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 8CCR, Article 5.7)
Includes payments for P&I and Cost & Sanctions
8/18/99 - 9/15/11

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
33136	2/10/09 - 3/8/11	9/20/11	$ 1,694.50	3 Board Appearances, 2 Depo Preps, 2 Depo Reviews, C&R reading, P&I's + Cost & Sanctions	$ 2,099.60	665831	10/1/09	Zenith
						665830	10/1/09	
						701129	10/29/09	
						667525	9/14/11	
*33316	3/2/09 - 3/15/11	8/19/11	$ 1,282.50	2 Depo Preps, 2 Depo Reviews, 3 Board Appearances & P&I's	$ 1,403.68	8810103067	5/4/09	Farmers
						8812977644	4/27/11	
						8813157599	8/17/11	
*33018	1/23/09 - 6/22/10	9/7/11	$ 2,359.50	2 Initials, 4 PR-2s, 2 P&S, Depo Prep, Depo Review, 2 Board Appearances + P&I's	$ 3,200.00	0020331998	8/31/11	SUA
*16171	6/21/05 - 8/19/11	8/29/11	$ 7,591.50	2 Initials, 25 PR-2s/Follow ups, Pysch Eval(5hrs), Pre-op, Post-op, Surgery, P&S, 5 Board Appearances, 2 Depo Reviews, C&R reading + P&I's	$ 9,921.07	956956140	9/16/05	Specialty Risk Svcs
						335823762	5/23/07	
						1008293970	11/11/08	
						1008293989	11/11/08	
						2010344898	8/19/11	

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Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
*42163	1/20/11 - 1/20/11	9/1/11	$ 406.50	Depo Prep, C&R reading + P&I's	$ 457.53	FE43203035	9/1/11	ESIS
*06836	1/15/04 - 7/12/04	8/23/11	$ 417.00	Re-Eval, Final Exam, Depo Prep, P&I + Cost and Sanctions	$ 1,000.00	896D78793259	8/17/11	Travelers
*29927	3/19/08 - 12/1/09	8/23/11	$ 3,363.00	Initial, 13 PR-2s, Depo Prep, Depo Review, P&S, Board Appearance & P&I's	$ 4,300.00	2010089979	8/15/11	Specialty Risk Svcs
*24710	2/13/07 - 8/9/11	8/15/11	$ 3,210.00	Initial, 6 Follow up/PR-2s, 2 Board Appearances, 3 Depo Preps, 3 Depo Reviews, P&S, C&R reading + P&I's	$ 4,000.00	18250800	8/12/11	Chartis
*14922	4/5/05 - 2/28/06	8/23/11	$ 800.00	Initial, 3 Re-evals, P&S + P&I's	$ 850.00	18339608	8/23/11	Chartis
*34377	6/19/09 - 3/9/11	8/16/11	$ 563.00	Depo Prep, Depo Review, Board Appearance + P&I's	$ 594.71	32045660 32064145 18267556	7/28/09 8/5/09 8/13/11	Chartis
*39850	10/21/10 - 5/10/11	8/16/11	$ 1,376.00	3 Depo Preps, 3 Depo Reviews, Board Appearance + P&I's	$ 1,529.16	047720	8/16/11	Avizent
*32019	10/15/08 - 4/5/11	9/7/11	$ 5,039.50	2 Initials, 22 PR-2s, Pre-op, Board Appearances + P&I's	$ 5,790.79	0073628704 0073919548 0074431066 0087930564	9/16/09 9/30/09 10/26/09 8/31/11	Gallagher Bassett
*26418	7/5/07 - 9/6/07	8/23/11	$ 294.00	2 Board Appearances, P&I's + Cost and Sanctions	$ 1,019.00	0085034590 0087622714	4/15/11 8/17/11	Gallagher Bassett

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*23229	10/5/06 - 6/14/10	8/12/11	$ 1,923.50	Initial, Re-eval, 2 Depo Preps, Depo Review, 2 Board Appearances, C&R reading + P&I's	$ 2,063.02	0385541415	3/8/07	Transguard Insurance
						0386207928	3/30/07	
						0389824119	8/3/07	
						0390401235	8/24/07	
						0398780235	6/27/08	
						0407509029	5/7/09	
						00414553356	1/26/10	
						000189914	8/7/11	
*34684	7/24/09 - 3/30/11	8/30/11	$ 699.50	Initial, 3 Board Appearances + P&I's	$ 1,037.00	1014788439	12/14/09	Specialty Risk Svcs
						1067686894	6/30/10	
						2005413704	5/20/11	
						2010404548	8/22/11	
*02761	5/16/03 - 9/7/11	9/21/11	$ 1,695.00	2 Initials, 3 Re-Evals, Diagn Study(MRI), P&S, Job Descript., 2 Board Appearances + P&I's	$ 3,439.73	004097415	8/6/03	Gallagher Bassett
						004139265	8/27/03	
						0088162801	9/12/11	
*35204	9/15/09 - 2/14/11	8/22/11	$ 1,063.00	2 Depo Preps, 2 Depo Reviews, C&R reading + P&I's	$ 1,171.38	DA61696227	11/5/09	ACE USA
						DA62292732	2/8/10	
						DA65986418	8/22/11	
*36440	1/25/10 - 2/7/11	7/26/11	$ 719.50	Depo Prep, Depo Review, Board Appearance + P&I's	$ 906.50	586388	12/7/10	York
						688353	7/21/11	
*25855	4/25/07 - 2/3/10	7/26/11	$ 3,947.00	4 Initials, Initial Psych, 7 Re-Eval/PR-2s, Diagn Study (EMG/NCV), 2 Shockwave therapy, 2 Depo Preps, P&S, Board Appearance + P&I's	$ 4,469.50	15247918	10/19/10	Chartis
						108007764	7/20/11	

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Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
*13231	1/13/05 - 9/13/10	8/19/11	$ 6,193.50	4 Initials, 19 Re-eval/PR-2s,Follow ups, 2 Diagn studies (MRI, Sleep Test), P&S, 3 Depo Preps, 3 Depo Reviews, 4 Board Appearances + P&I's	$ 6,344.00	885708	5/4/05	Zenith
						893793	5/9/05	
						913159	5/19/05	
						939960	6/7/05	
						182711	8/1/05	
						313519	10/19/05	
						374033	11/28/05	
						BR630544	8/12/11	
*31053	7/7/08 - 4/6/09	8/9/11	$ 1,572.50	Initial, 6 PR-2s + P&I's	$ 2,747.55	0023039076	4/13/11	Liberty Mutual
						95423855	8/3/11	
*10227	7/14/04 - 12/10/04	7/21/11	$ 540.00	Initial, 2 Re-evals, Diagn Study (MRI) + P&I's	$ 600.00	856598	7/16/11	Golden Eagle for Safeco
*17578	9/13/05 - 7/11/11	7/18/11	$ 1,180.00	Initial, 4 Follow ups, P&S + P&I's	$ 1,480.00	17976539	7/18/11	Chartis
*33834	4/20/09 - 3/2/11	8/4/11	$ 1,099.50	Initial, F.C.E., 2 Depo Preps, Depo Review, Board Appearance + P&I's	$ 1,275.00	611060	7/29/11	Zenith
*27943	10/23/07 - 3/14/08	7/18/11	$ 1,086.50	Initial, 5 Diagnostic Studies, Depo Prep + P&I's	$ 2,059.02	0029030783	7/18/11	Sedgwick
						0029030770		
*30052	3/11/08 - 1/19/11	7/19/11	$ 1,376.00	2 Depo Preps, 2 Depo Reviews, C&R reading, 2 Board Appearances + P&I	$ 1,521.00	0064308424	6/17/08	Gallagher Bassett
						0085932646	5/27/11	
						0085932646	7/12/11	
*33280	2/11/09 - 8/24/09	7/22/11	$ 1,670.00	Initial, 8 PR-2s + P&I	$ 1,680.00	2461340	9/30/09	Lumberman's
						2662711	7/19/11	

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*31811	9/24/08 - 2/23/11	7/18/11	$ 719.50	Depo Prep, Depo Review, 2 Board Appearances + P&I's	$ 781.50	1010093031	4/8/09	Zurich
						1100130804	7/14/11	
*23832	11/26/06 - 10/12/09	9/2/11	$ 12,247.00	2 Initials, 51 Follow ups/PR-2s, 4 Diagn Studies, P&S, Psych Test (2.5hrs), Depo Prep, Depo Review, 8 Board Appearances + P&I	$ 13,850.00	81010020	4/23/07	Helmsman's Mgmt. Svc.
						81017399	5/11/07	
						81028508	6/11/07	
						81033880	6/26/07	
						81036417	7/3/07	
						81038390	7/10/07	
						81048425	8/7/07	
						81053704	8/22/07	
						81054774	8/24/07	
						81058493	9/6/07	
						81060499	9/12/07	
						0081520599	8/26/11	
*36298	12/30/09	8/8/11	$ 250.00	C&R reading, + P&I	$ 312.39	0021386324	5/6/10	Liberty Mutual
						0023584405	8/1/11	
*27460	9/25/07 11/29/07	7/21/11	$ 890.00	2 Diagnostic Studies(EMG/NCV), Initial, PR-2, P&S + P&I's	$ 1,100.00	0308688	7/19/11	ACCA
*40306	10/6/2010	7/11/11	$ 156.50	Board Appearance + P&I's	$ 194.08	CN-480822	7/1/11	SCIF
*17404	9/7/05 - 12/17/07	7/18/11	$ 1,569.00	2 Initials, 2 Re-evals, P&S, Diagn Study, 2 Board Appearances + P&I's	$ 2,126.50	37468675	12/13/06	Chartis
						26638700	4/2/08	
						17962431	7/15/11	
*34986	8/20/09 - 11/29/10	7/12/11	$ 500.00	Depo Review, C&R reading + P&I's	$ 648.25	17870759	7/6/11	Chartis
*25093	3/8/07 - 9/10/10	7/18/11	$ 1,401.00	Depo Prep, Depo Review. 4 Board Appearances, C&R reading + P&I's	$ 1,494.00	1080774151	5/16/07	Zurich
						1080786629	7/10/07	
						1080796146	8/20/07	
						1100722031	2/11/10	
						1100915974	8/4/10	
						1101363481	7/18/11	

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*24323	1/16/07 - 2/4/11	7/18/11	$ 866.00	4 Board Appearances, C&R reading + P&I's	$ 1,026.83	FE37937929	2/13/07	ESIS
						FE40641980	7/15/09	
						FE42578578	3/3/11	
						FE43035144	7/13/11	
*29920	3/18/08 - 2/4/10	7/15/11	$ 1,949.25	Initial, PR-2, 2 ESWT, Init/P&S Psych eval (4 hrs 45mins), Diagn Study, P&S, 2 Board Appearances + P&I	$ 2,113.00	19986558	11/12/09	Berkshire
						2007825	3/17/10	
						2070893	7/12/11	
*36714	2/17/10 - 12/29/10	7/18/11	$ 1,660.00	2 Initials, 4 PR-2s, P&S, C&R reading + P&I's	$ 2,000.00	0485990	7/13/11	Care West
*35861	11/25/09 - 11/12/10	7/12/11	$ 2,379.50	2 Initials, Diagn Study, 4 PR-2s, Depo Prep, Depo Review, P&S, Board Appearance, C&R reading + P&I's	$ 2,663.00	0027884960	4/13/11	Sedgwick
						0028568204	7/5/11	
*33344	3/13/09 - 6/9/10	7/18/11	$ 2,669.50	2 Initials, 7 PR-2s, P&S, Depo Prep, Depo Review, Board Appearance + P&I's	$ 3,750.00	0023485077	7/18/11	Liberty Mutual
*25341	3/28/07 - 6/9/09	7/5/11	$ 1,523.50	Depo Prep, 2 Initials, Stip, 3 Board Appearances, Diagn Study + P&I's	$ 2,386.00	110053337	5/19/10	Zurich
						1100094758	1/12/11	
						1100127986	6/30/11	

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18216	9/26/05 - 10/12/06	7/18/11	$ 1,491.00	5 Follow ups, Depo Prep, Depo Review, C&R reading, P&I + Cost & Sanctions	$ 2,197.00	7409651	12/14/05	Argonaut
						7429033	9/28/06	
						4050206	7/13/11	
*23721	12/5/08 - 12/14/10	6/21/11	$ 11,387.50	5 Initials, 7 Follow ups, 42 PR-2s, Diagn Study (EMG), Meds, Depo Prep, Depo Review, Pre-op, Post-op, 2 Board Appearances + P&I	$ 11,702.00	409636	4/17/08	Chubb
						5197834	7/27/09	
						6727412	6/16/11	
*35018	8/19/09 - 7/2/11	7/5/11	$ 969.50	2 Board Appearance, Depo Prep, Depo Review, C&R reading + P&I's	$ 1,071.63	14032679	6/24/10	Chartis
						15279510	10/21/10	
						17843947	7/2/11	
*32730	12/30/08 - 12/14/10	6/20/11	$ 1,023.00	Initial, P&S, Depo Prep, Depo Review, Board Appearance, P&I's + Cost & Sanctions	$ 1,607.09	DA6555026	6/14/11	ACE USA
*31822	10/2/08 - 11/16/10	7/5/11	$ 469.50	Depo Prep, 2 Board Appearances + P&I's	$ 786.94	0086640087	6/30/11	Gallagher Bassett
*35969	14/9/09 - 10/28/10	6/27/11	$ 1,116.50	Initials, Depo Prep, Depo Review, C&R reading + P&I's	$ 1,437.57	2069015	6/23/11	Redwood Fire & Casualty
*38939	9/30/10 - 11/10/10	6/7/11	$ 656.50	Depo Prep, Depo Review, C&R reading + P&I's	$ 804.71	480681	6/2/11	Care West

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*22270	6/26/06 - 6/23/11	6/27/11	$ 1,550.00	Diagn Study (EMG), 7 Follow ups, C&R reading + P&I's	$ 1,850.00	37113553	7/19/06	Chartis
						37192610	8/18/06	
						37320803	10/11/06	
						37376897	11/3/06	
						17747926	6/27/11	
*36763	2/23/10 - 10/14/10	6/27/11	$ 656.50	Depo Prep, Depo Review, C&R reading, P&I's + Cost & Sanctions	$ 950.00	0078566322	5/19/10	Gallagher Bassett
						0000027738	6/15/11	
*31602	9/9/08 - 1/20/11	6/21/11	$ 3,163.00	3 Initials, 2 Diagn Studies, 5 PR2s, Depo Prep, Depo Review, C&R reading, 2 P&S + P&I's	$ 3,950.00	0022714280	2/3/11	Liberty Mutual
						0022723051	2/4/11	
						0023353045	6/13/11	
*23638	11/8/06 - 5/19/09	6/23/11	$ 4,964.00	5 Initials, 8 Diagn Studies, 5 Re-eval/PR-2s, 2 Depo Preps, 2 Depo Reviews, 1half day 1 full day Board Appearance + P&I's	$ 5,120.50	78186	6/22/11	California Contractors
*18683	8/19/1999	6/21/11	$ 150.00	Initial + P&I's	$ 376.85	02160013	12/17/01	Liberty Mutual
						0023360111	6/14/11	
*17961	9/20/2005	6/1/11	$ 150.00	Initial + P&I's	$ 175.00	0002360010	5/27/11	Cambridge Intergrated
*31726	9/19/08 - 1/3/11	6/6/11	$ 1,999.50	2 Initials, 2 PR-2s, 2 P&S, 2 Depo Preps, Depo Reviews Board Appearance + P&I's	$ 2,300.00	1100121459	5/31/11	Zurich
*33198	2/12/09 - 11/1/10	7/13/11	$ 876.00	Depo Prep, Depo Review, C&R reading, 2 Board Appearances + P&I's	$ 1,149.71	00233345726	6/10/11	Liberty Mutual

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*25064	3/7/07 - 11/25/08	6/6/11	$ 2,009.50	Initial, 6 Follow ups/PR-2s, P&S, 2 Board Appearances, C&R reading + P&I's	$ 2,200.00	306806	6/1/11	National Liability & Fire Ins.
24411	1/30/07 - 5/20/11	5/24/11	$ 1,066.80	Diagn Study (MRI), C&R reading, P&I's + Cost & Sanctions	$ 1,241.00	16056703	1/6/11	Chartis
						17417669	5/20/11	
*36403	1/12/10 - 11/1/10	6/21/11	$ 719.50	Depo Prep, Depo Review, C&R reading, Board Appearance + P&I's	$ 919.96	0023353045	6/13/11	Liberty Mutual
*40171	10/11/2010	6/14/11	$ 156.50	Board Appearance + P&I's	$ 191.72	CD-538232	5/25/11	SCIF
*30103	4/30/08 - 12/14/10	7/13/11	$ 1,126.00	2 Depo Preps, 2 Depo Reviews, 2 Board Appearances +	$ 1,338.82	89138331	5/22/08	Liberty Mutual
						90070123	10/31/08	
						0023330499	6/8/11	
*09353	6/11/04 - 12/17/09	6/23/11	$ 3,017.50	4 Initials, 6 Re-evals, 6 Diagn studies, Depo Prep, Depo Review, 3 Board Appearances + P&I's	$ 3,780.00	35639321	12/23/04	Chartis
						35646463	12/28/04	
						12022027	12/24/09	
						1789901	5/27/11	
*34543	7/15/09 - 1/10/11	6/1/11	$ 3,206.00	2 Initials, 9 PR-2s, 2 Depo Preps, 2 Depo Reviews, 2 Board Appearance + P&I's	$ 3,218.25	217061	9/9/10	Travelers
						372035	1/11/11	
						896D78352989	5/27/11	
*40850	12/8/2010	6/7/2011	$156.50	Board Appearance + P&I's	188.86	81496253	5/31/2011	Liberty Mutual
*33123	2/10/09 - 10/26/09	1/21/11	$ 1,660.00	2 Initials, 4 PR2/Re-evals, C&R reading, P&S, P&I	$1,900.00	0022621334	1/14/2011	Liberty Mutual
						0022628945	1/17/11	

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*40170	8/10/2010	1/11/11	$ 313.00	Board Appearance, P & I	$ 375.73	CU-742818	1/7/11	SCIF
*25601	4/25/07 - 2/16/10	11/29/10	$ 2,570.00	Initial, 4 Follow Up, Depo Prep, PR2/Re-eval, Depo Review, P&S, 2 Board Appearances, C &R + P&I's	$ 3,010.00	42019256	6/18/07	ESIS
						4241436	7/5/07	
						FE42250313	11/23/10	
*33827	4/8/09 - 5/3/10	10/26/10	$ 2,509.00	Initial, 3 Depo Preps, 3 Depo Reviews, 2 PR2/Re-eval, P&S,	$ 2,700.20	0072843536	8/7/09	Gallagher Bassett
						0081551036	10/19/10	
*31790	9/25/08 - 11/10/09	10/26/10	$ 656.50	Depo Prep, Depo Review, C&R reading, P&I's + Cost & Sanctions	$ 2,106.50	1080891094	11/24/08	Zurich
						1080891076	11/24/08	
						1101004300	10/19/10	
*27472	9/28/07 - 7/24/09	10/1/10	$ 1,333.00	Initial, 3 PR2/Re-evals, 2 Board appearances, C&R reading, P&I	$ 1,413.06	CU118187	12/10/07	SCIF
						CU137231	1/3/08	
						CU147979	1/16/08	
						CU156454	1/30/08	
						CU173170	2/27/08	
						CU184814	3/24/08	
						CU-697186	9/28/10	
*34447	6/25/09 - 6/9/10	10/11/10	$ 2,099.50	Initial, 5 PR2/Re-evals, 2 Depo Preps, 2 Depo Review, Board Appearance, P&I	$ 2,716.30	1020016638	9/22/09	Zurich
						1100077456	10/6/10	
*36286	12/17/09 - 4/28/10	8/31/10	$ 406.50	C&R reading, Board Appearance, + P&I's	$ 458.02	92457	8/23/10	First Comp
*29552	2/22/08 - 4/29/08	8/17/10	$ 640.00	2 Initials, PR2/Re-eval, P&I	$ 660.00	27068794	5/6/08	AIG
						14554230	8/12/10	

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*23958	12/1/06 - 9/1/09	7/22/10	$ 5,546.50	2 Initials (1 Acupuncture), 26 Re-evals/PR2s, Board Appearance + P&I's	$ 6,170.00	332752103	2/14/07	Specialty Risk Svcs
						333822985	3/19/07	
						334276821	4/2/07	
						335968640	5/31/07	
						1000104249	6/15/07	
						1068687584 4	7/15/10	
*20296	12/7/05 - 10/28/09	7/22/10	$ 1,419.50	Initial, 4 Re-evals, 3 Board Appearances, Cost & Sanctions, P&I	$ 2,600.00	000170889	7/11/10	ACCA
*01769	5/29/03 - 9/2/09	6/29/10	$ 2,641.50	Re-eval, Depo Prep, 2 Depo Reviews, 12 Board Appearances, C&R reading + P&I's	$ 2,815.00	101830248	9/17/03	CNA
						101830248	9/17/03	
						103338398	12/14/05	
						103371996	1/18/06	
						103722902	2/22/07	
						103992471	4/4/08	
						104267003	10/8/09	
						104372764	6/23/10	
*26563	7/17/07 - 7/27/09	6/14/10	$ 866.50	Depo Prep, Depo Review, 2 Apperances, Stipulation + P&I's	$ 905.81	0014957829	9/28/07	Sedgwick
						0017747259	7/9/08	
						0021471300	8/5/09	
						0024656541	6/10/10	
*34401	6/23/09 - 12/4/09	7/7/10	$ 719.50	2 Depo Preps, Depo Review, C&R, P&I	$ 865.48	0020032158	8/18/09	Liberty Mutual
						0021656124	6/30/10	
*11444	9/3/04 - 3/17/06	4/27/10	$ 1,284.00	2 Initials, Med, 2 Diagn Studies, Depo Prep, Depo Review, C&R reading + P&I's	$ 1,400.00	613617694	7/19/05	TIG Insurance
						613656284	10/6/05	
						84972946	4/20/10	
*23336	10/13/06 - 4/6/10	5/11/10	$ 1,000.00	Initial, 3 Re-evals, P&S + P&I's	$ 1,300.00	833815	4/8/10	Golden Eagle

Sum represents any amounts claimed for penalties and interest or cost and sanctions.

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
*06104	4/2/01 - 3/15/10	4/5/10	$ 1,254.00	Initial, 3 Re-evals, Diagn Study, P&S, QME eval, Depo Prep, Board Appearance + P&I's	$ 2,571.94	4420002117	3/29/10	Clarendon America
*12316	11/24/2004	4/23/10	$ 150.00	Initial + P&I	$ 235.65	0021293907	4/19/10	Liberty Mutual
*23736	5/17/00 - 7/17/01	3/9/10	$ 754.00	Depo Prep, Depo Review, 2 Board Appearances, C&R, P&I	$ 899.78	00216354	5/1/07	Employers Direct
						00359637	3/30/09	
						00428631	3/4/10	
*12984	1/3/2005	3/23/10	$ 150.00	Diagn Study (MRI) + P&I	$ 230.00	106008955 6	3/15/10	Gallagher Bassett
*21479	4/5/06 - 7/1/09	2/1/10	$ 3,629.50	Initial, 15 PR2/Re-evals, P&S, 3 Board Appearances, P&I	$ 4,100.00	755513	8/1/06	Zenith
						735392	3/5/08	
						938212	7/29/08	
						448894	4/17/09	
						484087	5/14/09	
						683797	10/16/09	
						798866	1/26/10	
*16682	7/1/2003	1/18/10	$ 147.00	Board Appearance, P & I	$ 400.00	78150595	1/12/10	Xchanging
*15752	11/22/02 - 1/4/06	1/11/10	$ 738.00	Initial, 3 Board Appearances, P&I	$ 1,214.00	12156139	1/7/10	AIG
*18352	9/15/05 - 6/22/07	12/10/09	$ 3,410.00	18 Re-evals, P&S + P&I's	$ 4,240.00	CY124182	11/22/05	SCIF
						CY124434	11/23/05	
						CY129083	12/16/05	
						CY136096	1/27/06	
						CY-381131	12/7/09	
*31868	10/14/2008	12/8/09	$ 156.50	C&R, P&I	$ 200.00	500289560	11/30/09	Preferred Employers

Sum represents any amounts claimed for penalties and interest or cost and sanctions.

