W/ DR SILVER*	250.00
08/04/05	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
06/28/05	PMT BY CHECK	DOS 5/19/05 THRU 8/4/05 # 6140498746	-2250.00
08/18/05	RE-EVAL	DR SAGHAFI* (VIETNAMESE)	250.00
10/03/05	PMT BY CHECK	DOS 8/18/05 # 6140529090	-250.00
09/26/05	FOLLOW-UP	DR DE SILVA* (VIETNAMESE)	250.00
09/29/05	FOLLOW-UP	DR SAGHAFI* (VIETNAMESE)	250.00
11/15/05	PMT BY CHECK	DOS 9/26/05 THRU 9/29/05 # 6140541255	-500.00
10/13/05	FOLLOW-UP	DR SAGHAFI* (VIETNAMESE)	250.00
10/12/05	FOLLOW-UP	DR MULVANIA* (VIETNAMESE)	250.00
11/17/05	FOLLOW-UP	DR SAGHAFI* (VIETNAMESE)	250.00
12/20/05	PMT BY CHECK	DOS 10/13/05 # 6140552098	-250.00
12/20/05	PMT BY CHECK	DOS 10/12/05 THRU 11/17/05 # 6140552099	-500.00
12/19/05	FOLLOW-UP	DR MULVANIA* (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#
10/24/06	01120

Claim # : 177021974
W.C.A.B.: LBO C
S.S.N. :
D.O.B. : 1
Terms : 45 days

BILL TO:
BROADSPIRE INSURANCE
W.C. DEPARTMENT
ATTN: ANGIE AMEZCUA
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case vs JAMES GLIDEWELL
Date Of Injury: 6/1/01

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/05	FOLLOW-UP	DR SAGHAFI* (VIETNAMESE)	250.00
01/19/06	FOLLOW-UP	DR SAGHAFI* (VIETNAMESE)	250.00
01/25/06	INJECTION	LOW BACK EPIDURAL INJECTION* (VIETNAMESE)	250.00
01/23/06	FOLLOW-UP	DR MULVANIA* (VIETNAMESE)	250.00
11/16/05	FOLLOW-UP	DR MULVANIA* (VIETNAMESE)	250.00
01/03/06	CONSULT	DR CLIFFORD BERNSTEIN* (VIETNAMESE)	250.00
01/25/06	INJECTION	DR BERNSTEIN* - EPIDURAL INJ. (VIETNAMESE)	250.00
01/05/06	FOLLOW-UP	DR SAGAFI* (VIETNAMESE)	250.00
03/02/06	FOLLOW-UP	DR SAGAFI* (VIETNAMESE)	250.00
02/27/06	FOLLOW-UP	DR MULVANIA* (VIETNAMESE)	250.00
03/10/06	FOLLOW-UP	DR BERNSTEIN* (VIETNAMESE)	250.00
03/31/06	PMT BY CHECK	DOS 12/19/05 THRU 2/27/06 # 17285118	-2750.00
04/04/06	PMT BY CHECK	DOS 3/10/06 # 6140580398	-250.00
04/04/06	FOLLOW-UP	DR MULVANIA* (VIETNAMESE)	250.00
04/06/06	FOLLOW-UP	DR SAGAFI* (VIETNAMESE)	250.00
04/11/06	PMT BY CHECK	DOS 4/4/06 THRU 4/6/06 # 6140582493	-500.00
05/15/06	FOLLOW-UP	DR MULVANIA* (VIETNAMESE)	250.00
06/14/06	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
05/11/06	FOLLOW-UP	DR SAGAFI* (VIETNAMESE)	250.00
05/24/06	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
05/31/06	FOLLOW-UP	DR THOMAS* (VIETNAMESE)	250.00
06/22/06	FOLLOW-UP	DR SAGAFI* (VIETNAMESE)	250.00
06/26/06	FOLLOW-UP	DR MULVANIA* (VIETNAMESE) REVISED ON 7/31/06	250.00
06/20/06	PMT BY CHECK	DOS 5/15/06 # 6140600910	-250.00
06/08/06	FOLLOW-UP	DR SAGAFI* (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#
10/24/06	01120