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
*30503	5/6/08 - 8/10/09	12/11/09	$ 469.50	Board Appearance, P & I	$ 536.28	27522706	6/11/08	AIG
						30946878	3/14/09	
						11816860	12/8/09	
*31131	7/7/2008	11/13/09	$ 719.50	Depo Prep, Depo Review, Board Appearance, C&R + P&I's	$ 930.34	1985737	11/10/09	Berkshire
*08323	3/30/04 - 1/27/09	11/2/09	$ 1,107.50	Re-Evals, P&S, Board Appearances + P&I's	$ 1,184.00	36898785	4/19/06	AIG
						32235746	10/24/09	
*25567	4/18/07 - 12/1/08	12/15/08	$ 710.00	Depo Prep, Depo Review, C&R, Board Appearance + P&I's	$ 925.00	29829939	12/12/08	AIG
*30051	3/31/08 - 3/4/09	10/2/09	$ 656.50	Depo Prep, Depo Review, C&R + P&I	$ 756.50	1010913921	4/16/09	Specialty Risk Svcs
						101352312 1	9/25/09	
*23469	10/26/06 - 12/18/08	9/25/09	$ 1,473.50	Initial, 3 Re-evals, Depo Prep, Depo Review, Diagn Study (MRI), Board Appearance + P&I's	$ 2,000.00	5000284614	9/23/09	Preferred Employers
*22198	6/14/06 - 1/16/09	9/17/09	$ 1,067.00	2 Initials, 2 Depo Reviews, C&R reading, Board Appearance + P&I's	$ 1,137.00	39494140	11/30/06	LWP Claims
						40037508	1/12/07	
						10949	12/2/08	
						12626	3/25/09	
						14839	9/14/09	
*21835	4/28/06 - 3/26/09	9/14/09	$ 3,626.50	Initial, 18 Re-evals/PR-2s, Board Appearance + P&I's	$ 4,500.00	1001896556	9/4/09	Specialty Risk Svcs
*31997	10/15/09 - 4/29/09	9/15/09	$ 313.00	Board Appearances, P&I	$ 350.00	0020163419	9/11/09	Liberty Mutual

Sum represents any amounts claimed for penalties and interest or cost and sanctions.

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
*06423	12/21/00 - 2/2/05	9/4/09	$ 2,649.00	3 Initials, Diagn Study (NCV), Job Description, 14 Re-evals, 4 Board Appearances + P&I's	$ 3,541.07	CU244615	1/31/01	SCIF
						CU271019	3/5/01	
						CU307819	4/17/01	
						CU313602	4/24/01	
						CU339421	5/23/01	
						CU376580	7/5/01	
						CU386416	7/16/01	
						CU397360	7/26/01	
						CU419485	8/15/01	
						CU438061	6/4/01	
						CU445547	9/11/01	
						CU662476	3/18/02	
						CU180373	3/9/04	
						CU260783	12/22/04	
						BU259081	1/7/05	
						CU-499055	9/2/09	
*02819	7/24/03 - 8/4/04	10/5/11	$ 2,148.00	2 Initials, 8 Re-evals, Diagn Study (MRI), Depo Prep, Depo Review, P&S, 2 Board Appearances + P&I's	$ 2,975.41	275527	8/6/04	Gallagher Bassett
						0088498860	9/27/11	
*33714	4/10/09 - 5/16/11	10/5/11	$ 2,803.00	2 Initials, 10 PR-2s, P&S, 2 Board Appearances + P&I's	$ 3,146.50	0000710385	7/9/09	Insurance co. of the West
						0000714987	7/27/09	
						0000834644	9/23/10	
						0000957062	9/27/11	
*23448	10/25/06 - 9/29/09	10/5/11	$ 1,180.50	2 Diagn Studies, PR-2, Depo Prep, Depo Review, 2 Board Appearances + P&I's	$ 1,348.74	FE38409880	7/18/07	ESIS
						FE38409884	7/18/07	
						FE38401041	7/16/07	
						FE38525161	8/24/07	
						FE3306087	9/27/11	

Sum represents any amounts claimed for penalties and interest or cost and sanctions.

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
*35415	10/1/09 - 2/24/10	10/5/11	$ 365.56	3 Depo Preps, Depo Review, 2 Board Appearances + P&I's	$ 324.05	92750057	2/24/10	Liberty Mutual
						92870576	3/18/10	
						0023875484	9/29/11	
*34607	10/23/06 - 9/15/11	9/29/11	$ 1,539.68	2 Initials, 4 Re-evals, Depo Prep, Depo Review, C&R, Board Appearance + P&I's	$ 1,350.00	0128792	12/10/09	Berkshire
						0265236	9/29/11	
*35077	9/1/09 - 3/16/11	9/27/11	$ 2,513.00	2 Initials, 7 PR2s, Depo Prep, Depo Review, P&S, Board Appearance + P&I's	$ 2,726.50	00240004967	3/10/10	Sedgwick
						0029596423	9/19/11	
*29114	1/21/08 - 4/20/11	9/21/11	$ 2,493.00	3 Initials, 7 PR-2s, P&S, 2 Board Appearances + P&I's	$ 2,713.00	104488206	4/29/11	CNA
						104535228	9/13/11	
*33300	2/23/09 - 5/4/10	9/7/11	$ 1,849.50	Initial, 5 PR-2s, Depo Prep, Depo Review, 2 Board Apperances + P&I's	$ 2,269.50	15374579	10/30/10	Chartis
						18462160	9/2/11	
*37506	5/18/10 - 8/29/11	9/7/11	$ 306.50	C&R reading, Board Apperance, P&I + Cost & Sanctions	$ 1,200.00	206699	9/1/11	First Comp
*29770	3/10/08 - 5/15/09	9/26/11	$ 3,290.00	Initial, 17 PR2s + P&I's	$ 3,800.00	112406218	9/23/11	Cannon Cochran
40064	10/19/2010	9/8/11	$ 156.50	Board Appearance + P&I's	$ 196.15	CU836144	9/6/11	SCIF
*34559	7/13/09 - 2/28/11	9/15/11	$ 1,133.00	P&S, Board Appearances + P&I's	$ 1,306.94	0074883335	11/16/09	Gallagher Bassett
						0075724705	12/28/09	
						0082943051	12/28/10	
						0088109360	9/9/11	

Sum represents any amounts claimed for penalties and interest or cost and sanctions.

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

*** INVOICE ***

Date	NO#
09/20/11	33136

Claim # : 389170
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/1/70
Terms : 45 days

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

Case: __ vs U.S. POLE COMPANY INC
Date Of Injury: 8/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/09	WCAB LB	EXP. HEARING	156.50
05/19/09	PENALTIES	FOR DATE OF SERVICE 02/10/09	23.48
05/19/09	INTEREST	FOR DATE OF SERVICE 02/10/09	13.12
09/03/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/01/09	PMT BY CHECK	DOS 2/10/09 # 665831	-156.50
10/01/09	PMT BY CHECK	DOS 9/3/09 # 665830	-156.50
10/01/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/29/09	PMT BY CHECK	DOS 2/10/09 # 701129	-286.60
02/23/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/10/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
08/05/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/04/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/08/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/13/11	PENALTIES	FOR DATE OF SERVICE 2/23/10	23.48
08/15/11	INTEREST	FOR DATE OF SERVICE 2/23/10	27.51
04/13/11	PENALTIES	FOR DATE OF SERVICE 5/10/10	23.48
08/15/11	INTEREST	FOR DATE OF SERVICE 5/10/10	23.77
04/13/11	PENALTIES	FOR DATE OF SERVICE 8/5/10	23.48
08/15/11	INTEREST	FOR DATE OF SERVICE 8/5/10	19.48
04/13/11	PENALTIES	FOR DATE OF SERVICE 10/4/10	37.50
08/15/11	INTEREST	FOR DATE OF SERVICE 10/4/10	26.39
08/15/11	PENALTIES	FOR DATE OF SERVICE 10/1/09	37.50
08/15/11	INTEREST	FOR DATE OF SERVICE 10/1/09	55.37
08/15/11	PENALTIES	FOR DATE OF SERVICE 3/8/11	37.50
08/15/11	INTEREST	FOR DATE OF SERVICE 3/8/11	14.18
08/15/11	MISC	COST & SANCTIONS	180.86

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

*** INVOICE ***
Date NO#
09/20/11 33136

Claim # : 389170
W.C.A.B.:
ADJ # : 1
S.S.N. :
D.O.B. : 12/1/70
Terms : 45 days

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

Case: vs U.S. POLE COMPANY INC
Date Of Injury: 8/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/11	PMT BY CHECK	DOS 3/8/11 # 667525	-1500.00

BALANCE 0.00

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

October 1, 2009
Our Ref : 389170
Your Ref : INV# 33136

RE: F _____ (US POLE COMPANY, INC.) DOI:08/22/08

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
02/10/09	FEE	156.50	156.50	0.00	
	TOTAL $	156.50	156.50	0.00	

Please find attached our check # 665831 for $156.50.
This check covers bills from February 10, 2009 through February 10, 2009.

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

Sincerely,
Amy Doran
Claims Examiner

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

October 1, 2009
Our Ref : 389170
Your Ref : INV# 33136

RE [redacted] (US POLE COMPANY, INC.) DOI:08/22/08

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
09/03/09	FEE	156.50	156.50	0.00	
	TOTAL $	156.50	156.50	0.00	

Please find attached our check # 665830 for $156.50.
This check covers bills from September 3, 2009 through September 3, 2009.

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

Sincerely,
Amy Doran
Claims Examiner

PAID

ZENITH P.O. Box 9055, Van Nuys, CA 91409 (818) 502-7500

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

October 29, 2009
Our Ref : 389170
Your Ref : INV# 33136

RE: (US POLE COMPANY, INC.) DOI:08/22/08

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
02/10/09	FEE	36.60	36.60	0.00	
10/01/09	FEE	250.00	250.00	0.00	
	TOTAL $	286.60	286.60	0.00	

Please find attached our check # 701129 for $286.60.
This check covers bills from February 10, 2009 through October 1, 2009.

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

Sincerely,
Amy Doran
Claims Examiner

PAID

EXPLANATION OF PAYMENT

Carrier/Audit Reviewer
Zenith Insurance Company
LOS ANGELES REGIONAL OFFICE
21255 CALIFA STREET
WOODLAND HILLS, CA 91367
(800) 625-5435

Patient Information
[redacted]
SSN: On file
DATE OF INJURY: 08/22/08
Patient Acct No: NA

Zenith Claim Information
Claim Number: 389170
Check Date: 09/14/11
Check Number: 667525
Date Of Review: 09/12/11
Case Number: 18H1246000

Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

Diagnosis Information
959.9

#33136

Employer Information
US POLE COMPANY, INC.
660 W AVENUE O
PALMDALE, CA 93551

DATES OF SERVICE: 02/23/10 TO 03/08/11

Date Of Service	Procedure Code	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Allowed	Reduction Codes
02/23/10	MDO10		FINAL ORDER OR	0000	0.00	0.00	0.00	0.00	0.00	
03/08/11	MDO10		FINAL ORDER OR	0000	1,500.00	0.00	0.00	0.00	1,500.00	A5J A6B
			TOTAL SUMMARY:		1,500.00	0.00	0.00	0.00	1,500.00	

Carrier Reduction Code & Description:
A5J 870 PAYMENT IN FULL AND FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVIC E AND ALL CHARGES.
A6B 989 PAYMENT IN FULL AND FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVIC E AND ALL CHARGES.

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKER'S COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

To check the status of your bill, or for any other questions, please call Zenith Insurance Company at 1-800-440-5020.

ZENITH INSURANCE COMPANY NOW UTILIZES CENTRALIZED MAIL FACILITIES TO EXPEDITE MAIL HANDLING AND ROUTING. SEND ALL CORRESPONDENCE (INCLUDING MEDICAL BILLS, REPORTS, ETC) TO: PO BOX 9055, VAN NUYS, CA 91409-9055

ZENITH INSURANCE COMPANY now has the ability to receive medical bills electronically. If interested, please contact the Zenith provider call center provided by Jopari solutions at 1-866-269-0544 for more information.

All requests for reconsideration should be submitted in writing. Please include the bill clearly labeled as a request for reconsideration, the Explanation of Payment, the reason for the request and any supporting documentation. Reconsideration requests will be handled in accordance with your state's guidelines.

PAID

BY:_____

F.f. GA

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

*** INVOICE ***

Date	NO#
08/19/11	33316

Claim # : E2038297
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/15/57
Terms : 45 days

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

Case: vs JEWEL CITY BOWL
Date Of Injury: 1/27/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/09	DEPO PREP	@ THE L/O OF VAIL, MACAE & EDRINGTON	156.50
03/31/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/04/09	PMT BY CHECK	DOS 3/2/09 THRU 3/31/09 # 8810103067	-406.50
08/21/09	DEPO PREP	@ THE L/O OF VAIL & MACRAE (PART II)	156.50
09/09/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/10/09	WCAB LB	MSC	156.50
02/25/10	PENALTIES	FOR DATE OF SERVICE 08/21/09	23.48
08/17/11	INTEREST	FOR DATE OF SERVICE 08/21/09	36.78
02/25/10	PENALTIES	FOR DATE OF SERVICE 09/09/09	37.50
08/17/11	INTEREST	FOR DATE OF SERVICE 09/09/09	57.26
02/25/10	PENALTIES	FOR DATE OF SERVICE 11/10/09	23.48
08/17/11	INTEREST	FOR DATE OF SERVICE 11/10/09	32.79
12/14/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
03/15/11	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
04/14/11	PENALTIES	FOR DATE OF SERVICE 12/14/10	23.48
04/27/11	INTEREST	FOR DATE OF SERVICE 12/14/10	7.59
04/27/11	PMT BY CHECK	DOS 12/14/10 THRU 3/15/11 # 8812977644	-313.00
08/17/11	PMT BY CHECK	DOS 8/17/11 # 8813157599	-684.18
08/19/11	BLCE OFF SET	BALANCE OFF SET	-121.18

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

*** INVOICE ***

Date	NO#
08/19/11	33316

Claim # : E2038297
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/[illegible]/57
Terms : 45 days

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

Case: vs JEWEL CITY BOWL
Date Of Injury: 1/27/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Los Angeles Service Center

Check Number: 8810103067

Date: 05/04/2009

$406.50******

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

To the order of
Inv #33316
Joyce Altman Interpreters, Inc.
P.o. Box 4165
Tustin Ca 92781-4165

01 01 000230 12224510W1 CC0504P1 02 00023

Claimant/Patient:			
Insured:	B E T Recreation, Inc.		
Date of Loss:	08/27/2008	User ID	WE1MT20
Claim Number:	E2038297	CRID	E22693
Check Number:	8810103067		
Payment Under Insured's:			
Correspondence Reference:	12224510W1		
Description			
COMMUNICATIONS	$406.50		

PAID

PAYABLE, IF DESIRED, AT ANY BANK OF AMERICA IN: AZ, CA, NV and NM
PAYABLE, IF DESIRED, AT ANY KEY BANK IN: AK

TRUCK INSURANCE EXCHANGE

Farmers

Check Number: 8812977644
Date: 04/27/2011

Amount: $313.00******

01 01 000536 1FB5RBT4N1 CE0427P2 02 [ ] 000796

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

To the order of
JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781

33316

Claimant/Patient:
Insured: B E T RECREATION, INC.
Date of Loss: 08/27/2008
Claim Number: E2038297
Correspondence Reference: 1FB5RBT4N

Claim Representative: Philip Uribe
Office Phone Number: 8188741585

Additional Information:
12.14.10 TO 3.15.11 WCAB LB If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
12/14/10 - 03/15/11	Communications	$313.00

PAID

BY:.....

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

August 17, 2011

TRUCK INSURANCE EXCHANGE

Check Number: 8815157599
Date: 08/17/2011

PAID

Amount: $684.18******

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

To the order of
JOYCE ALTMAN INTERPRETERS INC.
PO BOX 4165
TUSTIN CA 92781

Claimant/Patient:			
Insured:	B E T RECREATION, INC.		
Date of Loss:	08/27/2008	Claim Representative:	Philip Uribe
Claim Number:	E2038297	Office Phone Number:	8188741585
Correspondence Reference:	451WRHN0N		

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

Service From/To	Payment For	Paid Amount
08/17/11 - 08/17/11	Medical Settlement - Lump Sum	$684.18

#33316

F.F. 16

01 01 000609 451WRHN0N1 CE0817P2 02 [ ] 000802

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

*** INVOICE ***
Date NO#
09/07/11 33018

Claim # : 310W09112311
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 2/25/62
Terms : 45 days

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ZARMIG BLACKBURN
P.O. BOX # 7111
PASADENA, CA 91109

Case: ____ vs SEOLLEM CORPORATION
Date Of Injury: 6/5/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/09	INITIAL EXAM	-DR HOSSAIN @ GARFIELD HEALTH	230.00
03/06/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH	180.00
12/10/08	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH*	230.00
01/22/09	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
04/17/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH	180.00
06/12/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH	180.00
07/15/09	P AND S	DR KATTAR @ GARFIELD HEALTH*	230.00
07/24/09	P AND S	DR HOSSAIN @ GARFIELD HEALTH*	230.00
03/01/10	DEPO PREP	@ THE OFFICES OF HUTCHINGS COURT REPORTERS	156.50
/ /	INTERPRETER:	WALTER VASQUEZ # 100770	0.00
04/13/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/29/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
06/22/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/01/10	PENALTIES	FOR DATE OF SERVICE 1/23/09	34.50
08/17/11	INTEREST	FOR DATE OF SERVICE 1/23/09	69.28
12/01/10	PENALTIES	FOR DATE OF SERVICE 12/10/08	34.50
08/17/11	INTEREST	FOR DATE OF SERVICE 12/10/08	72.47
12/01/10	PENALTIES	FOR DATE OF SERVICE 7/15/09	34.50
08/17/11	INTEREST	FOR DATE OF SERVICE 7/15/09	56.74
12/01/10	PENALTIES	FOR DATE OF SERVICE 7/24/09	34.50
08/17/11	INTEREST	FOR DATE OF SERVICE 7/24/09	56.09
12/01/10	PENALTIES	FOR DATE OF SERVICE 3/1/10	23.48
08/17/11	INTEREST	FOR DATE OF SERVICE 3/1/10	27.32
12/01/10	PENALTIES	FOR DATE OF SERVICE 4/13/10	23.48
08/17/11	INTEREST	FOR DATE OF SERVICE 4/13/10	25.20
12/01/10	PENALTIES	FOR DATE OF SERVICE 4/29/10	37.50
08/17/11	INTEREST	FOR DATE OF SERVICE 4/29/10	38.99
12/01/10	PENALTIES	FOR DATE OF SERVICE 6/22/10	23.48

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

*** INVOICE ***

Date	NO#
09/07/11	33018

Claim # : 310W09112311
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 2/25/62
Terms : 45 days

BILL TO:
INTERCARE INS (PASADENA)
W.C. DEPARTMENT
ATTN: ZARMIG BLACKBURN
P.O. BOX # 7111
PASADENA, CA 91109

Case: [redacted] vs SEOLLEM CORPORATION
Date Of Injury: 6/5/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/11	INTEREST	FOR DATE OF SERVICE 6/22/10	21.74
03/22/11	PENALTIES	FOR DATE OF SERVICE 3/6/09	27.00
08/17/11	INTEREST	FOR DATE OF SERVICE 3/6/09	51.84
03/22/11	PENALTIES	FOR DATE OF SERVICE 1/22/09	27.00
08/17/11	INTEREST	FOR DATE OF SERVICE 1/22/09	54.27
03/22/11	PENALTIES	FOR DATE OF SERVICE 4/17/09	27.00
08/17/11	INTEREST	FOR DATE OF SERVICE 4/17/09	49.45
03/22/11	PENALTIES	FOR DATE OF SERVICE 6/12/09	27.00
08/17/11	INTEREST	FOR DATE OF SERVICE 6/12/09	46.28
08/31/11	PMT BY CHECK	DOS 1/23/09-6/22/11 # 0020331998	-3200.00
09/07/11	BLCE OFF SET	BALANCE OFF SET	-83.11

BALANCE 0.00

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

B/n + PH

SUA Insurance Company
Chicago, IL

Check # 0020331998

Payee: **Joyce Altman Interpreters**

Check Date 08/31/2011

Bill Id	Invoice #	Policy #	Claim #	Claimant Name	Service From-To	Amount Paid
	#33018	WSATMEC00263502	310W09112311		01/23/09-06/22/10	3,200.00

PAID

F, F.
CA

Net Check Amount $ 3,200.00

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

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

*** INVOICE ***

Date	NO#
08/29/11	16171

Claim # : YME00956C
W.C.A.B.: [redacted]
ADJ # : [redacted]
S.S.N. : [redacted]
D.O.B. : 10/25/60
Terms : 45 days

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

Case: [redacted] vs TERESA MANUFACTURING
Date Of Injury: 1/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
08/21/05	PEN & INT	PER LABOR CODE Ï4622 DOS 6/21/05	0.00
09/16/05	PMT BY CHECK	DOS 6/21/05 # 95695614-0	-147.00
10/17/06	WCAB LB	MSC	147.00
01/25/07	INITIAL EXAM	DR ROSE*	230.00
02/06/07	PENALTIES	FOR DATE OF SERVICE 10/17/06	34.50
02/06/07	INTEREST	FOR DATE OF SERVICE 10/17/06	9.57
02/14/07	INITIAL EXAM	DR HAJJ*	230.00
02/22/07	FOLLOW-UP	DR ROSE*	180.00
03/08/07	PRE-OP	DR ROSE*	150.00
03/14/07	SURGERY	DR HAJJ*	150.00
03/21/07	POST-OP	DR HAJJ*	150.00
03/28/07	FOLLOW-UP	DR HAJJ*	180.00
04/05/07	FOLLOW-UP	DR ROSE*	180.00
05/10/07	FOLLOW-UP	DR ROSE*	180.00
05/09/07	FOLLOW-UP	DR HAJJ*	180.00
05/23/07	PMT BY CHECK	DOS 6/21/05 THRU 3/28/07 # 33582376-2	-1461.07
07/19/07	FOLLOW-UP	DR CHAN*	180.00
08/15/07	PR-2	DR CHAN*	180.00
08/23/07	PR2/REEVAL	DR HAJJ*	180.00
09/12/07	PR2/REEVAL	DR CHAN*	180.00
10/12/07	PR2/REEVAL	DR CHAN*	180.00
11/20/07	PR2/REEVAL	DR CHAN*	180.00
12/18/07	PR2/REEVAL	DR CHAN*	180.00
01/15/08	PR2/REEVAL	DR CHAN*	180.00
02/12/08	PR2/REEVAL	DR CHAN*	180.00
02/18/08	PSYCH TEST	PSYCHOMETRIC TESTING @ TRI-CITY (5 HRS)	375.00
04/02/08	PR2/REEVAL	DR CHAN*	180.00

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

*** INVOICE ***

Date	NO#
08/29/11	16171

Claim # : YME00956C
W.C.A.B.:
ADJ # :
S.S.N. : ___ __ ___
D.O.B. : 10/25/60
Terms : 45 days

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

Case: _____ vs TERESA MANUFACTURING
Date Of Injury: 1/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/08	WCAB LB	MSC	156.50
05/02/08	PR2/REEVAL	DR CHAN*	180.00
06/16/08	P AND S	DR CHAN*	230.00
08/20/08	PR2/REEVAL	@ COAST CITY MEDICAL*	180.00
09/15/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/09/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/11/08	PMT BY CHECK	DOS 4/14/08 # 100829397 0	-156.50
11/11/08	PMT BY CHECK	DOS 9/15-08 # 100829398 9	-156.50
02/17/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
05/07/09	WCAB LB	MSC	156.50
07/14/09	WCAB LB	TRIAL	156.50
08/20/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
09/29/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
11/03/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
12/22/09	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
01/19/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
02/23/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
04/20/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
12/07/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/17/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	SANDRA TALANCON # 100802	0.00
09/16/05	PENALTIES	FOR DATE OF SERVICE 6/21/05	22.05
09/16/05	INTEREST	FOR DATE OF SERVICE 6/21/05	4.96
02/03/11	PENALTIES	FOR DATE OF SERVICE 7/19/07	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 7/19/07	85.58
02/03/11	PENALTIES	FOR DATE OF SERVICE 8/15/07	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 8/15/07	84.05

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

*** INVOICE ***

Date	NO#
08/29/11	16171

Claim # : YME00956C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/25/60
Terms : 45 days

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

Case:] vs TERESA MANUFACTURING
Date Of Injury: 1/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/03/11	PENALTIES	FOR DATE OF SERVICE 8/23/07	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 8/23/07	83.59
02/03/11	PENALTIES	FOR DATE OF SERVICE 9/12/07	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 9/12/07	82.46
02/03/11	PENALTIES	FOR DATE OF SERVICE 10/12/07	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 10/12/07	80.76
02/03/11	PENALTIES	FOR DATE OF SERVICE 11/20/07	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 11/20/07	78.55
02/03/11	PENALTIES	FOR DATE OF SERVICE 12/18/07	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 12/18/07	76.96
02/03/11	PENALTIES	FOR DATE OF SERVICE 1/15/08	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 1/15/08	75.37
02/03/11	PENALTIES	FOR DATE OF SERVICE 2/12/08	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 2/12/08	73.78
02/03/11	PENALTIES	FOR DATE OF SERVICE 2/18/08	56.25
08/16/11	INTEREST	FOR DATE OF SERVICE 2/18/08	153.01
02/03/11	PENALTIES	FOR DATE OF SERVICE 4/2/08	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 4/2/08	70.95
11/11/08	PENALTIES	FOR DATE OF SERVICE 4/14/08	23.48
11/11/08	INTEREST	FOR DATE OF SERVICE 4/14/08	11.39
02/03/11	PENALTIES	FOR DATE OF SERVICE 5/2/08	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 5/2/08	69.25
02/03/11	PENALTIES	FOR DATE OF SERVICE 6/16/08	34.50
08/16/11	INTEREST	FOR DATE OF SERVICE 6/16/08	85.22
02/03/11	PENALTIES	FOR DATE OF SERVICE 8/20/08	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 8/20/08	63.01
02/03/11	PENALTIES	FOR DATE OF SERVICE 10/9/08	37.50
08/16/11	INTEREST	FOR DATE OF SERVICE 10/9/08	83.57
02/03/11	PENALTIES	FOR DATE OF SERVICE 12/17/09	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 12/17/09	35.56
02/03/11	PENALTIES	FOR DATE OF SERVICE 5/7/09	23.48

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

*** INVOICE ***

Date	NO#
08/29/11	16171

Claim # : YME00956C
W.C.A.B.: L
ADJ # :
S.S.N. : --
D.O.B. : 10/25/60
Terms : 45 days

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

Case: vs TERESA MANUFACTURING
Date Of Injury: 1/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/11	INTEREST	FOR DATE OF SERVICE 5/7/09	41.96
02/03/11	PENALTIES	FOR DATE OF SERVICE 7/14/09	23.48
08/16/11	INTEREST	FOR DATE OF SERVICE 7/14/09	38.61
02/03/11	PENALTIES	FOR DATE OF SERVICE 8/20/09	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 8/20/09	42.31
02/03/11	PENALTIES	FOR DATE OF SERVICE 9/29/09	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 9/29/09	40.04
02/03/11	PENALTIES	FOR DATE OF SERVICE 11/3/09	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 11/3/09	38.05
02/03/11	PENALTIES	FOR DATE OF SERVICE 12/22/09	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 12/22/09	35.28
02/03/11	PENALTIES	FOR DATE OF SERVICE 1/19/10	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 1/19/10	33.69
02/03/11	PENALTIES	FOR DATE OF SERVICE 2/23/10	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 2/23/10	31.70
02/03/11	PENALTIES	FOR DATE OF SERVICE 4/20/10	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 4/20/10	28.53
02/03/11	PENALTIES	FOR DATE OF SERVICE 12/7/10	23.48
08/16/11	INTEREST	FOR DATE OF SERVICE 12/7/10	13.41
02/03/11	PENALTIES	FOR DATE OF SERVICE 12/17/10	37.50
08/16/11	INTEREST	FOR DATE OF SERVICE 12/17/10	20.64
11/11/08	PENALTIES	FOR DATE OF SERVICE 9/15/08	23.48
11/11/08	INTEREST	FOR DATE OF SERVICE 9/15/08	3.80
08/16/11	PENALTIES	FOR DATE OF SERVICE 4/5/07	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 4/5/07	91.53
08/16/11	PENALTIES	FOR DATE OF SERVICE 5/10/07	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 5/10/07	89.55
08/16/11	PENALTIES	FOR DATE OF SERVICE 5/9/07	27.00
08/16/11	INTEREST	FOR DATE OF SERVICE 5/9/07	89.61
08/19/11	PMT BY CHECK	DOS 1/11/05-8/19/11 # 201034489 8	-8000.00

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#
08/29/11	16171

Claim # : YME00956C
W.C.A.B.: [redacted]
ADJ # : A[redacted]
S.S.N. : [redacted]
D.O.B. : 10/25/60
Terms : 45 days

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

Case: [redacted] vs TERESA MANUFACTURING
Date Of Injury: 1/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/11	BLCE OFF SET	BALANCE OFF SET	-577.43

BALANCE 0.00

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

SRS INLAND EMPIRE - RIVERSIDE, CA
PO BOX 59907
RIVERSIDE, CA 92517

HIGCSR

888-737-7726

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

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
TRUDY BUCHANAN
951-715-2759 EXT 52759

Payee Name:	JOYCE ALTMAN INTERPRETERS
Claim Number:	YME C 00956
Issue Date:	09/16/2005
Payment Narrative:	ASSOCIATED LEGAL/TRIAL EXP 05/10/05-05/1
Check Amount:	$ 147.00
Check Number:	95695614-0

POSTED

Invoice Number:	15505
Batch Number:	3804

058125432

HAR-100-1

FOLD AT DOTTED LINE AND DETACH

SPECIALTY RISK SERVICES
P.O. BOX 59907
RIVERSIDE, CA 92517

888-737-7726

HIGCSR

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

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
TRUDY BUCHANAN
888-737-7726 EXT 52759

Payee Name:	JOYCE ALTMAN INTERPRETERS INC
Claim Number:	YME C 00956
Issue Date:	05/23/2007
Payment Narrative:	MISC MEDICAL 06/21/05-03/28/07
Check Amount:	$ 1461.07
Check Number:	33582376-2

PAID

Invoice Number: 16171
Batch Number: 7795

069415115

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

001541
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

16171

01542

*200012 1008293970

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
01-11-05	16WN J79226 YMEC 00956	TEREZA MANUFACTURING / SO		$156.50
Nature of Payment: Other Medical		Service Dates 04-14-2008 04-14-2008		$156.50
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	11-11-2008	Check Number	100829397 0	Total Amount of Check	$156.50

Please keep the above information for your records.

078766124

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

001542
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01543

Attention: This remittance incorporates 1 claim payments

16171

Special Handling ID: RM 00

*400012 100829398 9

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
01-11-05	16WN J79226 YMEC 00956	TEREZA MANUFACTURING / SO		$156.50
Nature of Payment: Other Medical		Service Dates 09-15-2008 09-15-2008		$156.50

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	11-11-2008	Check Number	100829398 9	Total Amount of Check	$156.50

Please keep the above information for your records.

078766125

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
888/737-7726

SRS SPECIALTY RISK SERVICES

MR Bln + Some FOI

PAID

001518
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01519 *

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 2010344898

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
01-11-05	16WN J79226 YMEC 00956	TEREZA MANUFACTURING / SO MS	$8,000.00

Nature of Payment:	Service Dates	Amount Paid
Other Medical #16171 F.F.	01-11-2005 08-19-2011	$8,000.00

Claim Handler:	Additional Comments:
Karen L. Engel 888/737-7726 SO California SRS Claim Office P.O. Box 59907 Riverside, CA 92517-1907	In full and final satisfaction of lien

Issue Date	08-19-2011	Check Number	2010344898	Total Amount of Check	$8,000.00

Please keep the above information for your records.

092342351

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
09/01/11	42163

Claim # : 56394940927025
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/18/77
Terms : 45 days

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

Case: [redacted] vs ABM INDUSTRIES
Date Of Injury: 7/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/11	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
01/20/11	C&R READING	@ THE L/O OF STOCKWELL & HARRIS	250.00
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
04/13/11	PENALTIES	FOR DATE OF SERVICE 1/20/11	23.48
08/15/11	INTEREST	FOR DATE OF SERVICE 1/20/11	11.19
04/13/11	PENALTIES	FOR DATE OF SERVICE 1/20/11	37.50
08/15/11	INTEREST	FOR DATE OF SERVICE 1/20/11	17.88
08/29/11	PMT BY CHECK	DOS 1/20/11 # FE43203035	-457.53
09/01/11	BLCE OFF SET	BALANCE OFF SET	-39.02

BALANCE 0.00

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

PDWLDMCD-001864-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 08/29/11

CHECK NO. **FE43203035**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00628 FE43203035
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
5639494092702

DOLLARS
$*********457.53

* NOT NEGOTIABLE *

FOR
01/20/11 THRU 01/20/11 F&F

CLAIMANT

DATE OF EVENT
07/16/10

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

PDWLDMCD-001864-01-01-00

PAID

#42163

F.F.
IG

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
08/23/11	06836

Claim # : AIK1876
W.C.A.B.: LBO
ADJ # : A[illegible]
S.S.N. :
D.O.B. : 4/30/75
Terms : 45 days

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

Case: [illegible] vs EDELBROOK CORPORATION
Date Of Injury: CT 10/24/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/04	RE-EVAL	-DR MOSKOWITZ*	120.00
07/12/04	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
02/25/05	FINAL EXAM	-DR MOSKOWITZ*	150.00
12/20/05	PENALTIES	FOR DATE OF SERVICE 7/12/04	22.05
08/10/11	INTEREST	FOR DATE OF SERVICE 7/12/04	120.65
12/20/05	PENALTIES	FOR DATE OF SERVICE 2/25/05	22.50
08/10/11	INTEREST	FOR DATE OF SERVICE 2/25/05	112.34
07/21/10	PENALTIES	FOR DATE OF SERVICE 1/15/04	18.00
08/10/11	INTEREST	FOR DATE OF SERVICE 1/15/04	105.26
08/10/11	MISC	COST & SANCTIONS	182.20
08/17/11	PMT BY CHECK	DOS 8/10/11 # 896D 78793259	-1000.00

BALANCE 0.00

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

009391

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

896D 78793259

TRAVELERS

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

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

PAID

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
571-35-2004	152 CB AIK1876J	08/10/11 06836	$ 1,000.00		F/F PER STIP & ORDER ALL D.O.S. *
	152 CB CBU8878N	10/16/09 - 07/19/11	$ 156.50		35668
625-62-9301	152 CB ELW3877T	03/02/11 - 08/02/11	$ 485.00		42969
Cost & Sanctions 182.20			F.F. 1G		
		Total Amount Paid	$*****1641.50		

229017283
DETACH CHECK

SUMM -021410
OVRPSUM2-021509
DETACH CHECK

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

*** INVOICE ***
Date NO#
08/23/11 29927

Claim # : 4LR31324
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 8/8/54
Terms : 45 days

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

Case: vs CHRISTIE'S COLLECTION INC.
Date Of Injury: 4/12/07;2/28/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/08	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH*	230.00
05/09/08	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
06/12/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/30/08	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
07/31/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/15/08	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH	180.00
09/19/08	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
11/05/08	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
12/18/08	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
01/09/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
02/20/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
04/03/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
05/15/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
07/10/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
08/21/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
09/02/09	P AND S	-DR KATTAR @ GARIELD HEALTH*	230.00
09/02/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH	180.00
12/01/09	WCAB LB	MSC	156.50
05/19/10	PENALTIES	FOR DATE OF SERVICE 3/19/08	34.50
08/09/11	INTEREST	FOR DATE OF SERVICE 3/19/08	91.16
05/19/10	PENALTIES	FOR DATE OF SERVICE 5/9/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 5/9/08	68.45

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

*** INVOICE ***
Date NO#
08/23/11 29927

Claim # : 4LR31324
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 8/8/54
Terms : 45 days

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

Case: [redacted] vs CHRISTIE'S COLLECTION INC.
Date Of Injury: 4/12/07;2/28/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/19/10	PENALTIES	FOR DATE OF SERVICE 6/12/08	23.48
08/09/11	INTEREST	FOR DATE OF SERVICE 6/12/08	57.84
05/19/10	PENALTIES	FOR DATE OF SERVICE 6/30/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 6/30/08	65.50
05/19/10	PENALTIES	FOR DATE OF SERVICE 7/31/08	37.50
08/09/11	INTEREST	FOR DATE OF SERVICE 7/31/08	88.53
05/19/10	PENALTIES	FOR DATE OF SERVICE 8/15/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 8/15/08	62.89
05/19/10	PENALTIES	FOR DATE OF SERVICE 9/19/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 9/19/08	60.91
05/19/10	PENALTIES	FOR DATE OF SERVICE 11/5/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 11/5/08	58.24
05/19/10	PENALTIES	FOR DATE OF SERVICE 12/18/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 12/18/08	55.80
05/19/10	PENALTIES	FOR DATE OF SERVICE 1/9/09	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 1/9/09	54.56
05/19/10	PENALTIES	FOR DATE OF SERVICE 2/20/09	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 2/20/09	52.18
05/19/10	PENALTIES	FOR DATE OF SERVICE 4/3/09	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 4/3/09	49.79
05/19/10	PENALTIES	FOR DATE OF SERVICE 5/15/09	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 5/15/09	47.41
05/19/10	PENALTIES	FOR DATE OF SERVICE 7/10/09	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 7/10/09	44.24
05/19/10	PENALTIES	FOR DATE OF SERVICE 8/21/09	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 8/21/09	41.85
05/19/10	PENALTIES	FOR DATE OF SERVICE 9/2/09	34.50
08/09/11	INTEREST	FOR DATE OF SERVICE 9/2/09	52.61
05/19/10	PENALTIES	FOR DATE OF SERVICE 9/2/09	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 9/2/09	41.17
05/19/10	PENALTIES	FOR DATE OF SERVICE 12/1/09	23.48

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

*** INVOICE ***
Date NO#
08/23/11 29927

Claim # : 4LR31324
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 8/8,
Terms : 45 days

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

Case: vs CHRISTIE'S COLLECTION INC.
Date Of Injury: 4/12/07;2/28/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/11	INTEREST	FOR DATE OF SERVICE 12/1/09	36.07
08/15/11	PMT BY CHECK	DOS 3/19/08-12/1/09 # 201008997 9	-4300.00
08/23/11	BLCE OFF SET	BALANCE OFF SET	-596.66

BALANCE 0.00

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

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

SRS
SPECIALTY RISK SERVICES

PAID

001145
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01146

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*200012 2010089979

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
04-12-07	72HMC TE0844 YLRC 31324	CHRISTIE'S, INC. DBA: AN TRENDY COLLECTIONS, INC.	$4,300.00
Nature of Payment: Other Medical #29927		Service Dates 03-19-2008 12-01-2009	$4,300.00
Claim Handler: Carmen Mireles 866/885-2369 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: Lien settlement F.F. IG	

Issue Date	08-15-2011	Check Number	201008997 9	Total Amount of Check	$4,300.00

Please keep the above information for your records.

097119677

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***
Date NO#
08/15/11 24710

Claim # : 710-313-771
W.C.A.B.:
ADJ # :
S.S.N. : --
D.O.B. : 9/30/61
Terms : 45 days

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

Case: vs TRI SPAN INC.
Date Of Injury: 10/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/13/07	INITIAL EXAM	-DR AMERI/RAHIMIAN*	230.00
03/27/07	FOLLOW-UP	-DR AMERI*	180.00
06/12/07	PENALTIES	FOR DATE OF SERVICE 2/13/07	34.50
08/09/11	INTEREST	FOR DATE OF SERVICE 2/13/07	120.15
07/03/07	FOLLOW-UP	-DR ZARAGAFF/DR AMERI*	180.00
08/14/07	WCAB LB	EXPEDITED HEARING	147.00
09/11/07	WCAB LB	TRIAL	147.00
10/01/07	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/30/07	PR2/REEVAL	-DR RAHIMIAN/DR AMERI*	180.00
10/24/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/11/07	PR2/REEVAL	-DR AMERI*	180.00
01/31/08	PR2/REEVAL	-DR RAHIMIAN/DR AMERI*	180.00
02/28/08	P AND S	-DR RAHIMIAN/DR AMERI*	230.00
09/11/08	PENALTIES	FOR DATE OF SERVICE 8/14/07	22.05
08/09/11	INTEREST	FOR DATE OF SERVICE 8/14/07	68.36
09/11/08	PENALTIES	FOR DATE OF SERVICE 9/11/07	22.05
08/09/11	INTEREST	FOR DATE OF SERVICE 9/11/07	67.06
09/11/08	PENALTIES	FOR DATE OF SERVICE 10/1/07	23.48
08/09/11	INTEREST	FOR DATE OF SERVICE 10/1/07	70.41
09/11/08	PENALTIES	FOR DATE OF SERVICE 10/24/07	37.50
08/09/11	INTEREST	FOR DATE OF SERVICE 10/24/07	110.67
09/11/08	PENALTIES	FOR DATE OF SERVICE 2/28/08	34.50
08/09/11	INTEREST	FOR DATE OF SERVICE 2/28/08	92.61
10/15/08	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
12/01/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/29/09	PR2/REEVAL	DR RAHIMAIN @ AMERI CHIRO*	180.00
08/12/09	DEPO PREP	@ THE L/O OF ALDESON, TESTAN VOL III	156.50
09/03/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP AMENDED	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#
08/15/11 24710

Claim # : 710-313-771
W.C.A.B.:
ADJ # : [illegible]
S.S.N. :
D.O.B. : 9/30
Terms : 45 days

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

Case: [illegible] vs TRI SPAN INC.
Date Of Injury: 10/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/11	C&R READING	@ THE L/O OF DENNIS FUSI (BLOCK SETTLEMENT)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/03/11	PENALTIES	FOR DATE OF SERVICE 3/27/07	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 3/27/07	91.65
05/03/11	PENALTIES	FOR DATE OF SERVICE 7/3/07	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 7/3/07	86.09
05/03/11	PENALTIES	FOR DATE OF SERVICE 10/30/07	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 10/30/07	79.34
05/03/11	PENALTIES	FOR DATE OF SERVICE 12/11/07	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 12/11/07	76.96
05/03/11	PENALTIES	FOR DATE OF SERVICE 1/3/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 1/3/08	75.65
05/03/11	PENALTIES	FOR DATE OF SERVICE 10/15/08	23.48
08/09/11	INTEREST	FOR DATE OF SERVICE 10/15/08	51.68
05/03/11	PENALTIES	FOR DATE OF SERVICE 12/1/08	37.50
08/09/11	INTEREST	FOR DATE OF SERVICE 12/1/08	78.85
05/03/11	PENALTIES	FOR DATE OF SERVICE 1/29/09	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 1/29/09	53.42
05/03/11	PENALTIES	FOR DATE OF SERVICE 8/12/09	23.48
08/09/11	INTEREST	FOR DATE OF SERVICE 8/12/09	36.83
05/03/11	PENALTIES	FOR DATE OF SERVICE 9/3/09	37.50
08/09/11	INTEREST	FOR DATE OF SERVICE 9/3/09	57.11
05/03/11	PENALTIES	FOR DATE OF SERVICE 2/17/11	23.48
08/09/11	INTEREST	FOR DATE OF SERVICE 2/17/11	9.52
08/12/11	PMT BY CHECK	DOS 8/9/11 # 18250800	-4000.00
08/15/11	BLCE OFF SET	BALANCE OFF SET	-917.88

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

*** INVOICE ***

Date	NO#
08/15/11	24710

Claim # : 710-313-771
W.C.A.B. :
ADJ # .
S.S.N. :
D.O.B. : 9/30/61
Terms : 45 days

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

Case: vs TRI SPAN INC.
Date Of Injury: 10/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101825080000841023

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

PAID

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 18250800
RFP No.: 00841023
08/12/2011

Insured: TRI SPAN, INC.
Claimant:
Producer:
081111-081111

Claim Office: 710

#24710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003421562	00313771	01	10/12/2006	MED	O	$4,000.00

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Use file # 710-00313771 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***
Date NO#
08/23/11 14922

Claim # : 710101204
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/14/60
Terms : 45 days

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

Case: vs ELECTRO SOURCE
Date Of Injury: 3/5/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/05	INITIAL EXAM	-DR DOMARACKI*	150.00
06/15/05	RE-EVAL	-DR DOMARACKI*	120.00
09/12/05	RE-EVAL	-DR DOMARACKI*	120.00
01/16/06	RE-EVAL	-DR DOMARACKI*	180.00
02/28/06	P AND S	-DR DOMARACKI*	230.00
08/03/11	PENALTIES	FOR DATE OF SERVICE 4/4/05	22.50
08/03/11	INTEREST	FOR DATE OF SERVICE 4/4/05	10.59
08/03/11	PENALTIES	FOR DATE OF SERVICE 6/15/05	18.00
08/03/11	INTEREST	FOR DATE OF SERVICE 6/15/05	8.47
08/03/11	PENALTIES	FOR DATE OF SERVICE 9/12/05	18.00
08/03/11	INTEREST	FOR DATE OF SERVICE 9/12/05	8.47
08/03/11	PENALTIES	FOR DATE OF SERVICE 1/16/06	27.00
08/03/11	INTEREST	FOR DATE OF SERVICE 1/16/06	12.70
08/03/11	PENALTIES	FOR DATE OF SERVICE 2/28/06	34.50
08/03/11	INTEREST	FOR DATE OF SERVICE 2/28/06	16.23
08/20/11	PMT BY CHECK	DOS 4/5/05-2/28/11 # 18339608	-850.00
08/23/11	BLCE OFF SET	BALANCE OFF SET	-126.46

BALANCE 0.00

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

AIG00

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 71018339608008734O3

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

#14922

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 18339608
RFP No.: 00873403
08/20/2011

Insured: ELECTROSOURCE, INC.(A CORP)
Claimant:
Producer:
040405-022808

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000005403372	00101204	01	03/05/2005	MED	C	$850.00

F.F. 16

PAID

Use file # 710-00101204 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
08/16/11	34377

Claim # : 710533793
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/10/63
Terms : 45 days

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

Case. .. vs CONTRACTORS EQUIPMENT & LABOR
Date Of Injury: 7/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/19/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/14/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/28/09	PMT BY CHECK	DOS 6/19/09 # 32045660	-156.50
08/05/09	PMT BY CHECK	DOS 7/14/09 # 32064145	-250.00
03/09/11	WCAB LB	STATUS CONFERENCE - JOYCE ALTMAN # 300624	156.50
07/05/11	PENALTIES	FOR DATE OF SERVICE 3/9/11	23.48
08/03/11	INTEREST	FOR DATE OF SERVICE 3/9/11	8.23
08/13/11	PMT BY CHECK	DOS 8/3/11 # 18267556	-188.21

BALANCE 0.00

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

AIU HOLDINGS INC
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7103204566000744376

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

Remittance -
GRANITE STATE INSURANCE COMPANY

No.: 32045660
RFP No.: 00744376
07/28/2009

Insured: JD GROUP, INC. (A CORP) & JD C
Claimant:
Producer:
ACT: 34377

Claim Office: 710

061909-061909

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003083112	00533793	01	07/21/2008	MED	O	$156.50

PAID

Use file # 710-00533793 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

AIU HOLDINGS INC
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7103206414500808558

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

Remittance – **No.:** 32064145
GRANITE STATE INSURANCE COMPANY **RFP No.:** 00808558
08/05/2009

Insured: JD GROUP, INC. (A CORP) & JD C
Claimant: **Claim Office:** 710
Producer:
ACT: 34377 071409-071409

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003083112	00533793	01	07/21/2008	MED	O	$250.00

PAID

Use file # 710-00533793 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7101826755600845034

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 18267556
RFP No.: 00845034
08/13/2011

Insured: JD GROUP, INC. (A CORP) & JD C
Claimant:
Producer:
080411-080411

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003083112	00533793	01	07/21/2008	MED	O	$188.21

#34377

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Use file # 710-00533793 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
08/16/11	39850

Claim # : 2010-135894
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/23/66
Terms : 45 days