Claim # : 177021974
W.C.A.B.: LBO
S.S.N. :
D.O.B. : 1 1
Terms : 45 days

BILL TO:
BROADSPIRE INSURANCE
W.C. DEPARTMENT
ATTN: ANGIE AMEZCUA
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: vs JAMES GLIDEWELL
Date Of Injury: 6/1/01

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/06	FOLLOW-UP	DR SAGAFI* (VIETNAMESE)	250.00
07/27/06	FOLLOW-UP	DR SAGAFI* (VIETNAMESE)	250.00
07/24/06	PMT BY CHECK	DOS 5/11/06 THRU 6/26/06 # 6140608428	-1430.00
08/01/06	MRI	REF BY DR SAGAFI:LUMBAR SPINE * (VIETNAMESE)	250.00
08/09/06	PMT BY CHECK	DOS 6/8/06 # 6140613366	-250.00
08/09/06	PMT BY CHECK	DOS 7/13/06 # 6140613366	-250.00
08/08/06	FOLLOW-UP	DR MULVANIA* (VIETNAMESE)	250.00
08/17/06	FOLLOW-UP	DR SAGAFI* (VIETNAMESE)	250.00
08/21/06	PMT BY CHECK	DOS 7/27/06 # 6140616354	-250.00
08/31/06	PMT BY CHECK	DOS 8/1/06 # 6140619040	-250.00
09/13/06	FOLLOW-UP	DR MULVANIA* (VIETNAMESE)	250.00
09/14/06	FOLLOW-UP	DR SAGHAFI* (VIETNAMESE)	250.00
09/14/06	PMT BY CHECK	DOS 5/7/03 THRU 9/14/06 # 6140622168	-70.00
08/16/06	FOLLOW-UP	DR BURNSTEIN* (VIETNAMESE)	250.00
10/02/06	PMT BY CHECK	DOS 6/13/06 THRU 9/13/06 # 6140627503	-500.00
09/29/06	PMT BY CHECK	DOS 8/8/06 THRU 8/17/06 # 6140627125	-500.00
10/12/06	FOLLOW-UP	DR SAGHAFI* (VIETNAMESE)	250.00
10/17/06	PMT BY CHECK	DOS 8/16/06 # 6140630177	-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#
10/24/06	01120

Claim # : 177021974
W.C.A.B.: LBO 0345 77
S.S.N. :
D.O.B. : 11, __,
Terms : 45 days

BILL TO:
BROADSPIRE INSURANCE
W.C. DEPARTMENT
ATTN: ANGIE AMEZCUA
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: vs JAMES GLIDEWELL
Date Of Injury: 6/1/01

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 250.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Kemper.
Insurance Companies

[redacted]

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: [redacted] N

Claim/Seq #: 177021974
Employer Name: JAMES R. GLIDEWELL
Patient Ref#: 01120

Adjustor: EXT

Billing ID #: 888-H-6435916
EOR Date: 10/16/2006
Date of Accident: 06/01/2001
Unique Image ID: 18296289
Page: 1

This Audit was prepared in compliance with the California Offical Medical and Medical -Legal Fee Schedule and the allowable rates therin set forth. Adjustment of your billing constitutes our legal objection to your charges. You may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board.

CLAIMANT:	EMPLOYER:	**JOYCE ALTMAN INTERPRETERS INC**
JOHN NGUYEN 8432 CARNEGIE AVENUE WESTMINSTER, CA 92683-0000	JAMES R. GLIDEWELL PO BOX 8127 NEWPORT BEACH, CA 92658-8127	**PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: American Protection P.O. Box 189080 Plantation, FL 33318-9080	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
04/10/2004	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	112-003, 476
04/14/2004	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
05/05/2004	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
08/30/2004	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
07/29/2004	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
08/06/2004	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
08/19/2004	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
08/24/2004	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
01/05/2005	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
12/07/2004	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
12/07/2004	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
12/08/2004	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
12/20/2004	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
03/17/2005	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
03/18/2005	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
04/01/2005	C0103	C0103	MISC SERVICES	1	1	275.00	0.00	476