BILL TO:
AVIZENT (ANAHEIM)
W.C. DEPARTMENT
ATTN: MARIA TORRES
2400 E. Katella Ave., Ste 650
ANAHEIM, CA 92806

Case: vs PPG INDUSTRIES, INC.
Date Of Injury: 3/26/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/21/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/02/10	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/02/10	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL III	156.50
01/10/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
01/14/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/14/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL III	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
05/10/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/21/11	PENALTIES	FOR DATE OF SERVICE 10/21/10	23.48
08/02/11	INTEREST	FOR DATE OF SERVICE 10/21/10	15.04
06/21/11	PENALTIES	FOR DATE OF SERVICE 11/02/10	23.48
08/02/11	INTEREST	FOR DATE OF SERVICE 11/02/10	14.45
06/21/11	PENALTIES	FOR DATE OF SERVICE 12/02/10	23.48
08/02/11	INTEREST	FOR DATE OF SERVICE 12/02/10	12.97
06/21/11	PENALTIES	FOR DATE OF SERVICE 01/10/11	37.50
08/02/11	INTEREST	FOR DATE OF SERVICE 01/10/11	17.64
06/21/11	PENALTIES	FOR DATE OF SERVICE 01/14/11	37.50
08/02/11	INTEREST	FOR DATE OF SERVICE 01/14/11	17.33
06/21/11	PENALTIES	FOR DATE OF SERVICE 01/14/11	37.50
08/02/11	INTEREST	FOR DATE OF SERVICE 01/14/11	17.33
08/02/11	PENALTIES	FOR DATE OF SERVICE 5/10/11	23.48
08/02/11	INTEREST	FOR DATE OF SERVICE 5/10/11	5.13

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

*** INVOICE ***

Date	NO#
08/16/11	39850

Claim # : 2010-135894
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/23/66
Terms : 45 days

BILL TO:
AVIZENT (ANAHEIM)
W.C. DEPARTMENT
ATTN: MARIA TORRES
2400 E. Katella Ave., Ste 650
ANAHEIM, CA 92806

Case: vs PPG INDUSTRIES, INC.
Date Of Injury: 3/26/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/11/11	PMT BY CHECK	DOS 10/21/10-5/10/11 # 047720	-1529.16
08/16/11	BLCE OFF SET	BALANCE OFF SET	-153.15

BALANCE 0.00

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

Date of Issue: 8/11/2011

Explanation of Benefits

Check No: **047720**

10077147911

Employer		
Client: 28538	PPG Industries Inc	
Employer: 2562	PPG Industries Inc	
Location: 10	Transtech Production	
Claim Office: CA/Anaheim	28538/62562/CA/83777/82870/10	
Adjuster: MTORRES		
	Jur. State: CA	

Claim #: 20100010135894
Injury Date: 03/26/2010
SSN: XXX-XX-2241

Payee Tax ID: 330956713		Payment Type
Joyce Altman Interpreting PO Box 4165 Tustin, CA 92781-4165		Misc Other Medical
Patient # Invoice # 39850		
	DOS From: 10/21/2010 To: 5/10/2011	

DEMAND MEDICAL PAYMENT

From Date	To Date	Adjustment Description	Paid to	Amount
		Gross Amount		$1,529.16

Net Check: **$1,529.16**

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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#
09/07/11 32019

Claim # : 010950-003961-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 7/26/58
Terms : 45 days

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

Case: vs CCL PLASTIC PACKAGING
Date Of Injury: 10/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/08	INITIAL EXAM	-DR DOMARACKI @ WILLOW MED*	230.00
11/10/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
12/04/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
03/05/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
03/12/09	INITIAL EXAM	-DR SAMIMI @ WILLOW MED*	230.00
03/30/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
04/27/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
06/29/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
07/17/09	PR2/REEVAL	-DR SAMIMI @ WILLOW MED*	180.00
09/03/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
09/16/09	PMT BY CHECK	DOS 10/15/08 THRU 7/17/09 # 0073628704	-1090.00
09/30/09	PMT BY CHECK	DOS 9/3/09 # 0073919548	-90.00
09/24/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
10/16/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
10/26/09	PMT BY CHECK	DOS 9/24/09 # 0074431066	-90.00
10/21/09	PRE-OP	-DR JARCHI @ WILLOW MED*	150.00
10/19/09	WCAB LB	MSC	156.50
11/13/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
12/04/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
01/15/10	PR2/REEVAL	-DR SAMIMI* GLADYS REYNA # 500287	180.00
01/25/10	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
01/06/10	PR2/REEVAL	-DR DOMARACKI* ELIZABE HERRERA # 301231	180.00
02/05/10	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA # 100755	180.00
03/03/10	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA # 100755	180.00
04/07/10	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA # 100755	180.00

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

*** INVOICE ***

Date	NO#
09/07/11	32019

Claim # : 010950-003961-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 7/26/58
Terms : 45 days

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

Case: vs CCL PLASTIC PACKAGING
Date Of Injury: 10/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
07/12/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/23/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
10/04/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
12/06/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
04/05/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/16/09	PENALTIES	FOR DATE OF SERVICE 10/15/08	34.50
09/16/09	INTEREST	FOR DATE OF SERVICE 10/15/08	25.80
09/16/09	PENALTIES	FOR DATE OF SERVICE 11/10/08	27.00
09/16/09	INTEREST	FOR DATE OF SERVICE 11/10/08	18.72
09/16/09	PENALTIES	FOR DATE OF SERVICE 12/4/08	27.00
09/16/09	INTEREST	FOR DATE OF SERVICE 12/4/08	17.35
09/16/09	PENALTIES	FOR DATE OF SERVICE 3/5/09	27.00
09/16/09	INTEREST	FOR DATE OF SERVICE 3/5/09	12.19
09/16/09	PENALTIES	FOR DATE OF SERVICE 3/12/09	34.50
09/16/09	INTEREST	FOR DATE OF SERVICE 3/12/09	25.80
09/16/09	PENALTIES	FOR DATE OF SERVICE 3/30/09	27.00
09/16/09	INTEREST	FOR DATE OF SERVICE 3/30/09	10.78
09/16/09	PENALTIES	FOR DATE OF SERVICE 4/27/09	27.00
09/16/09	INTEREST	FOR DATE OF SERVICE 4/27/09	9.19
09/16/09	PENALTIES	FOR DATE OF SERVICE 6/29/09	27.00
09/16/09	INTEREST	FOR DATE OF SERVICE 6/29/09	5.61
08/02/11	PENALTIES	FOR DATE OF SERVICE 7/17/09	13.50
08/02/11	INTEREST	FOR DATE OF SERVICE 7/17/09	21.72
08/02/11	PENALTIES	FOR DATE OF SERVICE 9/3/09	13.50
08/02/11	INTEREST	FOR DATE OF SERVICE 9/3/09	20.36

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

*** INVOICE ***

Date	NO#
09/07/11	32019

Claim # : 010950-003961-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 7/26/58
Terms : 45 days

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

Case: vs CCL PLASTIC PACKAGING
Date Of Injury: 10/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/11	PENALTIES	FOR DATE OF SERVICE 9/24/09	13.50
08/02/11	INTEREST	FOR DATE OF SERVICE 9/24/09	19.76
08/02/11	PENALTIES	FOR DATE OF SERVICE 10/16/09	27.00
08/02/11	INTEREST	FOR DATE OF SERVICE 10/16/09	19.14
08/02/11	PENALTIES	FOR DATE OF SERVICE 10/21/09	22.50
08/02/11	INTEREST	FOR DATE OF SERVICE 10/21/09	31.66
08/02/11	PENALTIES	FOR DATE OF SERVICE 10/19/09	23.48
08/02/11	INTEREST	FOR DATE OF SERVICE 10/19/09	48.33
08/02/11	PENALTIES	FOR DATE OF SERVICE 11/13/09	27.00
08/02/11	INTEREST	FOR DATE OF SERVICE 11/13/09	36.69
08/02/11	PENALTIES	FOR DATE OF SERVICE 12/4/09	27.00
08/02/11	INTEREST	FOR DATE OF SERVICE 12/4/09	35.50
08/02/11	PENALTIES	FOR DATE OF SERVICE 1/15/10	27.00
08/02/11	INTEREST	FOR DATE OF SERVICE 1/15/10	33.12
08/02/11	PENALTIES	FOR DATE OF SERVICE 1/25/10	23.48
08/02/11	INTEREST	FOR DATE OF SERVICE 1/25/10	28.30
08/02/11	PENALTIES	FOR DATE OF SERVICE 1/6/10	27.00
08/02/11	INTEREST	FOR DATE OF SERVICE 1/6/10	33.63
08/02/11	PENALTIES	FOR DATE OF SERVICE 2/5/10	27.00
08/02/11	INTEREST	FOR DATE OF SERVICE 2/5/10	31.93
08/02/11	PENALTIES	FOR DATE OF SERVICE 3/3/10	27.00
08/02/11	INTEREST	FOR DATE OF SERVICE 3/3/10	30.45
08/02/11	PENALTIES	FOR DATE OF SERVICE 4/7/10	27.00
08/02/11	INTEREST	FOR DATE OF SERVICE 4/7/10	28.47
08/02/11	PENALTIES	FOR DATE OF SERVICE 5/12/10	27.00
08/02/11	INTEREST	FOR DATE OF SERVICE 5/12/10	26.48
08/02/11	PENALTIES	FOR DATE OF SERVICE 7/12/10	27.00
08/02/11	INTEREST	FOR DATE OF SERVICE 7/12/10	23.03
08/02/11	PENALTIES	FOR DATE OF SERVICE 8/23/10	27.00
08/02/11	INTEREST	FOR DATE OF SERVICE 8/23/10	20.64
08/02/11	PENALTIES	FOR DATE OF SERVICE 10/4/10	27.00

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#
09/07/11	32019

Claim # : 010950-003961-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 7/26/58
Terms : 45 days

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

Case: vs CCL PLASTIC PACKAGING
Date Of Injury: 10/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/11	INTEREST	FOR DATE OF SERVICE 10/4/10	18.26
08/02/11	PENALTIES	FOR DATE OF SERVICE 12/6/10	27.00
08/02/11	INTEREST	FOR DATE OF SERVICE 12/6/10	14.69
08/02/11	PENALTIES	FOR DATE OF SERVICE 4/5/11	23.48
08/02/11	INTEREST	FOR DATE OF SERVICE 4/5/11	6.85
08/02/11	INTEREST	FOR DATE OF SERVICE 10/15/08	24.21
08/02/11	INTEREST	FOR DATE OF SERVICE 11/10/08	18.72
08/02/11	INTEREST	FOR DATE OF SERVICE 12/4/08	13.11
08/02/11	INTEREST	FOR DATE OF SERVICE 3/5/09	13.11
08/02/11	INTEREST	FOR DATE OF SERVICE 3/12/09	24.21
08/02/11	INTEREST	FOR DATE OF SERVICE 3/30/09	13.11
08/02/11	INTEREST	FOR DATE OF SERVICE 4/27/09	13.11
08/02/11	INTEREST	FOR DATE OF SERVICE 6/29/09	13.11
09/07/11	PENALTIES	FOR UNPAID SETTLEMENT 8/2/11	1130.20
09/07/11	INTEREST	FOR UNPAID SETTLEMENT 8/2/11	86.70
08/31/11	PMT BY CHECK	DOS 10/15/08-4/15/11 # 0087930564	-4520.79
09/07/11	BLCE OFF SET	BALANCE OFF SET	-1968.19

BALANCE 0.00

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

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

MDG2009 00003916 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN

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

CLAIM NO.: 010950 003961 WC 01 (6230)
CLAIMANT:
DESCRIPTION: MED. INTERP. SERVS. INV. # 32019 DATED 08/14/09

DATES OF SERVICE: 15Oct2008 **THRU** 17Jul2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 164
ACC DATE: 09Oct08

NO.: 0073628704
VN: 0000091674
DATE: 16Sep09
AMOUNT: 1090.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003916 004542 001 002

MDG2009 00003987 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN

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

CLAIM NO.: 010950 003961 WC 01 (6230)
CLAIMANT:
DESCRIPTION: INTERP.SERVS. @ DR. DOMARCKI INV. # 32019

DATES OF SERVICE: 03Sep2009 **THRU** 30Sep2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 164
ACC DATE: 09Oct08

NO.: 0073917548
VN: 0000091758
DATE: 30Sep09
AMOUNT: 90.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003987 004587 001 002

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

MDG2009 00004347 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN

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

32019

CLAIM NO.: 010950 003961 WC 01 (6230) **BRANCH NO.:** 164 **NO.:** 0074431066

CLAIMANT: **ACC DATE:** 09Oct08 **VN:** 0000091925

DESCRIPTION: INTERP. SEVS. @ DR. DOMARACKI INV. # 32019 DATED 10/12/09 **DATE:** 26Oct09

DATES OF SERVICE: 24Sep2009 **THRU** 24Sep2009 **AMOUNT:** 90.00

BENEFIT PERIOD: **THRU**

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004347 004962 001 002

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

010950 PAGE 1 OF 1 005489

MDG2009 00004838 1 MB 0390 1

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

PAID

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 010950 003961 WC 01 (6230)
CLAIMANT:
DESCRIPTION: FULL AND FINAL SAT OF LIEN FOR DOS 10/15/08-4/15/11

DATES OF SERVICE: 15Oct2008 **THRU** 15Apr2011
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 09Oct08

NO.: 0087930564
VN: 0000094581
DATE: 31Aug11
AMOUNT: 4520.79

Check Sent

F.F.
16

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004838 005504 001 001

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

*** INVOICE ***
Date NO#
08/23/11 26418

Claim # : 001560-008764WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 11/5/70
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: OLU BENSON XT# 280
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: _____ vs PAR ELECTRIC/QUANTA SERVICES
Date Of Injury: 3/3/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/07	WCAB LB	MSC	147.00
09/06/07	WCAB LB	STATUS CONFERENCE	147.00
09/15/10	PENALTIES	FOR DATE OF SERVICE 7/5/07	22.05
07/28/11	INTEREST	FOR DATE OF SERVICE 7/5/07	69.66
09/15/10	PENALTIES	FOR DATE OF SERVICE 9/6/07	22.05
07/28/11	INTEREST	FOR DATE OF SERVICE 9/6/07	66.74
04/15/11	PMT BY CHECK	DOS 7/5/07 THRU 9/6/07 # 0085034590	-294.00
07/28/11	MISC	COST AND SANCTIONS	544.57
08/17/11	PMT BY CHECK	DOS 7/5/07-7/28/11 # 0087622714	-725.00
08/23/11	BLCE OFF SET	BALANCE OFF SET	-0.07

BALANCE 0.00

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

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

001560 PAGE 1 OF 1 009415

MDG2009 00006063 1 MB 0390 1

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS

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

CLAIM NO.: 001560 008764 WC 01 (1040103)
CLAIMANT:
DESCRIPTION: FULL & FINAL SATISFACTION INV #26418

BRANCH NO.: 170
ACC DATE: 03Mar05

NO.: 0085034590
VN: 0000435231
DATE: 15Apr11

AMOUNT: 294.00

DATES OF SERVICE: 05Jul2007 **THRU** 06Sep2007
BENEFIT PERIOD: **THRU**

PAID
APR 21 2011
BY:.....

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006063 006891 001 001

**

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

001560 PAGE 1 OF 1 007731

MDG2009 00004750 1 MB 0390 1

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS

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

R/D

F.F.
1G

CLAIM NO.: 001560 008764 WC 01 (1040103)
CLAIMANT:
DESCRIPTION: FULL & FINAL, STIPULATION AWARD

DATES OF SERVICE: 05Jul2007 **THRU** 28Jul2011
BENEFIT PERIOD: **THRU**

BRANCH NO.: 170
ACC DATE: 03Mar05

NO.: 0087622714
VN: 0000449031
DATE: 17Aug11
AMOUNT: 725.00

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004750 005427 001 001

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

*** INVOICE ***

Date	NO#
08/12/11	23229

Claim # : 94128/G61531
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/17/65
Terms : 45 days

BILL TO:
FRYE CLAIMS (HAYWARD-3500)
W.C. DEPARTMENT
ATTN: ALANA LIAS
3500 BREAJWATER CTR. BLDG. A
HAYWARD, CA 94545

Case: vs EMT DIVERSIFIED
Date Of Injury: 9/4/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/05/06	INITIAL EXAM	DR SIDHU*	230.00
11/11/06	RE-EVAL	DR SIDHU*	180.00
02/21/07	PENALTIES	FOR DATE OF SERVICE 10/5/06	34.50
03/08/07	INTEREST	FOR DATE OF SERVICE 10/5/06	12.61
02/14/07	DEPO PREP	@ THE L/O OF HANNA, BROPHY & JENSEN	147.00
03/08/07	PMT BY CHECK	DOS 10/5/06 THRU 11/11/06 # 0385541415	-410.00
03/30/07	PMT BY CHECK	DOS 2/14/07 # 0386207928	-147.00
06/25/07	DEPO PREP	@ THE L/O OF HANNA & BROPHY	147.00
07/19/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/03/07	PMT BY CHECK	DOS 6/25/07 # 0389824119	-147.00
08/24/07	PMT BY CHECK	DOS 7/19/07 # 0390401235	-250.00
05/12/08	WCAB LB	MSC	156.50
06/27/08	PMT BY CHECK	DOS 5/12/08 # 0398780235	-156.50
04/07/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
05/07/09	PMT BY CHECK	DOS 4/7/09 # 0407509029	-296.02
12/16/09	WCAB LB	MSC	156.50
01/26/10	PMT BY CHECK	DOS 12/16/09 # 00414553356	-156.50
05/19/10	WCAB LB	MSC - JOYCE ALTMAN #300624	156.50
06/14/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
04/05/11	PENALTIES	FOR DATE OF SERVICE 5/19/10	23.48
07/27/11	INTEREST	FOR DATE OF SERVICE 5/19/10	22.39
04/05/11	PENALTIES	FOR DATE OF SERVICE 6/14/10	37.50
07/27/11	INTEREST	FOR DATE OF SERVICE 6/14/10	33.71
03/08/07	PENALTIES	FOR DATE OF SERVICE 11/11/06	27.00
03/08/07	INTEREST	FOR DATE OF SERVICE 11/11/06	7.77
08/07/11	PMT BY CHECK	DOS 10/5/06-6/14/10 # 000189914	-500.00
08/12/11	BLCE OFF SET	BALANCE OFF SET	-59.44

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

*** INVOICE ***

Date	NO#
08/12/11	23229

Claim # : 94128/G61531
W.C.A.B.:
ADJ # :
S.S.N. : ___ _
D.O.B. : 8/17/65
Terms : 45 days

BILL TO:
FRYE CLAIMS (HAYWARD-3500)
W.C. DEPARTMENT
ATTN: ALANA LIAS
3500 BREAJWATER CTR. BLDG. A
HAYWARD, CA 94545

Case: vs EMT DIVERSIFIED
Date Of Injury: 9/4/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

CRAWFORD & COMPANY 2193-61531-001
P O BOX 24016
FRESNO CA 93779-4016

BRANCH/FILE# 2193-61531-001
INVOICE NO 23229
CLAIMANT
CLAIMANT SSN
DATE OF LOSS 09/04/2006

PG 1 OF 1

D004329 01 MB **AUTO T1 0 9047 92781

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTINY CA 92781-4165

PAYEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: XXX-XX-6713 INSURED: ERON MALDEWIN
DISABILITY FROM / TO: 10/05/2006 11/11/2006 PAYMENT AMT / DATE: $410.00 03/08/2007

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0385541415 ATTACHED BELOW

CRAWFORD & COMPANY 2193-61531-001
P O BOX 24016
FRESNO CA 93779-4016

BRANCH/FILE # 2193-61531-001
INVOICE NO [redacted]
CLAIMANT
CLAIMANT SSN
DATE OF LOSS 09/04/2006

PG 1 OF 1

0004220 01 MB **AUTO T1 0 9063 92781

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTINY CA 92781-4165

PAYEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: XXX-XX-6713 INSURED: ERON MALDEWIN
DISABILITY FROM / TO: 02/14/2007 02/14/2007 PAYMENT AMT / DATE: $147.00 03/30/2007

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0386207928 ATTACHED BELOW

CRAWFORD & COMPANY 2193-61531-001
P O BOX 24016
FRESNO CA 93779-4016

BRANCH/FILE# 2193-61531-001
INVOICE NO
CLAIMANT
CLAIMANT SSN
DATE OF LOSS 09/04/2006

PG 1 OF 1

23229

0003868 01 MB **AUTO T9 0 9152 92781

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTINY CA 92781-4165

PAYEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: XXX-XX-6713 INSURED: ERON MALDEWIN
DISABILITY FROM / TO: 10/05/2006 06/25/2007 PAYMENT AMT / DATE: $147.00 08/03/2007

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS CHECK # 0010024110 ATTACHED BELOW

CRAWFORD & COMPANY 2193-61531-001
P O BOX 24016
FRESNO CA 93779-4016

BRANCH/FILE# 2193-61531-001
INVOICE NO 23229
CLAIMANT
CLAIMANT SSN ~~~-~~-~~~~
DATE OF LOSS 09/04/2006

PG 1 OF 1

0003617 01 MB **AUTO T9 0 9167 92781

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTINY CA 92781-4165

PAYEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: XXX-XX-6713 INSURED: ERON MALDEWIN
DISABILITY FROM / TO: 07/19/2007 07/19/2007 PAYMENT AMT / DATE: $250.00 08/24/2007

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS CHECK # 0990401235 ATTACHED BELOW

CRAWFORD & COMPANY
P O BOX 24016
FRESNO CA 93779-4016

2193-61531-001

BRANCH/FILE# 2193-61531-001
INVOICE NO 23229
CLAIMANT
CLAIMANT SSN XXX-
DATE OF LOSS 09/04/2006

PG 1 OF 1

0002871 01 MB **AUTO T7 0 9126 92781

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTINY CA 92781-4165

PAYEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: XXX-XX-6713 INSURED: ERON MALDEWIN
DISABILITY FROM / TO: 06/12/2006 06/12/2006 PAYMENT AMT / DATE: $166.50 06/27/2006

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0398780235 ATTACHED BELOW

CRAWFORD & COMPANY
P O BOX 24016
FRESNO CA 93779-4016

2193-61531-001

BRANCH/FILE# 2193-61531-001
INVOICE NO 23229
CLAIMANT XXXXXXXXXX
CLAIMANT SSN XXX-XX-
DATE OF LOSS 09/04/2008

PG 1 OF 1

0003505 01 MB **AUTO T1 2 9089 92781

23229

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTINY CA 92781-4165

PAYEE: JOYCE ALTMAN INTERPRETERS
PAYEE TAX ID: XXX-XX-6713 INSURED: XXXXXXXXXX
DISABILITY FROM / TO: 04/07/2009 04/07/2009 PAYMENT AMT / DATE: $286.02 05/07/2009

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0407509029 ATTACHED BELOW

CRAWFORD & COMPANY 2193-61531-001
P O BOX 24016
FRESNO CA 93779-4016

BRANCH/FILE# 2193-61531-001
INVOICE NO 23229
CLAIMANT
CLAIMANT SSN
DATE OF LOSS 09/04/2006

0004423 01 MB **AUTO T3 0 9015 92781

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTINY CA 92781-4165

PAYEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: XXX-XX-6713 INSURED: ERON MALDEWIN
DISABILITY FROM / TO: 12/16/2009 12/16/2009 PAYMENT AMT / DATE: $156.50 01/26/2010

PAID

PMT DESCRIPTION INV DATE 01/11/10

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0414553355 ATTACHED BELOW

Transguard Insurance Company of America,
Kansas City Claims Account
P.O. Box 2148
Warrenville, IL 60555

Check No. 000189914
Check Date 08/07/2011
Check Amount $*******500.00

Claim Number
84128

Date of Loss
09/04/2006

Adjuster ID
ALias

Payee/Mail To

Joyce Altman Interpreters, Inc.

P.O. Box 4165

Tustin CA 92781--416

PAID

#23229

In payment of

Service Dates From 10/05/2006 To 06/14/2010

Payment Type Lump Sum Settlement

Claimant Name

Insured Name
ERON TYLER MALDEWIN

FF.
1G

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

*** INVOICE ***
Date NO#
08/30/11 34684

Claim # : YLR 3680C; YLR44686C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/22/65
Terms : 45 days

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

Case: _ vs HOMETOWN BUFFETT
Date Of Injury: 11/1/08 - 8/30/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
12/14/09	PMT BY CHECK	DOS 7/24/09 # 101478843 9	-230.00
05/19/10	WCAB LB	MSC - PATRICIA HAYES # 100761	156.50
06/30/10	PMT BY CHECK	DOS 5/19/10 # 106768689 4	-156.50
03/02/11	WCAB LB	TRIAL - JOYCE ALTMAN # 300624	156.50
03/30/11	WCAB LB	TRIAL - FULL DAY	313.00
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
05/20/11	PMT BY CHECK	DOS 3/2/11 # 200541370 4	-156.50
07/25/11	PENALTIES	FOR DATE OF SERVICE 7/24/09	34.50
07/25/11	INTEREST	FOR DATE OF SERVICE 7/24/09	54.42
07/25/11	PENALTIES	FOR DATE OF SERVICE 3/2/11	23.48
07/25/11	INTEREST	FOR DATE OF SERVICE 3/2/11	8.14
07/25/11	PENALTIES	FOR DATE OF SERVICE 3/30/11	46.95
07/25/11	INTEREST	FOR DATE OF SERVICE 3/30/11	13.51
08/22/11	PMT BY CHECK	DOS 7/24/09-3/30/11 # 201040454 8	-494.00

BALANCE 0.00

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

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

SRS
SPECIALTY RISK SERVICES

000826
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00827

Attention: This remittance incorporates 1 claim payments

PAID

Special Handling ID: RM 00

*000012 1014788439

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
34684 11-01-08	41HMC TPR394 YLRC 43680	HOMETOWN BUFFET	$230.00
Nature of Payment: Miscellaneous Medical		Service Dates 07-24-2009 07-24-2009	$230.00
Claim Handler: Annette Arevalos 800-221-5473 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments:	

Issue Date	12-14-2009	Check Number	101478843 9	Total Amount of Check	$230.00

Please keep the above information for your records.

08529260

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

SRS
SPECIALTY RISK SERVICES

001553
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01554

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*200012 1067686894

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
34684 11-01-08	41HMC TPR394 YLRC 43680	HOMETOWN BUFFET	$156.50
Nature of Payment: Miscellaneous Expense		Service Dates 05-19-2010 05-19-2010	$156.50

Claim Handler: Annette Arevalos
800/221-5473
SO California SRS Claim Office
P.O. Box 7007
La Habra, CA 90632-7007

Additional Comments:
PAID

Issue Date	06-30-2010	Check Number	106768689 4	Total Amount of Check	$156.50

Please keep the above information for your records.

088561019

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
888/737-7726

PAID

SRS
SPECIALTY RISK SERVICES

BY:.....

001504
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01505

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*000012 200541370 4

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
34684 11-01-08	41HMC TPR394 YLRC 43680	HOMETOWN BUFFET		$156.50
Nature of Payment: Other Medical		Service Dates 03-02-2011 03-02-2011		$156.50
Claim Handler: Cynthia Mullen 888/737-7726 SO California SRS Claim Office P.O. Box 59907 Riverside, CA 92517-1907		Additional Comments: DCN 44201104253061346		

Issue Date	05-20-2011	Check Number	200541370 4	Total Amount of Check	$156.50

Please keep the above information for your records.

093915648

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
888/737-7726

SRS SPECIALTY RISK SERVICES

MR BK

PAID

001111
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01112

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

000012 201040454

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
11-01-08	41HMC TPR394 YLRC 43680	HOMETOWN BUFFET		$494.00
Nature of Payment: Other Medical #34684 F.F.			Service Dates 07-24-2009 03-30-2011	$494.00
Claim Handler: Judith Cline 888/737-7726 SO California SRS Claim Office P.O. Box 59907 Riverside, CA 92517-1907 IG			Additional Comments: Per Stip & Order/Full & final resolution	

Issue Date	08-22-2011	Check Number	201040454 8	Total Amount of Check	$494.00

Please keep the above information for your records.

097182752

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
09/21/11	02761

Claim # : 48732-30056
W.C.A.B.: [illegible]
ADJ # :
S.S.N. : [illegible]
D.O.B. : 8/8/58
Terms : 45 days

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

Case: [illegible] vs DYNAMEX INC.- SUBSIDIARIES
Date Of Injury: 2/13/03

DOS	SERVICE	DESCRIPTION	AMOUNT
05/16/03	DEPO PREP	@ THE LAW OFFICES OF DENNIS FUSI	147.00
06/27/03	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
08/06/03	PMT BY CHECK	DOS 05/16/03 # 0004097415	-147.00
08/27/03	PMT BY CHECK	DOS 6-27-2003 # 0004139265	-147.00
03/06/03	INITIAL EXAM	DR ANDALIB*	150.00
07/25/03	WCAB LB	MSC	147.00
02/12/04	RE-EVAL	DR ANDALIB*	120.00
03/11/04	RE-EVAL	DR ANDALIB*	120.00
04/22/04	RE-EVAL	DR ANDALIB*	120.00
04/29/04	INITIAL EXAM	WORK CONDITIONING WITH DR FLEMING*	150.00
05/25/04	P AND S	DR ANDALIB*	150.00
05/29/04	MRI	REF BY DR ANDALIB: LT KNEE*	150.00
08/26/04	JOB DESCRIPT	@ THE L/O OF DENNIS FUSI	147.00
04/07/05	WCAB LB	TRIAL	147.00
05/10/10	PENALTIES	FOR DATE OF SERVICE 3/6/03	22.50
07/19/11	INTEREST	FOR DATE OF SERVICE 3/6/03	145.42
05/10/10	PENALTIES	FOR DATE OF SERVICE 7/25/03	22.05
07/19/11	INTEREST	FOR DATE OF SERVICE 7/25/03	135.98
05/10/10	PENALTIES	FOR DATE OF SERVICE 2/12/04	18.00
07/19/11	INTEREST	FOR DATE OF SERVICE 2/12/04	103.37
05/10/10	PENALTIES	FOR DATE OF SERVICE 3/11/04	18.00
07/19/11	INTEREST	FOR DATE OF SERVICE 3/11/04	102.31
05/10/10	PENALTIES	FOR DATE OF SERVICE 4/22/04	18.00
07/19/11	INTEREST	FOR DATE OF SERVICE 4/22/04	100.72
05/10/10	PENALTIES	FOR DATE OF SERVICE 4/29/04	22.50
07/19/11	INTEREST	FOR DATE OF SERVICE 4/29/04	125.57
05/10/10	PENALTIES	FOR DATE OF SERVICE 5/25/04	22.50
07/19/11	INTEREST	FOR DATE OF SERVICE 5/25/04	124.34
05/10/10	PENALTIES	FOR DATE OF SERVICE 5/29/04	22.50

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

*** INVOICE ***

Date	NO#
09/21/11	02761

Claim # : 48732-30056
W.C.A.B.:
ADJ # : A
S.S.N.
D.O.B. : 8/8/58
Terms : 45 days

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

Case: [redacted] vs DYNAMEX INC.- SUBSIDIARIES
Date of Injury: 2/13/03

DOS	SERVICE	DESCRIPTION	AMOUNT
07/19/11	INTEREST	FOR DATE OF SERVICE 5/29/04	124.15
05/10/10	PENALTIES	FOR DATE OF SERVICE 8/26/04	22.05
07/19/11	INTEREST	FOR DATE OF SERVICE 8/26/04	117.55
05/10/10	PENALTIES	FOR DATE OF SERVICE 4/7/05	22.05
07/19/11	INTEREST	FOR DATE OF SERVICE 4/7/05	107.17
09/07/11	PENALTIES	FOR UNPAID SETTLEMENT 7/19/11	675.00
09/07/11	INTEREST	FOR UNPAID SETTLEMENT 7/19/11	64.73
09/12/11	PMT BY CHECK	DOS 7/19/11 # 0088162801	-3439.73
09/20/11	BLCE OFF SET	BALANCE OFF SET	-97.73

BALANCE 0.00

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

GAB BUSINESS SERVICES, INC.
3350 SHELBY STREET SUITE 300
ONTARIO CA 91764

PHONE: (909)980-0498
FAX: (909)980-0458

0003290 01 MB **AUTO T6 0 6455 92781

DATE: 08/06/03

REQUISITION NO. 205067

JOYCE ALTMAN INTERPRETERS INC.
PO. BOX #1460
TUSTIN CA 92781-1460

PAID

VENDOR JOYCE ALTMAN INTERPRETERS INC. FEDERAL ID 33-0956713

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN: ___ __ ____
OCCURRENCE DATE 02/13/03
SERVICE FROM: 05/16/03
THRU: 05/16/03
EMPLOYER: DYNAMEX, INC.

ACCOUNT:
GAB FILE NO.: 4873230056

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
05/16/03	01321	02	147.00	.00	.00	147.00	

CHECK NO. 0004097415 NET CHECK TOTAL 147.00

GAB BUSINESS SERVICES, INC.
3350 SHELBY STREET SUITE 300
ONTARIO CA 91764

PHONE: (909)980-0498
FAX: (909)980-0458

PAID

0003727 01 MB **AUTO T8 0 6470 92781

DATE: 08/27/03

REQUISITION NO. 206714

JOYCE ALTMAN INTERPRETERS INC.
PO. BOX #1460
TUSTIN CA 92781-1460

VENDOR JOYCE ALTMAN INTERPRETERS INC. FEDERAL ID 33-0956713

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN:
OCCURRENCE DATE 02/13/03
SERVICE FROM: 06/27/03
THRU: 06/27/03
EMPLOYER: DYNAMEX, INC.

ACCOUNT:
GAB FILE NO.: 4873230056

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
06/27/03	01321	02	147.00	.00	.00	147.00	

CHECK NO. 0004139265 NET CHECK TOTAL 147.00

GALLAGHER BASSETT-BURBANK
PO BOX 7858
BURBANK CA 91510

PR d P41 & P41 again

0103906 01 RE 0.390 **AUTO T9 0 5876 92781

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

PAID

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

DIRECT INQUIRIES TO:

PHONE: 1-800-841-5297
GALLAGHER BASSETT-BURBANK
PO BOX 7858
BURBANK CA 91510

DYNAMEX, INC

CLAIM NO. 007230 000479 WC 01

BRANCH NO. 449

CHECK NO. 0088162801

CLAIMANT:

ACC. DATE 13-Feb-2003

VN. 0000027709

DESCRIPTION: FULL & FINAL PER STIPULATION AND ORDER

DATE: 12-Sep-2011

DATE OF SERVICE: 19-Jul-2011 TO 19-Jul-2011

PAYMENT AMOUNT: $3,439.73

#02761

RE0103906-0001_of_0001 5876-0004946 (P26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0088162801 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
08/22/11	35204

Claim # : 345C5101052
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 2/10/50
Terms : 45 days

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

Case: [redacted] vs KRAFT FOODS
Date Of Injury: 4/24/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/09	DEPO PREP	@ THE L/O OF LEWIS, BRISBOIS, BISGARD & SMITH	156.50
11/05/09	PMT BY CHECK	DOS 9/15/09 # DA61696227	-156.50
10/20/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/28/10	PENALTIES	FOR DATE OF SERVICE 10/20/09	37.50
02/08/10	INTEREST	FOR DATE OF SERVICE 10/20/09	10.32
02/08/10	PMT BY CHECK	DOS 10/20/09 # DA62292732	-250.00
05/04/10	DEPO PREP	@ THE L/O OF LEWIS, BRISBOIS, BISGARD (VOL II)	156.50
/ /	INTERPRETER:	BALDOMERO ESTEVEZ # 100803	0.00
06/03/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
11/15/10	PENALTIES	FOR DATE OF SERVICE 05/04/10	23.48
07/19/11	INTEREST	FOR DATE OF SERVICE 05/04/10	22.73
11/15/10	PENALTIES	FOR DATE OF SERVICE 06/03/10	37.50
07/19/11	INTEREST	FOR DATE OF SERVICE 06/03/10	33.95
02/14/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/26/11	PENALTIES	FOR DATE OF SERVICE 2/14/11	37.50
07/19/11	INTEREST	FOR DATE OF SERVICE 2/14/11	13.78
08/18/11	PMT BY CHECK	DOS 9/15/09-2/14/11 # DA65986418	-764.88
08/22/11	BLCE OFF SET	BALANCE OFF SET	-108.38

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

*** INVOICE ***

Date	NO#
08/22/11	35204

Claim # : 345C5101052
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 2/10/58
Terms : 45 days

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

Case: vs KRAFT FOODS
Date Of Injury: 4/24/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

*B0DA61696227040120101091105000644 8
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 11/05/09

CHECK NO. DA61696227

STATEMENT

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

5900A11DA 00 00948 DA61696227
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX #4165
TUSTIN CA 92781-4165

FILE ID
345C5101052

DOLLARS
$*********156.50

* NOT NEGOTIABLE *

FOR
09/15/09 THRU 09/15/09 35204

CLAIMANT

DATE OF EVENT
04/24/06

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

*B0DA62292732041370101100208000857 7
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 02/08/10

CHECK NO. DA62292732

STATEMENT

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

5900A11DA 00 01589 DA62292732
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX #4165
TUSTIN CA 92781-4165

FILE ID
345C5101052

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

* NOT NEGOTIABLE *

FOR
10/20/09 THRU 10/20/09 35204

CLAIMANT

DATE OF EVENT
04/24/06

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

PDWLDMBD-003599-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 08/18/11

CHECK NO. DA65986418

STATEMENT

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

5900A11DA 00 00768 DA65986418
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C0912197

DOLLARS
$*********764.88

* NOT NEGOTIABLE *

FOR
09/15/09 THRU 02/14/11 FULL AND FINAL

CLAIMANT

DATE OF EVENT
05/12/09

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

#35204

PAID

F.F.
1G

PDWLDMBD-003599-01-01-00

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
07/26/11	36440

Claim # : TWCA-0428
W.C.A.B.:
ADJ # : AJ
S.S.N. :
D.O.B. : 2/9/65
Terms : 45 days

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

Case: [redacted] vs ROGAN BUILDING SERVICES
Date Of Injury: 10/16/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/10	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/01/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
11/23/10	PENALTIES	FOR DATE OF SERVICE 01/25/10	23.48
07/18/11	INTEREST	FOR DATE OF SERVICE 01/25/10	27.56
11/23/10	PENALTIES	FOR DATE OF SERVICE 03/01/10	37.50
07/18/11	INTEREST	FOR DATE OF SERVICE 03/01/10	41.27
12/07/10	PMT BY CHECK	DOS 1/25/10 THRU 3/1/10 # 586388	-406.50
02/07/11	WCAB LB	FULL DAY MSC - CARMEN GUZMAN # 100585	313.00
07/18/11	PENALTIES	FOR DATE OF SERVICE 2/7/11	46.95
07/18/11	INTEREST	FOR DATE OF SERVICE 2/7/11	17.85
07/21/11	PMT BY CHECK	DOS 1/25/10-7/18/11 # 688353	-500.00
07/26/11	BLCE OFF SET	BALANCE OFF SET	-7.61

BALANCE 0.00

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

YORK CLAIMS SERVICE, INC. 99 CHERRY HILL ROAD, SUITE 230, PARSIPPANY, NJ 07054

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

Claim Number: TWCA-0428
Claimant:
Date of Loss: 10/16/2009

PAID

Check Number: 586388
Check Date: 12/07/2010
Check Amount: $406.50
Type of Payment:
108 DEPOSITION COSTS

apply and reserva
Not F&F.
See notes

Location: 1000904 Rogan Building Service 1521 Seventh St

For Period: 01/25/2010 to 03/01/2010
InvoiceNo: 36440
IRS #: 33-0956713
Detail: 01/25/2010 AND 03/01/2010 DATE OF SERVICE FOR IRIS ENRIQUEZ -- FULL & FINAL

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

Mailing Information:

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

PAID

Claim Number: TWCA-0428
Claimant:
Date of Loss: 10/16/2009

Check Number: 688353
Check Date: 07/21/2011
Check Amount: $500.00

#36440

Type of Payment:
176 INTERPRETER MED

F.F.
16

Location: 1000904 Rogan Building Service 1521 Seventh St

For Period: 01/25/2010 to 02/07/2011
IRS #: 33-0956713
Detail: ORDER TO PAY LIEN DATED 7/18/11. FULL & FINAL SATISFACTION OF LIEN OF $507.00

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD TO LIGHT TO VIEW

NOT VALID AFTER SIX MONTHS

YORK

99 CHERRY HILL ROAD, SUITE 102
PARSIPPANY, NJ 07054 (973) 541-1330

WACHOVIA BANK, N.A.
190 RIVER ROAD, NJ3179
SUMMIT, NJ 07901-1444
55-2/212

CLAIM NUMBER
TWCA-0428

DATE 07/21/2011

CHECK NO. 688353

ON BEHALF OF

3270 Tower CA Comp

AMOUNT
***$500.00

PAY FIVE HUNDRED AND 0/100 DOLLARS

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

David Panico

COUNTERSIGNATURE REQUIRED OVER $10,000

Security features included. Details on back.

⑈0688353⑈ ⑆021200025⑆ 2000013486965⑈

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

*** INVOICE ***

Date	NO#
07/26/11	25855

Claim # : 710-331787
W.C.A.B.:
ADJ # :
S.S.N.
D.O.B. . 1/3/78
Terms : 45 days

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

Case: vs EXCEL STAFFING SERVICES
Date Of Injury: 2/26/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/07	INITIAL EXAM	-DR DANESH*	230.00
06/08/07	RE-EVAL	DR BOYER*	180.00
06/13/07	INITIAL EXAM	DR TERRENCE - PSYCH EVAL (4 hrs)	460.00
07/12/07	NCV	-DIAGNOSTIC STUDY INTERPRET*	125.00
07/12/07	EMG TESTING	-BY DR SCHILLING*	125.00
07/25/07	PR-2	DR BOYER*	180.00
09/12/07	INITIAL EXAM	DR TERRENCE - PSYCH EVAL (4.5 HRS)	517.50
09/24/07	PR2/REEVAL	-DR BOYER/DR DANESH*	180.00
09/24/07	+DEPO PREP	@ L/O OF ARMSTRONG & SIGEL	156.50
11/07/07	DEPO PREP	-@ THE L/O OF ARMSTRONG & SIGEL	156.50
11/12/07	PR2/REEVAL	DR DANESH*	180.00
01/02/08	PR2/REEVAL	-DR BOYER/DR DANESH*	180.00
01/24/08	INITIAL EXAM	-DR WILLIAMS*	230.00
01/24/08	SHOCK WAVE	THERAPY W/ TECH ALEX ALI*	150.00
02/28/08	PR2/REEVAL	-DR WILLIAMS* PAIN MGMT	180.00
02/28/08	SHOCK WAVE	THERAPY W/ TECH ALEX ALI*	150.00
05/07/08	PENALTIES	FOR DATE OF SERVICE 4/25/07	34.50
07/11/11	INTEREST	FOR DATE OF SERVICE 4/25/07	112.09
05/07/08	PENALTIES	FOR DATE OF SERVICE 6/13/07	69.00
07/11/11	INTEREST	FOR DATE OF SERVICE 6/13/07	218.70
05/07/08	PENALTIES	FOR DATE OF SERVICE 7/12/07	37.50
07/11/11	INTEREST	FOR DATE OF SERVICE 7/12/07	233.16
05/07/08	PENALTIES	FOR DATE OF SERVICE 9/12/07	77.63
07/11/11	INTEREST	FOR DATE OF SERVICE 9/12/07	231.20
05/07/08	PENALTIES	FOR DATE OF SERVICE 9/24/07	23.48
07/11/11	INTEREST	FOR DATE OF SERVICE 9/24/07	69.33
05/07/08	PENALTIES	FOR DATE OF SERVICE 11/7/07	23.48
07/11/11	INTEREST	FOR DATE OF SERVICE 11/7/07	67.16

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

*** INVOICE ***
Date NO#
07/26/11 25855

Claim # : 710-331787
W.C.A.B.:
ADJ # :
S.S.N.
D.O.B. : 1/3/78
Terms : 45 days

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

Case: vs EXCEL STAFFING SERVICES
Date Of Injury: 2/26/06

DOS	SERVICE	DESCRIPTION	AMOUNT
05/07/08	PENALTIES	FOR DATE OF SERVICE 1/24/08	34.50
07/11/11	INTEREST	FOR DATE OF SERVICE 1/24/08	93.05
07/21/08	PR2/REEVAL	DR BOYER*	180.00
08/28/08	P AND S	DR BOYER* @ PAIN RELIEF	230.00
03/05/09	PENALTIES	FOR DATE OF SERVICE 08/28/08	34.50
07/11/11	INTEREST	FOR DATE OF SERVICE 08/28/08	77.32
02/03/10	WCAB LB	-MSC - JOYCE ALTMAN # 300624	156.50
05/05/10	PENALTIES	FOR DATE OF SERVICE 6/8/07	27.00
07/11/11	INTEREST	FOR DATE OF SERVICE 6/8/07	85.86
05/05/10	PENALTIES	FOR DATE OF SERVICE 7/25/07	27.00
07/11/11	INTEREST	FOR DATE OF SERVICE 7/25/07	83.20
05/05/10	PENALTIES	FOR DATE OF SERVICE 9/24/07	27.00
07/11/11	INTEREST	FOR DATE OF SERVICE 9/24/07	79.74
05/05/10	PENALTIES	FOR DATE OF SERVICE 11/12/07	27.00
07/11/11	INTEREST	FOR DATE OF SERVICE 11/12/07	76.96
05/05/10	PENALTIES	FOR DATE OF SERVICE 1/2/08	27.00
07/11/11	INTEREST	FOR DATE OF SERVICE 1/2/08	74.07
05/05/10	PENALTIES	FOR DATE OF SERVICE 1/24/08	34.50
07/11/11	INTEREST	FOR DATE OF SERVICE 1/24/08	93.05
05/05/10	PENALTIES	FOR DATE OF SERVICE 2/28/08	27.00
07/11/11	INTEREST	FOR DATE OF SERVICE 2/28/08	70.83
05/05/10	PENALTIES	FOR DATE OF SERVICE 2/28/08	22.50
07/11/11	INTEREST	FOR DATE OF SERVICE 2/28/08	59.03
05/05/10	PENALTIES	FOR DATE OF SERVICE 7/21/08	27.00
07/11/11	INTEREST	FOR DATE OF SERVICE 7/21/08	62.67
05/05/10	PENALTIES	FOR DATE OF SERVICE 2/3/10	23.48
07/11/11	INTEREST	FOR DATE OF SERVICE 2/3/10	26.77
10/19/10	PMT BY CHECK	DOS 9/27/07,11/7/07,2/23/10 # 15247918	-469.50
07/20/11	PMT BY CHECK	DOS 7/11/11 # 108007764	-4000.00
07/26/11	BLCE OFF SET	BALANCE OFF SET	-1895.76

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

*** INVOICE ***

Date	NO#
07/26/11	25855

Claim # : 710-331787
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 1/3/78
Terms : 45 days

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

Case: [redacted] vs EXCEL STAFFING SERVICES
Date Of Injury: 2/26/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

AIG00

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101524791800737235

25855

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

PAID

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 15247918
RFP No.: 00737235
10/19/2010

Insured: EXCEL STAFFING SERVICES
Claimant:
Producer:
09-24-07; 11-7-07; 02-23-10

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000005731690	00331787	01	12/06/2006	MED	O	$469.50

Use file # 710-00331787 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

[redacted]

AIG00

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101800776400743887

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 18007764
RFP No.: 00743887
07/20/2011

Insured: EXCEL STAFFING SERVICES
Claimant: [redacted]
Producer:
071111-071111

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000005731690	00331787	01	12/06/2006	MED	O	$4,000.00

PAID

F.F. 16

Use file # 710-00331787 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

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

*** INVOICE ***

Date	NO#
08/19/11	13231

Claim # : 226675
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 10/27/72
Terms : 45 days

BILL TO:
ZENITH INSURANCE (FRESNO)
W.C. DEPARTMENT
ATTN: SHIRLEY PARKER
P.O. BOX # 12546
FRESNO, CA 93778

Case: ___ vs GENERAL GRIDING CO.
Date Of Injury: 01/01/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/05	INITIAL EXAM	-DR CHAN*	150.00
03/07/05	RE-EVAL	-DR CHAN*	120.00
04/06/05	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
04/06/05	RE-EVAL	-DR CHAN*	120.00
04/28/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
04/21/05	RE-EVAL	-DR CHAN*	120.00
05/02/05	MRI	REF BY DR CHAN: L/S*	150.00
05/04/05	PMT BY CHECK	DOS 4/6/05 # 885708	-147.00
05/09/05	PMT BY CHECK	DOS 4/28/05 # 893793	-147.00
05/19/05	PMT BY CHECK	DOS 4/28/05 # 913159	-147.00
06/07/05	PMT BY CHECK	DOS 1/13/05 THRU 5/2/05 # 939960	-450.00
07/15/05	RE-EVAL	-DR CHAN*	120.00
08/01/05	PMT BY CHECK	DOS 01/13/05 07/15/05 # 182711	-183.00
08/15/05	INITIAL EXAM	DR HAMADA*	150.00
09/28/05	FOLLOW-UP	-DR CHAN*	180.00
10/31/05	FOLLOW-UP	-DR CHAN*	180.00
10/19/05	PMT BY CHECK	DOS 9/28/05 # 313519	-90.00
11/28/05	PMT BY CHECK	DOS 10/31/05 # 374033	-180.00
12/12/05	FOLLOW-UP	-DR CHAN*	180.00
02/24/06	RE-EVAL	DR CHAN*	180.00
03/27/06	FOLLOW-UP	-DR CHAN*	180.00
05/24/06	FOLLOW-UP	-DR CHAN*	180.00
06/13/06	INITIAL EXAM	DR BENNETT*	230.00
06/23/06	FOLLOW-UP	-DR CHAN*	180.00
04/24/06	RE-EVAL	DR CHAN*	180.00
08/04/06	FOLLOW-UP	-DR CHAN*	180.00
09/12/06	FOLLOW-UP	-DR CHAN*	180.00
09/28/06	WCAB LB	MSC	147.00
10/17/06	P AND S	-DR CHAN*	230.00