PAID

(Continued on next page)

Kemper.
Insurance Companies

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:

Billing ID #: 888-H-6435916
EOR Date: 10/16/2006
Date of Accident: 06/01/2001
Unique Image ID: 18296289
Page: 2

Claim/Seq #: 177021974
Employer Name: JAMES R. GLIDEWELL
Patient Ref#: 01120
Adjustor: EXT

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
04/05/2005	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
06/06/2005	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
06/30/2005	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
07/25/2005	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
07/28/2005	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
08/04/2005	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
05/15/2006	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
06/14/2006	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
05/11/2006	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
05/24/2006	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
05/31/2006	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
06/22/2006	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
06/08/2006	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
07/13/2006	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
07/27/2006	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
09/14/2006	C0103	C0103	MISC SERVICES	1	1	250.00	0.00	476
08/16/2006	C0103	C0103	MISC SERVICES	1	1	250.00	250.00	885

Total Actual Charges	:	$8,275.00
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$8,025.00
Contracted % Discount Reduction	:	$0.00
Total Reimbursable Amount	:	$250.00

Ck# 0140030177
10/17/06

Summary of Codes

Diagnostic Codes: (1) 959.9 INJURY OTHER AND UNSPECIFIED UNSPECIFIED SITE

E O M B Codes: 112-003 THE PRIMARY PROVIDER IS A NON-CONTRACTED PROVIDER.

476 $1,000.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-3970182-0.
476 $1,250.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-6106613-1.
476 $250.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-3967836-0.
476 $250.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-4306720-0.
476 $250.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-4911103-0.
476 $250.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-5991363-0.
476 $250.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-6217796-0.
476 $250.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-6390180-0.
476 $500.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-4585136-0.
476 $500.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-4892762-0.
476 $500.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-6181113-0.
476 $525.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-4821256-0.
476 $750.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-3764918-0.
476 $750.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-4341908-0.
476 $750.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-5072907-0.

(Continued on next page)

Kemper
Insurance Companies

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:

Claim/Seq #: 177021974
Employer Name: JAMES R. GLIDEWELL
Patient Ref#: 01120

Adjustor: EXT

Billing ID #: 888-H-6435916
EOR Date: 10/16/2006
Date of Accident: 06/01/2001
Unique Image ID: 18296289
Page: 3

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes

Summary of Codes

885 REVIEW OF THIS CODE HAS RESULTED IN AN ADJUSTED REIMBURSEMENT OF $250.00

Please send all future bills for this claimant to:
BROADSPIRE SERVICES INC., P.O. Box 25100, Lehigh Valley, PA 18002-5100

Should you have any questions regarding this audit please call 1-800-800-7885 between 8:00am and 6:00pm Eastern Standard Time or send a copy of your bill and this audit to: BROADSPIRE SERVICES INC., P.O. Box 25100, Lehigh Valley, PA 18002-5100

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

*** INVOICE ***

Date	NO#
03/26/07	22364

Claim # : 152-CB-CHP8967
W.C.A.B.: LBO 03
S.S.N. : [redacted]
D.O.B. :
Terms : 45 days

BILL TO:
ST. PAUL TRAVELERS
W.C. DEPARTMENT
ATTN: MARGO COE
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs CALIFORNIA COMMERCE CLUB, INC.
Date Of Injury: CT 98-3/2/06;4/04

DOS	SERVICE	DESCRIPTION	AMOUNT
05/30/06	DEPO PREP	@ THE L/O OF DENNIS FUSI (KOREAN)	325.00
05/30/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (KOREAN)	325.00
06/20/06	WCAB LB	EXP. HEARING (KOREAN)	350.00
09/20/06	PENALTIES	FOR DATE OF SERVICE 5/30/06	97.50
03/13/07	INTEREST	FOR DATE OF SERVICE 5/30/06	62.88
09/20/06	PENALTIES	FOR DATE OF SERVICE 6/20/06	52.50
03/13/07	INTEREST	FOR DATE OF SERVICE 6/20/06	31.54
03/20/07	PMT BY CHECK	DOS 5/30/06 THRU 3/13/07 # 896D 31166325	-1244.42

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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.

001958

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

UB01958

896D 31166325

The Travelers Indemnity Company

DATE: 03/20/07
LOSS DATE: 04/01/04
FILE NUMBER: 152 CB CHP8967 R

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: 05/30/2006 TO: 03/13/2007

TOTAL PAID: $1244.42
TAX INFO: 330956713317481Y
PAY MISC: INV#22364
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID
scan

FOR ADDITIONAL INFORMATION, CONTACT: ELAINE HILL AT (909)612-3179

079004962
DETACH CHECK

UNSUMM -050799
OVRPUNS1-121285
DETACH CHECK

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

*** INVOICE ***

Date	NO#
03/03/08	22364

Claim # : 152-CB-CHP8967
W.C.A.B.: LBO
S.S.N. : ---
D.O.B. : . .
Terms : 45 days

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

Case: vs CALIFORNIA COMMERCE CLUB, INC
Date Of Injury: CT 98-3/2/06;4/04

DOS	SERVICE	DESCRIPTION	AMOUNT
05/30/06	DEPO PREP	@ THE L/O OF DENNIS FUSI (KOREAN)	325.00
05/30/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (KOREAN)	325.00
06/20/06	WCAB LB	EXP. HEARING (KOREAN)	350.00
09/20/06	PENALTIES	FOR DATE OF SERVICE 5/30/06	97.50
03/13/07	INTEREST	FOR DATE OF SERVICE 5/30/06	62.88
09/20/06	PENALTIES	FOR DATE OF SERVICE 6/20/06	52.50
03/13/07	INTEREST	FOR DATE OF SERVICE 6/20/06	31.54
03/20/07	PMT BY CHECK	DOS 5/30/06 THRU 3/13/07 # 896D 31166325	-1244.42
01/24/08	WCAB LB	STATUS CONFERENCE (KOREAN)	350.00
02/27/08	PMT BY CHECK	DOS 1/24/08 # 896D 52694685	-350.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
UC00609

896D 52694685

TRAVELERS

DATE 02/27/08
TIN: 330956713
PROVIDER: JOYCE ALMAN INTERPRETERS

JOYCE ALMAN INTERPRETERS
P O 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
A 552-99-2558 JU[redacted] 328- 328-59-2194	152 CB ABM3006N	02/05/08	$ 120.00		PAID PER STIPULATION
	152 CB CDA4993H	02/26/07 - 02/05/08	$ 595.84		INV. NO. 24925
	152 CB CHP8997T	01/24/08	$ 350.00		INV 22364
		Total Amount Paid	$*****1065.84		

PAID

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

058006238
DETACH CHECK

SUMM -121295
OVRPSUM2-12129
DETACH CHECK

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

*** INVOICE ***

Date	NO#
06/04/07	23505

Claim # : 89101; 89100
W.C.A.B.: LBO 0
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LWP CLAIMS SOLUTIONS
W.C. DEPARTMENT
ATTN: Lynne Vega
P.O. BOX # 349016
SACRAMENTO, CA 95834-9016

Case: vs GOLDEN STATE OVERNIGHT DELIVER
Date Of Injury: 6/10/04; 11/1/04

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/06	WCAB LB	MSC (EXOT LANG: ARABIC)	300.00
12/05/06	PMT BY CHECK	DOS 10/25/06 # 2669	-300.00
12/20/06	WCAB LB	MSC (EXOT LANG: ARABIC)	300.00
02/01/07	PMT BY CHECK	DOS 12/20/06 # 2903	-300.00
02/28/07	WCAB LB	MSC (EXOT LANG: ARABIC)	300.00
05/02/07	WCAB LB	MSC (EXOT LANG: ARABIC)	300.00
05/30/07	PMT BY CHECK	DOS 10/25/06 THRU 5/2/07 # 3378	-600.00

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.