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

*** INVOICE ***

Date	NO#
08/19/11	13231

Claim # : 226675
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/27/72
Terms : 45 days

BILL TO:
ZENITH INSURANCE (FRESNO)
W.C. DEPARTMENT
ATTN: SHIRLEY PARKER
P.O. BOX # 12546
FRESNO, CA 93778

Case: vs GENERAL GRIDING CO.
Date Of Injury: 01/01/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/07	PENALTIES	FOR DATE OF SERVICE 10/17/06	34.50
07/14/11	INTEREST	FOR DATE OF SERVICE 10/17/06	126.89
04/23/07	PENALTIES	FOR DATE OF SERVICE 9/28/06	22.05
07/14/11	INTEREST	FOR DATE OF SERVICE 9/28/06	81.98
07/23/07	INITIAL EXAM	DR HERIC*	230.00
07/25/07	DIAGNSTUDY	-POLYSOMNOGRAPHY REF BY DR HERIC*	150.00
11/01/07	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/03/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/09/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
01/21/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/18/08	PENALTIES	FOR DATE OF SERVICE 7/23/07	34.50
07/14/11	INTEREST	FOR DATE OF SERVICE 7/23/07	106.67
06/18/08	PENALTIES	FOR DATE OF SERVICE 11/1/07	23.48
07/14/11	INTEREST	FOR DATE OF SERVICE 11/1/07	67.60
06/18/08	PENALTIES	FOR DATE OF SERVICE 12/3/07	37.50
07/14/11	INTEREST	FOR DATE OF SERVICE 12/3/07	105.47
06/18/08	PENALTIES	FOR DATE OF SERVICE 1/9/08	23.48
07/14/11	INTEREST	FOR DATE OF SERVICE 1/9/08	64.20
06/18/08	PENALTIES	FOR DATE OF SERVICE 1/21/08	37.50
07/14/11	INTEREST	FOR DATE OF SERVICE 1/21/08	101.61
02/23/09	WCAB LB	MSC	156.50
04/08/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
02/16/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/28/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
05/25/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
06/22/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
09/01/10	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ	180.00

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

*** INVOICE ***

Date	NO#
08/19/11	13231

Claim # : 226675
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/27/72
Terms : 45 days

BILL TO:
ZENITH INSURANCE (FRESNO)
W.C. DEPARTMENT
ATTN: SHIRLEY PARKER
P.O. BOX # 12546
FRESNO, CA 93778

Case: vs GENERAL GRIDING CO.
Date Of Injury: 01/01/05

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 500341	
09/13/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
11/29/10	PENALTIES	FOR DATE OF SERVICE 8/15/05	22.50
07/14/11	INTEREST	FOR DATE OF SERVICE 8/15/05	102.98
11/29/10	PENALTIES	FOR DATE OF SERVICE 9/28/05	13.50
07/14/11	INTEREST	FOR DATE OF SERVICE 9/28/05	60.54
11/29/10	PENALTIES	FOR DATE OF SERVICE 12/12/05	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 12/12/05	116.83
11/29/10	PENALTIES	FOR DATE OF SERVICE 2/24/06	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 2/24/06	112.63
11/29/10	PENALTIES	FOR DATE OF SERVICE 3/27/06	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 3/27/06	110.87
11/29/10	PENALTIES	FOR DATE OF SERVICE 5/24/06	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 5/24/06	107.58
11/29/10	PENALTIES	FOR DATE OF SERVICE 6/13/06	34.50
07/14/11	INTEREST	FOR DATE OF SERVICE 6/13/06	136.02
11/29/10	PENALTIES	FOR DATE OF SERVICE 6/23/06	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 6/23/06	105.88
11/29/10	PENALTIES	FOR DATE OF SERVICE 4/24/06	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 4/24/06	109.28
11/29/10	PENALTIES	FOR DATE OF SERVICE 8/4/06	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 8/4/06	103.50
11/29/10	PENALTIES	FOR DATE OF SERVICE 9/12/06	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 9/12/06	101.29
11/29/10	PENALTIES	FOR DATE OF SERVICE 7/25/07	22.50
07/14/11	INTEREST	FOR DATE OF SERVICE 7/25/07	69.47
11/29/10	PENALTIES	FOR DATE OF SERVICE 2/23/09	23.48
07/14/11	INTEREST	FOR DATE OF SERVICE 2/23/09	43.93
11/29/10	PENALTIES	FOR DATE OF SERVICE 4/8/09	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 4/8/09	48.04
11/29/10	PENALTIES	FOR DATE OF SERVICE 2/16/10	23.48

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

*** INVOICE ***
Date NO#
08/19/11 13231

Claim # : 226675
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/27/72
Terms : 45 days

BILL TO:
ZENITH INSURANCE (FRESNO)
W.C. DEPARTMENT
ATTN: SHIRLEY PARKER
P.O. BOX # 12546
FRESNO, CA 93778

Case: vs GENERAL GRIDING CO.
Date Of Injury: 01/01/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/11	INTEREST	FOR DATE OF SERVICE 2/16/10	26.28
11/29/10	PENALTIES	FOR DATE OF SERVICE 4/28/10	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 4/28/10	26.20
11/29/10	PENALTIES	FOR DATE OF SERVICE 5/25/10	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 5/25/10	24.67
11/29/10	PENALTIES	FOR DATE OF SERVICE 6/22/10	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 6/22/10	23.08
11/29/10	PENALTIES	FOR DATE OF SERVICE 9/1/10	27.00
07/14/11	INTEREST	FOR DATE OF SERVICE 9/1/10	19.06
11/29/10	PENALTIES	FOR DATE OF SERVICE 9/13/10	23.48
07/14/11	INTEREST	FOR DATE OF SERVICE 9/13/10	15.98
08/12/11	PMT BY CHECK	DOS 1/13/05-9/13/10 # BR 630544	-5000.00
08/19/11	BLCE OFF SET	BALANCE OFF SET	-2695.48

BALANCE 0.00

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

May 4, 2005
Our Ref : 226675
Your Ref : 13231/DEPO PREP.

RE: (SE HEUNG KIM AND SILAS PAK (A PARTNERSHIP)) DOI:01/01/01

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
04/06/05	FEE	147.00	147.00	0.00	
	TOTAL $	147.00	147.00	0.00	

Please find attached our check # 885708 for $147.00.
This check covers bills from April 6, 2005 through April 6, 2005.

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

Sincerely,
Ian Dolgitser
Claims Examiner

PAID
CHECK
DATE

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

May 9, 2005
Our Ref : 226675
Your Ref : DEPO REVIEW

RE: (SE HEUNG KIM AND SILAS PAK (A PARTNERSHIP)) DOI:01/01/01

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
04/28/05	FEE	147.00	147.00	0.00	
	TOTAL $	147.00	147.00	0.00	

Please find attached our check # 893793 for $147.00.
This check covers bills from April 28, 2005 through April 28, 2005.

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

Sincerely,
Ian Dolgitser
Claims Examiner

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

May 19, 2005
Our Ref : 226675
Your Ref : 13231

RE: (SE HEUNG KIM AND SILAS PAK (A PARTNERSHIP)) DOI:01/01/01

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
04/06/05	FEE	147.00	147.00	0.00	
	TOTAL $	147.00	147.00	0.00	

Please find attached our check # 913159 for $147.00.
This check covers bills from April 6, 2005 through April 6, 2005.

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

Sincerely,
Ian Dolgitser
Claims Examiner

PAID

EXPLANATION OF PAYMENT

Zenith Insurance Company
LOS ANGELES REGION
21255 CALIFA STREET
WOODLAND HILLS, CA 91367
(800) 625-5435

Patient Information

NOR [redacted] # 550
SSN: On file
DATE OF INJURY: 01/01/01
Patient Acct No: 13231

Diagnosis Information
959. INJURY NEC/NOS

Zenith Claim Information
Claim Number: 226675
Check Date: 06/07/05
Check Number: 939960
Date Of Review: 06/03/05
Case Number: Z01Z0000890395

Provider Information
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781
TAX ID: 330956713

Employer Information
SE HEUNG KIM AND SILAS PAK (A PARTNERSHIP)
11034 FOREST PLACE
SANTA FE SPRINGS, CA 90670

DATES OF SERVICE: 01/13/05 TO 05/02/05

Date Of Service	Procedure Code	Pos	Mod	Service Description	Units	Charges	Review Reduction	UR Reduction	PPO or Prompt Pay Reduction	Allowed	Reduction Codes
01/13/05	Q00014	3		INT OTHER 15 4	0001	150.00	60.00	0.00	0.00	90.00	
03/07/05	Q00014	3		INT OTHER 15 4	0001	120.00	30.00	0.00	0.00	90.00	
04/06/05	Q00014	3		INT OTHER 15 4	0001	120.00	30.00	0.00	0.00	90.00	
04/21/05	Q00014	3		INT OTHER 15 4	0001	120.00	30.00	0.00	0.00	90.00	
05/02/05	Q00014	3		INT OTHER 15 4	0001	150.00	60.00	0.00	0.00	90.00	

PAID

TOTAL CHARGES:	660.00			
TOTAL REVIEW REDUCTIONS:		210.00		
TOTAL UR REDUCTIONS:			0.00	
TOTAL PPO OR Prompt Pay DISCOUNT:				0.00
PAID AMOUNT:				450.00

Reduction Code Description:
790 THIS BILL WAS REVIEWED USING THE OFFICIAL MEDICAL FEE SCHEDULE OF CA.

NOTE LOCATION: DR CHAN

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKER'S COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

For any questions please call Zenith Insurance Company at (800) 625-5435

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

August 1, 2005
Our Ref : 226675
Your Ref : 13231

RE: (SE HEUNG KIM AND SILAS PAK (A PARTNERSHIP)) DOI:01/01/01

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
07/21/05	FEE	183.00	183.00	0.00	
	TOTAL $	183.00	183.00	0.00	

POSTED

Please find attached our check # 182711 for $183.00.
This check covers bills from July 21, 2005 through July 21, 2005.

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

Sincerely,
Ian Dolgitser
Claims Examiner

EXPLANATION OF PAYMENT

Zenith Insurance Company
LOS ANGELES REGION
21255 CALIFA STREET
WOODLAND HILLS, CA 91367
(800) 625-5435

Patient Information

[redacted] 0
SSN: On file
DATE OF INJURY: 01/01/01
Patient Acct No: 13231

Zenith Claim Information
Claim Number: 226675
Check Date: 10/19/05
Check Number: 313519
Date Of Review: 10/17/05
Case Number: 999H5248900

Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781
TAX ID: 330956713

Diagnosis Information
959. INJURY, OTHER A UNSPECIFIED

Employer Information
SE HEUNG KIM AND SILAS PAK (A PARTNERSHIP)
11034 FOREST PLACE
SANTA FE SPRINGS, CA 90670

DATES OF SERVICE: 01/13/05 TO 09/28/05

Date Of Service	Procedure Code	Pos	Mod	Service Description	Units	Charges	Review Reduction	UR Reduction	PPO or Prompt Pay Reduction	Allowed	Reduction Codes
01/13/05	Q0014	11		INTERPRETATION	0001	150.00	150.00	0.00	0.00	0.00	A26
03/07/05	Q0014	11		INTERPRETATION	0001	120.00	120.00	0.00	0.00	0.00	A26
04/06/05	Q0014	11		INTERPRETATION	0001	147.00	147.00	0.00	0.00	0.00	A26
04/06/05	Q0014	11		INTERPRETATION	0001	120.00	120.00	0.00	0.00	0.00	A26
04/28/05	Q0014	11		INTERPRETATION	0001	147.00	147.00	0.00	0.00	0.00	A26
04/21/05	Q0014	11		INTERPRETATION	0001	120.00	120.00	0.00	0.00	0.00	A26
05/02/05	Q0014	11		INTERPRETATION	0001	150.00	150.00	0.00	0.00	0.00	A26
07/15/05	Q0014	11		INTERPRETATION	0001	120.00	120.00	0.00	0.00	0.00	A26
08/15/05	Q0014	11		INTERPRETATION	0001	150.00	150.00	0.00	0.00	0.00	A26
09/28/05	Q0014	11		INTERPRETATION	0001	180.00	90.00	0.00	0.00	90.00	A28

TOTAL CHARGES:	1,404.00			
TOTAL REVIEW REDUCTIONS:		1,314.00		
TOTAL UR REDUCTIONS:			0.00	
TOTAL PPO OR Prompt Pay DISCOUNT:				0.00
PAID AMOUNT:				90.00

Modifier Code Description:
A26 888 PROCEDURE REVIEWED ACCORDING TO GUIDELINES
A28 781 PROVIDER CHARGES HAVE BEEN REIMBURSED ACCORDING TO A PRE-DETERMINED SC HEDULE.

DR CHAN

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKER'S COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

For any questions please call Zenith Insurance Company at (800) 625-5435

POSTED

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

November 28, 2005
Our Ref : 226675
Your Ref : 13231

RE: [redacted] (SE HEUNG KIM AND SILAS PAK (A PARTNERSHIP)) DOI:01/01/01

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
10/31/05	FEE	180.00	180.00	0.00	
	TOTAL $	180.00	180.00	0.00	

Please find attached our check # 374033 for $180.00.
This check covers bills from October 31, 2005 through October 31, 2005.

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

Sincerely,
Gayle Connett
Claims Examiner

PAID

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

August 12, 2011
Our Ref : 226675
Your Ref : ADJ1885766

RE: (SE HEUNG KIM AND SILAS PAK (A PARTNERSHIP)) DOI:01/01/01

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
01/13/05	FEE	0.00	0.00	0.00	
09/13/10	FEE	5,000.00	5,000.00	0.00	
	TOTAL $	5,000.00	5,000.00	0.00	

Please find attached our check # 630544 for $5,000.00.
This check covers bills from January 13, 2005 through September 13, 2010.

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

Sincerely,
Donna Soto-Rodriguez
Claims Examiner

#13231

PAID

F.F.
IG.

ZENITH P.O. Box 12546, Fresno, CA 93778 (559) 432-6660

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT AN ANGLE TO VIEW

TheZenith

DEKALB COUNTY OFFICE
BANK OF AMERICA, N.A.
Atlanta, Dekalb County, GA, 30345

BR 630544

64-1278
611

DATE OF CHECK	CLAIM NUMBER	DATE OF INJURY	PAYMENT FROM	PAYMENT THRU
August 12, 2011	226675	January 1, 2001	January 13, 2005	September 13, 2010

CLAIMANT

PAYMENT TYPE: Language Translation/All Other Spec

AMOUNT
$ 5,000.00

PAY ** Five Thousand Dollars **

VOID AFTER 180 DAYS
All Checks Require Two Signatures

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

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

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

*** INVOICE ***

Date	NO#
08/09/11	31053

Claim # : 648381407
W.C.A.B.: [redacted]
ADJ # : [redacted]
S.S.N. : [redacted]
D.O.B. : 9/27/57
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: NICOLE NUGENT
P.O. BOX 4025
BEAVERTON, OR 97076

Case: [redacted] vs GOLDEN STATE FOODS
Date Of Injury: 1/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT
07/07/08	INITIAL EXAM	DR ALLEN FONSECA (3.5 HRS)	402.50
08/25/08	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY (3 HRS)	270.00
09/29/08	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
10/27/08	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
12/22/08	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
03/02/09	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
03/17/09	PENALTIES	FOR DATE OF SERVICE 07/07/08	60.38
03/09/11	INTEREST	FOR DATE OF SERVICE 07/07/08	126.18
04/06/09	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
03/09/11	PENALTIES	FOR DATE OF SERVICE 8/25/08	40.50
03/09/11	INTEREST	FOR DATE OF SERVICE 8/25/08	80.47
03/09/11	PENALTIES	FOR DATE OF SERVICE 9/29/08	27.00
03/09/11	INTEREST	FOR DATE OF SERVICE 9/29/08	51.66
03/09/11	PENALTIES	FOR DATE OF SERVICE 10/27/08	27.00
03/09/11	INTEREST	FOR DATE OF SERVICE 10/27/08	50.08
03/09/11	PENALTIES	FOR DATE OF SERVICE 12/22/08	27.00
03/09/11	INTEREST	FOR DATE OF SERVICE 12/22/08	46.90
03/09/11	PENALTIES	FOR DATE OF SERVICE 3/2/09	27.00
03/09/11	INTEREST	FOR DATE OF SERVICE 3/2/09	42.93
03/09/11	PENALTIES	FOR DATE OF SERVICE 4/6/09	27.00
03/09/11	INTEREST	FOR DATE OF SERVICE 4/6/09	40.95
04/13/11	PMT BY CHECK	DOS 7/7/08 THRU 3/9/11 # 0023039076	-2247.55
04/13/11	PENALTIES	LATE SETLMENT PYMT FOR 3/9/11	561.89
04/13/11	INTEREST	LATE SETLMENT PYMT FOR 3/9/11	42.33
08/03/11	PMT BY CHECK	DOS 7/13/11 # 95423855	-500.00
08/09/11	BLCE OFF SET	BALANCE OFF SET	-104.22

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

*** INVOICE ***

Date	NO#
08/09/11	31053

Claim # : 648381407
W.C.A.B.: LBO0376521
ADJ # : ADJ3453608
S.S.N. :
D.O.B. : 9/27/57
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: NICOLE NUGENT
P.O. BOX 4025
BEAVERTON, OR 97076

Case vs GOLDEN STATE FOODS
Date Of Injury: 1/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual

B. CODE
288

CHECK REFERENCE	CHECK DATE
0023039076	04/13/11
CHECK AMOUNT	BLOCK NUMBER
***$6916.93	037399

OSN:MM0801041312-001364

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
[redacted]	02/22/10-03/28/11	WC 608-642136 HOD	269.38	269.38
	07/07/08-04/06/09	WC 648-381407 HOD	2,247.55	760.05
	07/07/08-03/02/09	WC 648-381407 HOD	1,392.50	180.00
	07/07/08-03/17/09	WC 648-381407 HOD	1,487.50	95.00
	07/07/08-10/27/08	WC 648-381407 HOD	1,032.50	180.00
	07/07/08-12/22/08	WC 648-381407 HOD	1,212.50	180.00
	07/07/08-09/29/08	WC 648-381407 HOD	852.50	180.00
	07/07/08-07/07/08	WC 648-381407 HOD	402.50	402.50
	07/07/08-08/25/08	WC 648-381407 HOD	672.50	270.00
	01/08/09-01/14/09	WC 905-461573 HOD	410.00	410.00
	01/08/09-06/19/09	WC 905-461573 HOD	950.00	180.00
	01/08/09-04/21/09	WC 905-461573 HOD	770.00	180.00
	01/08/09-03/26/09	WC 905-461573 HOD	590.00	180.00
	01/08/09-03/28/11	WC 905-461573 HOD	1,890.00	850.00
	04/28/06-06/09/06	WC 905-409572 HOD	640.00	640.00
	04/28/06-02/20/07	WC 905-409572 HOD	935.08	295.08
	04/28/06-05/11/07	WC 905-409572 HOD	1,360.00	180.00
	04/28/06-05/18/07	WC 905-409572 HOD	1,590.00	140.00
	04/28/06-04/13/07	WC 905-409572 HOD	1,115.08	90.00
	04/28/06-05/11/07	WC 905-409572 HOD	1,295.08	550.00
	07/14/08-07/14/08	WC 905-409572 HOD	225.00	112.50
	01/26/09-03/02/09	WC 905-409572 HOD	592.42	442.42
	01/26/09-01/26/09	WC 905-409572 HOD	150.00	150.00

Invoice #31053 2,247.55

31053

PAID
APR 18 2011

TOTAL BILLS COMBINED: 23

BY:.....

6,916.93

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
PO BOX 29073
GLENDALE, CA 91209
818-240-1234

Liberty Mutual.

B. CODE	CHECK NUMBER	CHECK DATE
189	95423855	08/03/11
	CHECK AMOUNT ****$500.00	BLOCK NUMBER 004707

OSN: EE3001080303-002951

CLAIM #: WC 648-381407
CONTRACT #: WA7-66D-004255-015-34

CONTROL #: 000005959 ID: C648B51
PROVIDER #: N6899771604597

PAYEE: JOYCE ALTMAN INTERPRETING

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

DATE OF INJURY: 01/12/06
EMPLOYEE:

EMPLOYER: GOLDEN STATE FOODS
DATES OF SERVICE 07/13/11-07/13/11
LOCATION CODE: 120300

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
07/13/11	07/13/11	CA EXPNS		500.00	500.00	

NOTE: SELF IMPOSED INCREASE PER AGREEMENT DATED 07/13/11

#31053

TOTAL CHARGES	500.00
TOTAL PAYABLE:	500.00
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	500.00

F.F.
IG

PAID

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

*** INVOICE ***

Date	NO#
07/21/11	10227

Claim # : 727777452015
W.C.A.B.: L[illegible]3
ADJ # : A
S.S.N. :
D.O.B. : 12/16/41
Terms : 45 days

BILL TO:
SAFECO INSURANCE (L.A. 515097)
W.C. DEPARTMENT
ATTN: CHRIS SUTTON
P.O. BOX # 515097
LOS ANGELES, CA 90051

Case: [illegible] vs FLO CONTROL INC
Date Of Injury: 12/31/00

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/04	INITIAL EXAM	-DR WANG*	150.00
09/22/04	RE-EVAL	-DR WANG*	120.00
10/08/04	RE-EVAL	DR ANDALIB*	120.00
12/10/04	MRI	-REF BY DR WANG: BIL KNEES*	150.00
01/19/06	PENALTIES	FOR DATE OF SERVICE 7/14/04	22.50
07/12/11	INTEREST	FOR DATE OF SERVICE 7/14/04	121.65
01/19/06	PENALTIES	FOR DATE OF SERVICE 12/10/04	22.50
07/12/11	INTEREST	FOR DATE OF SERVICE 12/10/04	114.61
03/08/11	PENALTIES	FOR DATE OF SERVICE 9/22/04	18.00
07/12/11	INTEREST	FOR DATE OF SERVICE 9/22/04	94.67
03/08/11	PENALTIES	FOR DATE OF SERVICE 10/8/04	18.00
07/12/11	INTEREST	FOR DATE OF SERVICE 10/8/04	94.07
07/16/11	PMT BY CHECK	DOS 7/15/11 # 856598	-600.00
07/21/11	BLCE OFF SET	BALANCE OFF SET	-446.00

BALANCE 0.00

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

Golden Eagle Insurance.
Member of Liberty Mutual Group

CLAIMS ACCOUNTING
P.O. BOX 461
ST. LOUIS, MO 63166-0461

Check No. 856598
ISSUE DATE JUL 16, 2011

CLAIM NO. 727777452015
ACS REF NO. 19W043081219
POLICY NO. WC02283727

LOSS DATE 01-15-00

ADJUSTER:
CHRIS SUTTON
PHONE NO: 1-800-332-3226

AGENT: 16-7582
WELLS FARGO INSURANCE SVCS USA

JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-4165

PAYMENT PERIOD:
07-15-11 TO 07-15-11

COVERAGES PAID THIS CHECK:

600.00 WC MED

#10827

****600.00 TOTAL PAID THIS CHECK
INSURED: F.F. CONTROL
CLAIMANT:
IN PAYMENT OF: FULL/FINAL.

F.F.
IG

PAID

W-1039

Tear on Perforation

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

*** INVOICE ***

Date	NO#
07/18/11	17578

Claim # : 710-161431
W.C.A.B.:
ADJ #
S.S.N.
D.O.B. : 2/21/70
Terms : 45 days

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

Case: [redacted] vs INSTA-TEMP
Date Of Injury: 7/15/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/05	INITIAL EXAM	-DR AMERI/DR RAHIMIAN*	230.00
10/18/05	FOLLOW-UP	-DR AMERI/DR RAHIMIAN*	180.00
12/01/05	FOLLOW-UP	-DR AMERI/DR RAHIMIAN*	180.00
01/24/06	FOLLOW-UP	-DR AMERI/DR RAHIMIAN*	180.00
03/28/06	FOLLOW-UP	-DR AMERI/DR RAHIMIAN*	180.00
04/04/06	P AND S	-DR AMERI/DR RAHIMIAN*	230.00
10/26/06	PENALTIES	FOR DATE OF SERVICE 9/13/05	34.50
07/11/11	INTEREST	FOR DATE OF SERVICE 9/13/05	155.58
10/26/06	PENALTIES	FOR DATE OF SERVICE 4/4/06	34.50
07/11/11	INTEREST	FOR DATE OF SERVICE 4/4/06	140.87
07/11/11	PENALTIES	FOR DATE OF SERVICE 10/18/05	27.00
07/11/11	INTEREST	FOR DATE OF SERVICE 10/18/05	119.78
07/11/11	PENALTIES	FOR DATE OF SERVICE 12/1/05	27.00
07/11/11	INTEREST	FOR DATE OF SERVICE 12/1/05	117.28
07/11/11	PENALTIES	FOR DATE OF SERVICE 1/24/06	27.00
07/11/11	INTEREST	FOR DATE OF SERVICE 1/24/06	114.22
07/11/11	PENALTIES	FOR DATE OF SERVICE 3/28/06	27.00
07/11/11	INTEREST	FOR DATE OF SERVICE 3/28/06	110.65
07/16/11	PMT BY CHECK	DOS 9/13/05-4/4/06 # 17976539	-1480.00
07/18/11	BLCE OFF SET	BALANCE OFF SET	-635.38

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

*** INVOICE ***

Date	NO#
07/18/11	17578

Claim # : 710-161431
W.C.A.B.: LBO0372043
ADJ # : ADJ2045288
S.S.N. : [redacted]
D.O.B. : 2/21/70
Terms : 45 days

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

Case: [redacted] vs INSTA-TEMP
Date Of Injury: 7/15/05

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

AIG00

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 3 7101797653900733411

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

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

No.: 17976539
RFP No.: 00733411
07/16/2011

Insured: DECTON INC.
Claimant
Producer:
091305-040406 FULL AND FINAL #17578

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000009685712	00161431	01	07/15/2005	MED	O	$1,480.00

PAID

F.F. 16

Use file # 710-00161431 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
08/04/11	33834

Claim # : 398603
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/3/62
Terms : 45 days

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

Case: vs CORNUCOPIA FOODS
Date Of Injury: 3/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/20/09	INITIAL EXAM	DR SANDER @ PAIN RELIEF CTR*	230.00
08/05/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
10/06/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
11/17/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/21/10	PENALTIES	FOR DATE OF SERVICE 04/20/09	34.50
07/06/11	INTEREST	FOR DATE OF SERVICE 04/20/09	59.93
01/21/10	PENALTIES	FOR DATE OF SERVICE 10/06/09	23.48
07/06/11	INTEREST	FOR DATE OF SERVICE 10/06/09	32.44
01/21/10	PENALTIES	FOR DATE OF SERVICE 11/17/09	37.50
07/06/11	INTEREST	FOR DATE OF SERVICE 11/17/09	48.52
02/10/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
08/09/10	PENALTIES	FOR DATE OF SERVICE 02/10/10	23.48
07/06/11	INTEREST	FOR DATE OF SERVICE 02/10/10	26.18
03/02/11	PENALTIES	FOR DATE OF SERVICE 08/05/09	22.50
07/06/11	INTEREST	FOR DATE OF SERVICE 08/05/09	34.03
03/02/11	WCAB LB	STATUS CONFERENCE - JOYCE ALTMAN # 300624	156.50
03/02/11	PENALTIES	FOR DATE OF SERVICE 3/2/11	23.48
03/02/11	INTEREST	FOR DATE OF SERVICE 3/2/11	7.20
07/29/11	PMT BY CHECK	DOS 3/2/11 # 611060	-1275.00
08/04/11	BLCE OFF SET	BALANCE OFF SET	-197.74

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

*** INVOICE ***

Date	NO#
08/04/11	33834

Claim # : 398603
W.C.A.B.:
ADJ # : A[illegible]
S.S.N. :
D.O.B. : [illegible]
Terms : 45 days

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

Case: [illegible] vs CORNUCOPIA FOODS
Date Of Injury: 3/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

EXPLANATION OF PAYMENT

Carrier/Audit Reviewer
Zenith Insurance Company
LOS ANGELES REGIONAL OFFICE
21255 CALIFA STREET
WOODLAND HILLS, CA 91367
(800) 625-5435

Patient Information
[redacted]
W [redacted])
SSN: On file
DATE OF INJURY: 03/01/08
Patient Acct No:

Zenith Claim Information
Claim Number: 398603
Check Date: 07/29/11
Check Number: 611060
Date Of Review: 07/27/11
Case Number: 299H432000

Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

Diagnosis Information
959.9
#38834

Employer Information
CORNUCOPIA FOODS, LLC.
1101 W. MCKINLEY
POMONA, CA 91769

DATES OF SERVICE: 04/20/09 TO 03/02/11

Date Of Service	Procedure Code	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Allowed	Reduction Codes
04/20/09	MDS10		LUMP SUM SETTL	0000	0.00	0.00	0.00	0.00	0.00	
03/02/11	MDS10		LUMP SUM SETTL	0000	1,472.74	197.74	0.00	0.00	1,275.00	A5J A6B
			TOTAL SUMMARY:		1,472.74	197.74	0.00	0.00	1,275.00	

Carrier Reduction Code & Description:
A5J 870 PAYMENT IN FULL AND FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVIC E AND ALL CHARGES.
A6B 989 PAYMENT IN FULL AND FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVIC E AND ALL CHARGES.

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKER'S COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

To check the status of your bill, or for any other questions, please call Zenith Insurance Company at 1-800-440-5020.

ZENITH INSURANCE COMPANY NOW UTILIZES CENTRALIZED MAIL FACILITIES TO EXPEDITE MAIL HANDLING AND ROUTING. SEND ALL CORRESPONDENCE (INCLUDING MEDICAL BILLS, REPORTS, ETC) TO: PO BOX 9055, VAN NUYS, CA 91409-9055

ZENITH INSURANCE COMPANY now has the ability to receive medical bills electronically. If interested, please contact the Zenith provider call center provided by Jopari solutions at 1-866-269-0544 for more information.

All requests for reconsideration should be submitted in writing. Please include the bill clearly labeled as a request for reconsideration, the Explanation of Payment, the reason for the request and any supporting documentation. Reconsideration requests will be handled in accordance with your state's guidelines.

PAID

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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#
07/21/11 27943

Claim # : YME14487
W.C.A.B.: LB[illegible]
ADJ # : [illegible]
S.S.N. : [illegible]
D.O.B. : 11/11/65
Terms : 45 days

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

Case: [illegible] vs ATHENS SERVICES
Date Of Injury: 8/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/07	INITIAL EXAM	DR NEMAT*	230.00
10/24/07	NCT	DIAGNOSTIC STUDY INTERP: U/E*	150.00
11/26/07	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
11/26/07	EMG TESTING	BY DR ALTMAN - U/E*	125.00
11/28/07	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF CTR*	150.00
11/09/07	MRI	REF BY DR NEMAT -RT SHOULDER*	150.00
03/05/08	PENALTIES	FOR DATE OF SERVICE 10/23/07	34.50
12/29/10	INTEREST	FOR DATE OF SERVICE 10/23/07	85.73
03/05/08	PENALTIES	FOR DATE OF SERVICE 10/24/07	22.50
12/29/10	INTEREST	FOR DATE OF SERVICE 10/24/07	55.86
03/05/08	PENALTIES	FOR DATE OF SERVICE 11/26/07	37.50
12/29/10	INTEREST	FOR DATE OF SERVICE 11/26/07	90.50
03/05/08	PENALTIES	FOR DATE OF SERVICE 11/9/07	22.50
12/29/10	INTEREST	FOR DATE OF SERVICE 11/9/07	55.11
03/14/08	DEPO PREP	@ THE L/O OF BAGBY, GAJDOS & ZACHARY	156.50
08/14/08	PENALTIES	FOR DATE OF SERVICE 3/14/08	23.48
12/29/10	INTEREST	FOR DATE OF SERVICE 3/14/08	54.00
12/29/10	PENALTIES	FOR DATE OF SERVICE 11/28/07	22.50
12/29/10	INTEREST	FOR DATE OF SERVICE 11/28/07	54.21
02/17/11	PENALTIES	FOR UNPAID SETLMENT 12/29/10	411.22
07/06/11	INTEREST	FOR UNPAID SETLMENT 12/29/10	117.73
07/18/11	PMT BY CHECK	DOS 10/23/07-3/14/08 # 0029030783	-414.13
07/18/11	PMT BY CHECK	DOS 11/28/07-11/28/07 # 0029030770	-1644.89
07/21/11	BLCE OFF SET	BALANCE OFF SET	-114.82

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

*** INVOICE ***

Date	NO#
07/21/11	27943

Claim # : YME14487
W.C.A.B.: LF [illegible] 37
ADJ # :
S.S.N. :
D.O.B. : 11/11/65
Terms : 45 days

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

Case: [illegible] vs ATHENS SERVICES
Date Of Injury: 8/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

DATE	CHECK AMT	CHECK NO.
07/18/2011	414.13	0029030783

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

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

*001561 0029030783 00001 OF 00001 0AM 110718 1005

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

Claimant Name	Loss Date	Claim Number	SSN
[redacted]	08/15/2007	YME C 14487	

Amt Paid: 414.13 Description:
Amt Billed: 414.13 Invoice: ICN: YME C 14487
Dates: 10/23/2007 - 03/14/2008 Comment:

#27943

PAID F.F. 16.

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

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

DATE	CHECK AMT	CHECK NO.
07/18/2011	1,644.89	0029030770

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETING	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

*004496 0029030770 00001 OF 00002 OPM 110715 1428

JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN
[redacted]	08/15/2007	YME C 14487	

Amt Paid: 1644.89 Description: Doctor
Amt Billed: 1644.89 Invoice: ICN: 122877
Dates: 11/28/2007 - 11/28/2007 Comment:

#27943

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16

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

E1991.FRM (02-28-01)

EXPLANATION OF REVIEW

Sedgwick CMS

PAYOR: Sedgwick CMS	RECEIVED BY VENDOR: 07/14/2011	DATE OF INJURY: 08/15/2007
BILL ID (ICN): 122877	PROCESSED BY VENDOR: 07/14/2011	SOCIAL SECURITY NUMBER: *****3353

INJURED NAME (LAST, FIRST, MI): Vega, Juan	TPA CLAIM NUMBER: YME C 14487
INJURED: [redacted]	PATIENT ACCOUNT NUMBER:
	EMPLOYER CONTRACT NUMBER: 4027
IMAGE NUMBER (DCN):	TPA TRANSACTION # (MBDCN): 122877
EMPLOYER NAME: Arakelian Enterprises AKA Athens	CARRIER NAME: ZURICH AMERICAN INSURANCE
EMPLOYER ADDRESS: PO Box 60009 City Of Industr, CA 91716	CARRIER ADDRESS: 1400 American Lane Zurich Towers Schaumburg, IL 60196-1056 (847) 605-6000
PROVIDER NAME AND ADDRESS: JOYCE ALTMAN INTERPRETING PO BOX 4165 TUSTIN, CA 92781	
TREATING PROVIDER: JOYCE ALTMAN INTERPR JOYCE ALT	
PROVIDER TAX ID: 330956713	
DATES OF SERVICE: 11/28/2007 - 11/28/2007	PROVIDER NPI: 0
	ICD CODES: 959.9

Date of Service	Submitted Code	Mod(s)	Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance
11/28/2007	MDS10 LUMP SUM PYMT WHERE PAYER VS P		1		1,644.89	0.00	0.00	0.00	1,644.89
				REASON CODES		250,ANSI45			
				GROUP CODES		CO			
Totals:					1,644.89	1,644.89	0.00	0.00	1,644.89

Explanation of Reason Codes For Detail Lines
250 REVIEWED PER CLIENT S INSTRUCTIONS.
ANSI45 WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT
Explanation of Group Codes For Detail Lines
CO CONTRACTUAL OBLIGATIONS

QUESTIONS ABOUT OTHER SEDGWICK CMS PAYMENTS?

Visit sedgwickcms.com. Click on Provider Resources; then choose viaOne Express for Providers

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: ACS COMPIQ, A XEROX COMPANY
1851 EAST 1ST STREET,SUITE 200
SANTA ANA, CA 92705

Customer Service Phone: (877) 731-4690
SRS BILL REVIEW HELPDESK

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

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

Fax: (859) 264-4062

004496 0029030770 00002 OF 00002 OPM 110715 1428

I8611 v.0.07 03.24.10

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

*** INVOICE ***
Date NO#
07/19/11 30052

Claim # : 006900003278WC-01
W.C.A.B.: LBO [illegible]
ADJ # : [illegible]
S.S.N. : [illegible]
D.O.B. : 4/28/66
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SCOTTSDALE)
W.C. DEPARTMENT
ATTN: DEBBIE BANDOLI
PO BOX 10849
SCOTTSDALE, AZ 85271

Case: I vs ANGELICA'S TEXTILE CORP
Date Of Injury: 9/25/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/11/08	DEPO PREP	@ THE L/O OF TOBIN & LUCKS	156.50
04/21/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/17/08	PMT BY CHECK	DOS 3/11/08 THRU 4/21/08 # 0064308424	-406.50
03/26/09	DEPO PREP	@ THE L/O OF TOBIN & LUCKS VOL II	156.50
04/21/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/13/10	WCAB LB	MSC- CARMEN GUZMAN # 100585	156.50
01/04/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/19/11	WCAB LB	MSC	156.50
04/04/11	PENALTIES	FOR DATE OF SERVICE 3/26/09	23.48
07/06/11	INTEREST	FOR DATE OF SERVICE 3/26/09	42.01
04/04/11	PENALTIES	FOR DATE OF SERVICE 4/21/09	37.50
07/06/11	INTEREST	FOR DATE OF SERVICE 4/21/09	65.06
04/04/11	PENALTIES	FOR DATE OF SERVICE 10/13/10	23.48
07/06/11	INTEREST	FOR DATE OF SERVICE 10/13/10	14.10
04/04/11	PENALTIES	FOR DATE OF SERVICE 1/4/11	37.50
07/06/11	INTEREST	FOR DATE OF SERVICE 1/4/11	15.99
04/04/11	PENALTIES	FOR DATE OF SERVICE 1/19/11	23.48
07/06/11	INTEREST	FOR DATE OF SERVICE 1/19/11	9.27
05/27/11	PMT BY CHECK	DOS 3/11/08 THRU 1/19/11 # 0085932646	-969.50
07/12/11	PMT BY CHECK	DOS 7/6/11 # 0086840781	-145.00
07/19/11	BLCE OFF SET	BALANCE OFF SET	-146.87

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

*** INVOICE ***

Date	NO#
07/19/11	30052

Claim # : 006900003278WC-01
W.C.A.B.: [redacted]
ADJ # : [redacted]
S.S.N. : [redacted]
D.O.B. : 4/28/66
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SCOTTSDALE)
W.C. DEPARTMENT
ATTN: DEBBIE BANDOLI
PO BOX 10849
SCOTTSDALE, AZ 85271

Case: vs ANGELICA'S TEXTILE CORP
Date Of Injury: 9/25/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

GAL *52100* 040806012 03853 03853 GALCK03D

003752

002786 PAGE 1 OF 1 000690

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

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS

CLAIM NO: 000690 003278 WC 01 (8214)

BRANCH NO.: 164

NO. 0064308424

CLAIMANT:

ACC. DATE: 25Sep07

VN. 0000116805

DESCRIPTION: INVOICE # 30052 DOS: 03/11/08-04/21/08

DATE 17Jun08

DATES OF SERVICE: 11Mar2008 THRU 21Apr2008

######406.50

BENEFIT PERIOD: THRU

PAID

AC700100

GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85251

000690 PAGE 1 OF 1 004367

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

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01 2011
BY:.....

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-231-3759
GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85251

CLAIM NO.: 000690 003278 WC 01 (8214)
CLAIMANT:
DESCRIPTION: INV 30052-2/15/11 DOS 2/26&4/21/09,10/13/10,1/4&1/19/11

DATES OF SERVICE: 26Mar2009 **THRU** 19Jan2011
BENEFIT PERIOD: **THRU**

BRANCH NO.: 007
ACC DATE: 25Sep07

NO.: 0085932646
VN: 0000181464
DATE: 27May11
AMOUNT: 969.50

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006661 007378 002 003

GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85251

000690 PAGE 1 OF 1 003947

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

PAID

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS

DIRECT CHECK INQUIRIES TO:
PHONE: 800-231-3759
GALLAGHER BASSETT - PHOENIX
P.O. BOX 10849
SCOTTSDALE AZ 85251

CLAIM NO.: 000690 003278 WC 01 (8214) #80052
CLAIMANT: !
DESCRIPTION: FULL AND FINAL SATISFACTION

BRANCH NO.: 007
ACC DATE: 25Sep07

NO.: 0086840781
VN: 0000184305
DATE: 12Jul11

DATES OF SERVICE: 06Jul2011 **THRU** 06Jul2011
BENEFIT PERIOD: **THRU**

AMOUNT: 145.00

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DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004947 005744 003 003

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

*** INVOICE ***
Date NO#
07/22/11 33280

Claim # : CA317857
W.C.A.B.: I-------
ADJ # :
S.S.N. :
D.O.B. : 1/28/48
Terms : 45 days

BILL TO:
XCHANGING INS. (OREGON-69129)
W.C. DEPARTMENT
ATTN: HEATHER ESPINOZA
P.O. BOX # 69129
PORTLAND, OR 92739

Case: _ vs RECANA RECRUITING & STAFFING
Date Of Injury: 4/10/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/11/09	INITIAL EXAM	-DR THOMAS @ COASTLINE PODIATRY*	230.00
03/02/09	PR2/REEVAL	-DR THOMAS @ COASTLINE PODIATRY*	180.00
03/30/09	PR2/REEVAL	-DR THOMAS @ COASTLINE PODIATRY*	180.00
04/13/09	PR2/REEVAL	-DR THOMAS @ COASTLINE PODIATRY*	180.00
05/04/09	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
05/27/09	PR2/REEVAL	-DR THOMAS @ COASTLINE PODIATRY*	180.00
06/22/09	PR2/REEVAL	-DR THOMAS @ COASTLINE PODIATRY*	180.00
07/31/09	PR2/REEVAL	-DR THOMAS @ COASTLINE PODIATRY*	180.00
08/24/09	PR2/REEVAL	-DR THOMAS @ COASTLINE PODIATRY*	180.00
09/30/09	PMT BY CHECK	DOS 8/24/09 # 2461340	-180.00
01/19/10	PENALTIES	FOR DATE OF SERVICE 2/11/09	34.50
07/05/11	INTEREST	FOR DATE OF SERVICE 2/11/09	64.78
02/03/11	PENALTIES	FOR DATE OF SERVICE 3/2/09	27.00
07/05/11	INTEREST	FOR DATE OF SERVICE 3/2/09	49.62
02/03/11	PENALTIES	FOR DATE OF SERVICE 3/30/09	27.00
07/05/11	INTEREST	FOR DATE OF SERVICE 3/30/09	48.04
02/03/11	PENALTIES	FOR DATE OF SERVICE 4/13/09	27.00
07/05/11	INTEREST	FOR DATE OF SERVICE 4/13/09	47.24
02/03/11	PENALTIES	FOR DATE OF SERVICE 5/4/09	27.00
07/05/11	INTEREST	FOR DATE OF SERVICE 5/4/09	46.05
02/03/11	PENALTIES	FOR DATE OF SERVICE 5/27/09	27.00
07/05/11	INTEREST	FOR DATE OF SERVICE 5/27/09	44.75

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

*** INVOICE ***

Date	NO#
07/22/11	33280

Claim # : CA317857
W.C.A.B.: LB
ADJ # :
S.S.N. :
D.O.B. : 1/28/48
Terms : 45 days

BILL TO:
XCHANGING INS. (OREGON-69129)
W.C. DEPARTMENT
ATTN: HEATHER ESPINOZA
P.O. BOX # 69129
PORTLAND, OR 92739

Case: _____ vs RECANA RECRUITING & STAFFING
Date Of Injury: 4/10/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/03/11	PENALTIES	FOR DATE OF SERVICE 6/22/09	27.00
07/05/11	INTEREST	FOR DATE OF SERVICE 6/22/09	43.27
02/03/11	PENALTIES	FOR DATE OF SERVICE 7/31/09	27.00
07/05/11	INTEREST	FOR DATE OF SERVICE 7/31/09	41.06
07/19/11	PMT BY CHECK	DOS 4/10/08-7/6/11 # 2662711	-1500.00
07/22/11	BLCE OFF SET	BALANCE OFF SET	-598.31

BALANCE 0.00

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

WARNING: THIS ACCOUNT IS PROTECTED AGAINST FRAUD

63-4
630

LUMBERMEN'S UNDERWRITING ALLIANCE

BOCA RATON, FLORIDA 33431

2461340

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
04/10/08	317857 57475-0411	286930	WC-CA-317857	SEPTEMBER 30, 2009

FROM 02/11/09 TO 08/24/09

INSURED RECANA LLC

CLAIMANT

PAYEE TAX ID

NATURE OF PAYMENT CTRL# 4060-H-8662105-0
INV# 33280

PAY ONE HUNDRED EIGHTY AND 00/100 DOLLARS

TO THE ORDER OF

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

BANK OF AMERICA, N.A.

ENDORSEMENT REQUIRED

$ *********180.00

VOID IF NOT CASHED WITHIN 6 MONTHS

Christi E. Lynn

G42

2461340

⑈002461340⑈ ⑆063000047⑆ 00360118?388⑈

PAID

WARNING: THIS ACCOUNT IS PROTECTED AGAINST FRAUD

02-1
630

317857

LUMBERMEN'S UNDERWRITING ALLIANCE

BOCA RATON, FLORIDA 33431

2662711

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
04/10/08	57475-0411	286930	WC-CA-317857	JULY 19, 2011

FROM 04/10/08 TO 07/06/11

INSURED RECANA LLC
CLAIMANT TELLO, DOMINGO
PAYEE TAX ID 330956713

NATURE OF PAYMENT FULL AND FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVICE

PAY ONE THOUSAND FIVE HUNDRED AND 00/100 DOLLARS

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

BANK OF AMERICA, N.A.

ENDORSEMENT REQUIRED

$ ****1,500.00

Security features included. Details on back.