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000089100	✓	11/01/2004	23505	02/28/2007 - 05/02/2007

Reference:
Comments:

Service	Service Dates	Amount Paid
Miscellaneous Expense	02/28/2007 - 05/02/2007	600.00 ✓

LW Pv

5/30/07 v

Ck# 3378 ✓

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#
08/11/08	30719

Claim # : YME08675C
W.C.A.B.: VNO
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LEXIN,KY)
W.C. DEPARTMENT
ATTN: TORY B.
P.O. BOX 14214
LEXINGTON, KY 40512

Case: [redacted] vs DISCOUNT TIRES
Date Of Injury: 8/13/06

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/08	WCAB VNO	MSC (EXOTIC: ARMENIAN)	310.00
08/04/08	PMT BY CHECK	DOS 5/29/08 # 100655730 0	-310.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
1-800-551-0271

001926
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01936

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*4300121 100655730 0

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
30719 08-13-06	16WBR J79267 YMEC 08675	DISCOUNT TIRE CENTERS MR.	$310.00
Nature of Payment: Miscellaneous Legal Expenses		Service Dates 05-29-2008 05-29-2008	$310.00
Claim Handler: Trudy E. Buchanan 888-737-7726 SO California SRS Claim Office P.O. Box 5068 Syracuse, NY 13220-5068		Additional Comments: PAID	

Issue Date	08-04-2008	Check Number	100655730 0	Total Amount of Check	$310.00

Please keep the above information for your records.

077086277

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

*** INVOICE ***
Date NO#
05/27/08 29544

Claim # : 20060531304, 20050738459
W.C.A.B.: LBO
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
PO BOX 14442
LEXINGTON, KY 40512-4442

Case:
Date Of Injury: 5/14/06, 7/19/05 vs COSTCO WHOLESALE

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/08	C&R READING	@ THE L/O OF DENNIS FUSI (ROMANIAN)	325.00
05/21/08	PMT BY CHECK	DOS 1/21/08 # 0017452502	-325.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

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

DATE	CHECK AMT	CHECK NO.
05/21/2008	325.00	0017452502

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
223 Sedgwick Claims Management Services	001

*004992 0017452502 00001 OF 00001 OPM 080520 1515

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

Claimant Name	Loss Date	Claim Number	SSN
	05/14/2006	20060531304-0001	

Amt Paid: 325.00
Amt Billed: 325.00
Dates: 01/21/2008 - 01/21/2008

Description:
Invoice: 29544
Comment:

ICN: 20060531304000l

PAID

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#
05/01/08 23505

Claim # : 89101; 89100
W.C.A.B.: [illegible]
S.S.N. : [illegible]
D.O.B. : [illegible]
Terms : 45 days

BILL TO:
LWP CLAIMS SOLUTIONS (SACRAM)
W.C. DEPARTMENT
ATTN: Lynne Vega
P.O. BOX # 349016
SACRAMENTO, CA 95834-9016

Case: [illegible] vs GOLDEN STATE OVERNIGHT DELIVER
Date Of Injury: 6/10/04; 11/1/04

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/06	WCAB LB	MSC (EXOT LANG: ARABIC)	300.00
12/05/06	PMT BY CHECK	DOS 10/25/06 # 2669	-300.00
12/20/06	WCAB LB	MSC (EXOT LANG: ARABIC)	300.00
02/01/07	PMT BY CHECK	DOS 12/20/06 # 2903	-300.00
02/28/07	WCAB LB	MSC (EXOT LANG: ARABIC)	300.00
05/02/07	WCAB LB	MSC (EXOT LANG: ARABIC)	300.00
05/30/07	PMT BY CHECK	DOS 10/25/06 THRU 5/2/07 # 3378	-600.00
03/19/08	WCAB LB	MSC (EXOT LANG: ARABIC)	300.00
04/28/08	PMT BY CHECK	DOS 3/19/08 # 4642	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000089100		11/01/2004	23505	03/19/2008 - 03/19/2008

Reference:
Comments:

Service	Service Dates	Amount Paid
Miscellaneous Expense	03/19/2008 - 03/19/2008	300.00 ✓

CK-4642
4/28/08

PAID

ATTENTION:

LWP Claims Solutions, Inc has launched our next generation paperless solution. As part of this change, both our mailing address and fax number for all locations has changed to:

PO Box 57001
San Jose, CA 95157
Fax: (408) 725-0395