VOID IF NOT CASHED WITHIN 6 MONTHS

INSURING THE FUTURE

LUA

AUTHORIZED SIGNATURE

2662711

COUNTERSIGNATURE MAY BE REQUIRED

I17

⑈000266271⑈ ⑆063000047⑆ 00360118738⑈

#33280

F.F.
16

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#
07/18/11	31811

Claim # : 2080186890
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 12/8/52
Terms : 45 days

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

Case: vs ABLE BUILDING MAINTENANCE
Date Of Injury: 5/3/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/17/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
03/23/09	PENALTIES	FOR DATE OF SERVICE 09/24/08	23.48
07/05/11	INTEREST	FOR DATE OF SERVICE 09/24/08	50.98
03/23/09	PENALTIES	FOR DATE OF SERVICE 10/17/08	37.50
07/05/11	INTEREST	FOR DATE OF SERVICE 10/17/08	79.63
04/08/09	PMT BY CHECK	DOS 9/24/08 THRU 3/23/09 # 1010093031	-406.50
06/30/10	WCAB LB	MSC- CARMEN GUZMAN # 100585	156.50
02/23/11	WCAB LB	STATUS CONFERENCE - CARMEN GUZMAN # 100585	156.50
03/10/11	PENALTIES	FOR DATE OF SERVICE 6/30/10	23.48
07/05/11	INTEREST	FOR DATE OF SERVICE 6/30/10	19.23
07/05/11	PENALTIES	FOR DATE OF SERVICE 2/23/11	23.48
07/05/11	INTEREST	FOR DATE OF SERVICE 2/23/11	7.49
07/14/11	PMT BY CHECK	DOS 9/24/08-2/23/11 # 1100130804	-375.00
07/18/11	BLCE OFF SET	BALANCE OFF SET	-203.27

BALANCE 0.00

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORPORATION

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

06458

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0186890 001 HL	WC 8298257	31811		05/03/08	09/24/08-03/23/09

Check Number	1010093031	Date Issued	04/08/09	Amount	$*****406.50
Customer	Able Services				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Kesha Roy				
File Supervisor	Laura Hershey	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	406.50		
TOTAL	$406.50		

PAID

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORPORATION

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

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

10301

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0186890 001 HL	WC 8298257			05/03/08	09/24/08-02/23/11

Check Number	1100130804	Date Issued	07/14/11	Amount	$*****375.00
Customer	Able Services				
Claimant	3181				
Nature of Payment	FULL AND FINAL				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Balamurali CG-Thirumalai				
File Supervisor	Laura Hershey	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	375.00		
TOTAL	$375.00		

FF 16

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#
09/02/11	23832

Claim # : 648152131
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/28/64
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MATHEW MITCHELL
P.O. BOX 4025
BEAVERTON, OR 97076

Case: [redacted] vs MOTEL 6
Date Of Injury: 1/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT
11/22/06	INITIAL EXAM	-DR PAYANDEH*	230.00
12/14/06	MRI	-REF BY DR PAYANDEH: LT HIP*	150.00
12/20/06	FOLLOW-UP	-DR PAYANDEH*	180.00
01/17/07	FOLLOW-UP	-DR PAYANDEH*	180.00
01/19/07	MRI	REF BY DR PAYANDEH: LT HIP, LT ANKLE*	150.00
01/24/07	EMG TESTING	-BY DR BEDZAH: L/E*	125.00
01/24/07	NCV	-DIAGNOSTIC STUDY INTERP: L/E	125.00
02/07/07	FOLLOW-UP	-DR PAYANDEH*	180.00
03/12/07	INITIAL EXAM	-DR THOMAS*	230.00
03/21/07	FOLLOW-UP	-DR PAYANDEH*	180.00
03/19/07	FOLLOW-UP	DR THOMAS*	180.00
03/26/07	FOLLOW-UP	DR THOMAS*	180.00
04/06/07	FOLLOW-UP	DR THOMAS*	180.00
04/11/07	FOLLOW-UP	DR PAYANDEH*	180.00
04/23/07	PMT BY CHECK	DOS 3/19/07 # 81010020	-90.00
04/23/07	FOLLOW-UP	DR THOMAS*	180.00
05/02/07	FOLLOW-UP	-DR PAYANDEH*	180.00
05/02/07	FOLLOW-UP	DR THOMAS*	180.00
05/11/07	PMT BY CHECK	DOS 3/26/07 THRU 4/11/07 # 81017399	-270.00
05/09/07	FOLLOW-UP	DR THOMAS*	180.00
05/23/07	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	147.00
05/30/07	FOLLOW-UP	DR PAYANDEH*	180.00
06/04/07	FOLLOW-UP	DR THOMAS* (AMENDED DATE)	180.00
06/11/07	PMT BY CHECK	DOS 5/9/07 # 81028508	-90.00
06/11/07	FOLLOW-UP	-*DR THOMAS*	180.00
06/26/07	PMT BY CHECK	DOS 5/23/07 # 81033880	-90.00
06/27/07	FOLLOW-UP	DR PAYANDEH*	180.00
07/03/07	PMT BY CHECK	DOS 5/30/07 # 81036417	-90.00

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#
09/02/11	23832

Claim # : 648152131
W.C.A.B. :
ADJ # :
S.S.N. :
D.O.B. : 8/28/64
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MATHEW MITCHELL
P.O. BOX 4025
BEAVERTON, OR 97076

Case: vs MOTEL 6
Date Of Injury: 1/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (AMENDED DATE)	250.00
07/10/07	PMT BY CHECK	DOS 6/4/07 # 81038390	-90.00
07/02/07	FOLLOW-UP	-DR THOMAS*	180.00
07/18/07	FOLLOW-UP	DR PAYANDEH*	180.00
07/16/07	FOLLOW-UP	-DR THOMAS*	180.00
07/30/07	FOLLOW-UP	-DR THOMAS*	180.00
07/25/07	FOLLOW-UP	-DR THOMAS*	180.00
08/07/07	PMT BY CHECK	DOS 6/11/07 THRU 6/27/07 # 81048425	-180.00
08/15/07	PR2/REEVAL	-DR THOMAS*	180.00
08/23/07	PMT BY CHECK	DOS 7/18/07 # 81054219	-90.00
08/22/07	PMT BY CHECK	DOS 6/7/07 & 7/2/07 # 81053704	-90.00
08/15/07	P AND S	DR PAYANDEH*	230.00
08/24/07	PMT BY CHECK	DOS 7/16/07 # 81054774	-90.00
08/27/07	PR2/REEVAL	-DR THOMAS*	180.00
09/06/07	PMT BY CHECK	DOS 7/30/07 # 81058493	-90.00
09/12/07	PMT BY CHECK	DOS 7/25/07 # 81060499	-90.00
09/06/07	WCAB LB	MSC	147.00
09/17/07	PR2/REEVAL	-DR THOMAS*	180.00
10/01/07	PR2/REEVAL	-DR THOMAS*	180.00
10/15/07	PR2/REEVAL	-DR THOMAS*	180.00
06/04/07	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (2.5HRS)	187.50
10/11/07	WCAB LB	MSC	156.50
10/29/07	PR2/REEVAL	-DR THOMAS*	180.00
11/19/07	PR2/REEVAL	-DR THOMAS*	180.00
12/03/07	PR2/REEVAL	-DR THOMAS*	180.00
12/17/07	PR2/REEVAL	-DR THOMAS*	180.00
01/07/08	PR2/REEVAL	-DR THOMAS*	180.00

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

*** INVOICE ***

Date	NO#
09/02/11	23832

Claim # : 648152131
W.C.A.B.: [illegible]
ADJ # : [illegible]
S.S.N. : [illegible]
D.O.B. : 8/28/64
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MATHEW MITCHELL
P.O. BOX 4025
BEAVERTON, OR 97076

Case: [illegible] vs MOTEL 6
Date Of Injury: 1/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/08	PR2/REEVAL	-DR THOMAS*	180.00
01/28/08	PR2/REEVAL	-DR THOMAS*	180.00
02/11/08	PR2/REEVAL	-DR THOMAS*	180.00
02/25/08	PR2/REEVAL	-DR THOMAS*	180.00
03/10/08	PR2/REEVAL	-DR THOMAS*	180.00
04/14/08	WCAB LB	MSC	156.50
05/12/08	PR2/REEVAL	-DR THOMAS*	180.00
05/20/08	WCAB LB	TRIAL	156.50
05/21/08	PR2/REEVAL	-DR THOMAS*	180.00
06/09/08	PR2/REEVAL	-DR THOMAS*	180.00
09/17/08	WCAB LB	STATUS CONFERNCE	156.50
10/20/08	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
11/10/08	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
11/19/08	WCAB LB	STATUS CONFERENCE	156.50
11/17/08	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
12/15/08	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
01/05/09	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
01/19/09	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
01/12/09	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
03/16/09	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
03/02/09	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
04/20/09	PR2/REEVAL	DR THOMAS @ COASTLINE	180.00

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

*** INVOICE ***

Date	NO#
09/02/11	23832

Claim # : 648152131
W.C.A.B.: LBC
ADJ # :
S.S.N. :
D.O.B. : 8/28/64
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MATHEW MITCHELL
P.O. BOX 4025
BEAVERTON, OR 97076

Case: [redacted] vs MOTEL 6
Date Of Injury: 1/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT
		PODIATRY*	
04/22/09	WCAB LB	STATUS CONFERENCE	156.50
08/18/09	WCAB LB	TRIAL	156.50
09/28/09	PR2/REEVAL	DR THOMAS @ COASTLINE	180.00
		PODIATRY*	
10/12/09	PR2/REEVAL	DR THOMAS @ COASTLINE	180.00
		PODIATRY*	
01/28/10	PENALTIES	FOR DATE OF SERVICE 11/22/06	34.50
08/30/11	INTEREST	FOR DATE OF SERVICE 11/22/06	127.68
01/28/10	PENALTIES	FOR DATE OF SERVICE 12/14/06	22.50
08/30/11	INTEREST	FOR DATE OF SERVICE 12/14/06	82.23
01/28/10	PENALTIES	FOR DATE OF SERVICE 01/19/07	22.50
08/30/11	INTEREST	FOR DATE OF SERVICE 01/19/07	80.53
01/28/10	PENALTIES	FOR DATE OF SERVICE 01/24/07	37.50
08/30/11	INTEREST	FOR DATE OF SERVICE 01/24/07	267.66
01/28/10	PENALTIES	FOR DATE OF SERVICE 03/12/07	34.50
08/30/11	INTEREST	FOR DATE OF SERVICE 03/12/07	119.71
01/28/10	PENALTIES	FOR DATE OF SERVICE 05/23/07	8.55
08/30/11	INTEREST	FOR DATE OF SERVICE 05/23/07	28.38
01/28/10	PENALTIES	FOR DATE OF SERVICE 07/06/07	37.50
08/30/11	INTEREST	FOR DATE OF SERVICE 07/06/07	120.99
01/28/10	PENALTIES	FOR DATE OF SERVICE 08/15/09	34.50
08/30/11	INTEREST	FOR DATE OF SERVICE 08/15/09	55.44
01/28/10	PENALTIES	FOR DATE OF SERVICE 09/06/07	22.05
08/30/11	INTEREST	FOR DATE OF SERVICE 09/06/07	68.27
01/28/10	PENALTIES	FOR DATE OF SERVICE 10/11/07	23.48
08/30/11	INTEREST	FOR DATE OF SERVICE 10/11/07	70.95
01/28/10	PENALTIES	FOR DATE OF SERVICE 04/14/08	23.48
08/30/11	INTEREST	FOR DATE OF SERVICE 04/14/08	61.78
01/28/10	PENALTIES	FOR DATE OF SERVICE 05/20/08	23.48
08/30/11	INTEREST	FOR DATE OF SERVICE 05/20/08	60.01

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

*** INVOICE ***
Date NO#
09/02/11 23832

Claim # : 648152131
W.C.A.B.: [illegible]9
ADJ # : AD[illegible]
S.S.N.
D.O.B. : 8/28/64
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MATHEW MITCHELL
P.O. BOX 4025
BEAVERTON, OR 97076

Case: [illegible] vs MOTEL 6
Date Of Injury: 1/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/10	PENALTIES	FOR DATE OF SERVICE 09/17/08	23.48
08/30/11	INTEREST	FOR DATE OF SERVICE 09/17/08	54.09
01/28/10	PENALTIES	FOR DATE OF SERVICE 11/19/08	23.48
08/30/11	INTEREST	FOR DATE OF SERVICE 11/19/08	50.98
01/28/10	PENALTIES	FOR DATE OF SERVICE 04/22/09	23.48
08/30/11	INTEREST	FOR DATE OF SERVICE 04/22/09	43.39
01/28/10	PENALTIES	FOR DATE OF SERVICE 08/18/09	23.48
08/30/11	INTEREST	FOR DATE OF SERVICE 08/18/09	37.57
04/11/11	PENALTIES	FOR DATE OF SERVICE 12/20/06	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 12/20/06	98.34
04/11/11	PENALTIES	FOR DATE OF SERVICE 1/17/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 1/17/07	96.75
04/11/11	PENALTIES	FOR DATE OF SERVICE 2/7/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 2/7/07	95.56
04/11/11	PENALTIES	FOR DATE OF SERVICE 3/21/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 3/21/07	93.18
04/11/11	PENALTIES	FOR DATE OF SERVICE 3/19/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 3/19/07	46.65
04/11/11	PENALTIES	FOR DATE OF SERVICE 3/26/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 3/26/07	46.45
04/11/11	PENALTIES	FOR DATE OF SERVICE 4/6/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 4/6/07	46.14
04/11/11	PENALTIES	FOR DATE OF SERVICE 4/11/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 4/11/07	45.99
04/11/11	PENALTIES	FOR DATE OF SERVICE 4/23/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 4/23/07	91.31
04/11/11	PENALTIES	FOR DATE OF SERVICE 5/2/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 5/2/07	90.80
04/11/11	PENALTIES	FOR DATE OF SERVICE 5/2/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 5/2/07	90.80
04/11/11	PENALTIES	FOR DATE OF SERVICE 5/9/07	13.50

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

*** INVOICE ***

Date	NO#
09/02/11	23832

Claim # : 648152131
W.C.A.B.: I[illegible]9
ADJ # : I[illegible]
S.S.N. :
D.O.B. : 8/28/64
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MATHEW MITCHELL
P.O. BOX 4025
BEAVERTON, OR 97076

Case: vs MOTEL 6
Date Of Injury: 1/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/30/11	INTEREST	FOR DATE OF SERVICE 5/9/07	45.20
04/11/11	PENALTIES	FOR DATE OF SERVICE 5/30/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 5/30/07	44.60
04/11/11	PENALTIES	FOR DATE OF SERVICE 6/4/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 6/4/07	44.46
04/11/11	PENALTIES	FOR DATE OF SERVICE 6/11/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 6/11/07	44.26
04/11/11	PENALTIES	FOR DATE OF SERVICE 7/3/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 7/3/07	43.64
04/11/11	PENALTIES	FOR DATE OF SERVICE 7/2/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 7/2/07	43.67
04/11/11	PENALTIES	FOR DATE OF SERVICE 7/18/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 7/18/07	43.21
04/11/11	PENALTIES	FOR DATE OF SERVICE 7/16/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 7/16/07	43.27
04/11/11	PENALTIES	FOR DATE OF SERVICE 7/30/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 7/30/07	42.87
04/11/11	PENALTIES	FOR DATE OF SERVICE 7/25/07	13.50
08/30/11	INTEREST	FOR DATE OF SERVICE 7/25/07	43.02
04/11/11	PENALTIES	FOR DATE OF SERVICE 8/15/07	34.50
08/30/11	INTEREST	FOR DATE OF SERVICE 8/15/07	108.41
04/11/11	PENALTIES	FOR DATE OF SERVICE 8/27/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 8/27/07	84.16
04/11/11	PENALTIES	FOR DATE OF SERVICE 9/17/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 9/17/07	82.97
04/11/11	PENALTIES	FOR DATE OF SERVICE 10/1/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 10/1/07	82.18
04/11/11	PENALTIES	FOR DATE OF SERVICE 10/15/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 10/15/07	81.38
04/11/11	PENALTIES	FOR DATE OF SERVICE 6/4/07	28.13
08/30/11	INTEREST	FOR DATE OF SERVICE 6/4/07	92.63

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

*** INVOICE ***

Date	NO#
09/02/11	23832

Claim # : 648152131
W.C.A.B. 299
ADJ # : AI
S.S.N. :
D.O.B. : 8/28/64
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MATHEW MITCHELL
P.O. BOX 4025
BEAVERTON, OR 97076

Case: . vs MOTEL 6
Date Of Injury: 1/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/11	PENALTIES	FOR DATE OF SERVICE 10/29/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 10/29/07	80.59
04/11/11	PENALTIES	FOR DATE OF SERVICE 11/19/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 11/19/07	79.40
04/11/11	PENALTIES	FOR DATE OF SERVICE 12/3/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 12/3/07	78.60
04/11/11	PENALTIES	FOR DATE OF SERVICE 12/17/07	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 12/17/07	77.81
04/11/11	PENALTIES	FOR DATE OF SERVICE 1/7/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 1/7/08	76.62
04/11/11	PENALTIES	FOR DATE OF SERVICE 1/21/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 1/21/08	75.82
04/11/11	PENALTIES	FOR DATE OF SERVICE 1/28/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 1/28/08	75.43
04/11/11	PENALTIES	FOR DATE OF SERVICE 2/11/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 2/11/08	74.63
04/11/11	PENALTIES	FOR DATE OF SERVICE 2/25/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 2/25/08	73.84
04/11/11	PENALTIES	FOR DATE OF SERVICE 3/10/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 3/10/08	73.05
04/11/11	PENALTIES	FOR DATE OF SERVICE 5/12/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 5/12/08	69.47
04/11/11	PENALTIES	FOR DATE OF SERVICE 5/21/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 5/21/08	68.96
04/11/11	PENALTIES	FOR DATE OF SERVICE 6/9/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 6/9/08	67.88
04/11/11	PENALTIES	FOR DATE OF SERVICE 10/20/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 10/20/08	60.34
04/11/11	PENALTIES	FOR DATE OF SERVICE 11/10/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 11/10/08	59.15
04/11/11	PENALTIES	FOR DATE OF SERVICE 11/17/08	27.00

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#
09/02/11	23832

Claim # : 648152131
W.C.A.B.: [illegible]
ADJ # : AE [illegible]
S.S.N. :
D.O.B. : 8/28/64
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MATHEW MITCHELL
P.O. BOX 4025
BEAVERTON, OR 97076

Case: [illegible] vs MOTEL 6
Date Of Injury: 1/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/30/11	INTEREST	FOR DATE OF SERVICE 11/17/08	58.75
04/11/11	PENALTIES	FOR DATE OF SERVICE 12/15/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 12/15/08	57.17
04/11/11	PENALTIES	FOR DATE OF SERVICE 1/5/09	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 1/5/09	55.98
04/11/11	PENALTIES	FOR DATE OF SERVICE 1/19/09	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 1/19/09	55.18
04/11/11	PENALTIES	FOR DATE OF SERVICE 1/12/09	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 1/12/09	55.58
04/11/11	PENALTIES	FOR DATE OF SERVICE 3/16/09	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 3/16/09	52.01
04/11/11	PENALTIES	FOR DATE OF SERVICE 3/2/09	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 3/2/09	52.80
04/11/11	PENALTIES	FOR DATE OF SERVICE 4/20/09	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 4/20/09	50.02
04/11/11	PENALTIES	FOR DATE OF SERVICE 9/28/09	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 9/28/09	61.59
04/11/11	PENALTIES	FOR DATE OF SERVICE 10/12/09	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 10/12/09	40.10
08/26/11	PMT BY CHECK	DOS 11/22/06-10/12/09 # 0081520599	-12500.00
09/02/11	BLCE OFF SET	BALANCE OFF SET	-4811.42

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

*** INVOICE ***

Date	NO#
09/02/11	23832

Claim # : 648152131
W.C.A.B.: LB[illegible]
ADJ # : A[illegible]
S.S.N. :
D.O.B. : 8/28/64
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MATHEW MITCHELL
P.O. BOX 4025
BEAVERTON, OR 97076

Case: vs MOTEL 6
Date Of Injury: 1/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	81010020	04/23/07
	CHECK AMOUNT: *****$90.00	BLOCK NUMBER: 031390

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801042302-002511

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1T0930703620000

INTERNAL BILL NO: 066273440 MSR: M0153786
CUST/EXTERNAL BILL NO: 26070960775600
BR PROVIDER #: 0083309567 13A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN: [redacted]
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 11/22/06-03/21/07
AUDIT DATE: 04/20/07

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
11/22/06	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00	U301
12/14/06	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00	U301
12/20/06	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	U301
01/17/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	U301
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00	U301
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	U301
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	90.00	N/A	0.00	90.00	Z560
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	U301

TOTAL CHARGES:	1910.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

PAID

EXPLANATION CODE DESCRIPTIONS:
U301 THIS ITEM WAS PREVIOUSLY SUBMITTED AND REVIEWED WITH NOTIFICATION OF DECISION ISSUED TO PAYOR/PROVIDER (DUPLICATE INVOICE). (U301)

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

BLOCK NUMBER
031391

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MMD801042302-002511
BANK: 298
CHECK REF: 81010020 DATE: 04/23/07 AMT: 90.00
INTERNAL BILL NO: 066273440 MSR: N0153786
CUST/EXTERNAL BILL NO: 26070960775600
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1T0930703620000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001MD6R01A01001347
DATES OF SERVICE: 11/22/06-03/21/07
AUDIT DATE: 04/20/07

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE UPPERMOST LEFT CORNER OF THE EOP. (Z212)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	81017399	05/11/07
	CHECK AMOUNT ****$270.00	BLOCK NUMBER 039376

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801051102-003557

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1Q1130705140000

INTERNAL BILL NO: 066589440 MSR: N0152400
CUST/EXTERNAL BILL NO: 26071160115800
BR PROVIDER #: 0083309567130

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT: -

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 11/22/06-04/11/07
AUDIT DATE: 05/10/07

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
11/22/06	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00	U301
12/14/06	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00	U301
12/20/06	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	U301
01/17/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	U301
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00	U301
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	U301
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	90.00	N/A	0.00	90.00	Z560
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	90.00	N/A	0.00	90.00	Z560
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	90.00	N/A	0.00	90.00	Z560

TOTAL CHARGES:	2450.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	270.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	270.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

BLOCK NUMBER
039377

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801051102-003557
BANK: 298
CHECK REF: 81017399 DATE: 05/11/07 AMT: 270.00
INTERNAL BILL NO: 066589440 MSR: N0152400
CUST/EXTERNAL BILL NO: 26071160115800
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1Q1130705140000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 11/22/06-04/11/07
AUDIT DATE: 05/10/07

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS PREVIOUSLY SUBMITTED AND REVIEWED WITH NOTIFICATION OF DECISION ISSUED TO PAYOR/PROVIDER (DUPLICATE INVOICE). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE:
HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE UPPERMOST LEFT CORNER OF THE EOP. (Z212)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	81028508	06/11/07
	CHECK AMOUNT: *****$90.00	BLOCK NUMBER: 029982

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801061102-002307

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1R1420705520002

INTERNAL BILL NO: 067089210 MSR: N0153714
CUST/EXTERNAL BILL NO: 26071461384300
BR PROVIDER #: 008330956713A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PAID

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 12/14/06-05/09/07
AUDIT DATE: 06/08/07

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
12/14/06	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00 18	U301
12/20/06	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/17/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00 18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00 18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00 18	U301
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/09/07	INTRP		INTERPRETER SERVICES	1.00	180.00	90.00	N/A	0.00	90.00 42	Z560

TOTAL CHARGES:	2940.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

BLOCK NUMBER
029983

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801061102-002307
BANK: 298
CHECK REF: 81028508 DATE: 06/11/07 AMT: 90.00
INTERNAL BILL NO: 067089210 MSR: N0153714
CUST/EXTERNAL BILL NO: 26071461384300
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1R1420705520002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 12/14/06-05/09/07
AUDIT DATE: 06/08/07

TOTAL AMOUNT PAID: 90.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS PREVIOUSLY SUBMITTED AND REVIEWED WITH NOTIFICATION OF DECISION ISSUED TO PAYOR/PROVIDER (DUPLICATE INVOICE). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE UPPERMOST LEFT CORNER OF THE EOP. (Z212)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	81033880	06/26/07
	CHECK AMOUNT: *****$90.00	BLOCK NUMBER: 029515

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801062602-002599

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1R1570700030002

INTERNAL BILL NO: 067286207 MSR: N0157907
CUST/EXTERNAL BILL NO: 26071631278600
BR PROVIDER #: 008330956713A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 12/14/06-05/23/07
AUDIT DATE: 06/21/07

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
12/14/06	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00 18	U301
12/20/06	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/17/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00 18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00 18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00 18	U301
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/09/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/23/07	INTRP		INTERPRETER SERVICES	1.00	147.00	90.00	N/A	0.00	90.00 42	Z560

TOTAL CHARGES:	3087.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00

PAID

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

BLOCK NUMBER
029516

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801062602-002599
BANK: 298
CHECK REF: 81033880 DATE: 06/26/07 AMT: 90.00
INTERNAL BILL NO: 067286207 MSR: N0157907
CUST/EXTERNAL BILL NO: 26071631278600
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1R1570700030002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 12/14/06-05/23/07
AUDIT DATE: 06/21/07

TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS PREVIOUSLY SUBMITTED AND REVIEWED WITH NOTIFICATION OF DECISION ISSUED TO PAYOR/PROVIDER (DUPLICATE INVOICE). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE UPPERMOST LEFT CORNER OF THE EOP. (Z212)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	81036417	07/03/07
	CHECK AMOUNT: *****$90.00	BLOCK NUMBER: 034939

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801070302-003235

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1T1630702020003

INTERNAL BILL NO: 067423176 MSR: NO156096
CUST/EXTERNAL BILL NO: 26071671714300
BR PROVIDER #: 008330956713A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PAID

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 12/14/06-05/30/07
AUDIT DATE: 07/02/07

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
12/14/06	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00 18	U301
12/20/06	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/17/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00 18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00 18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00 18	U301
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/09/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/23/07	INTRP		INTERPRETER SERVICES	1.00	147.00	N/A	N/A	0.00	0.00 18	U301
05/30/07	INTRP		INTERPRETER SERVICES	1.00	180.00	90.00	N/A	0.00	90.00 42	Z560

TOTAL CHARGES: 3267.00
TOTAL PREVIOUSLY PAID: 0.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

BLOCK NUMBER
034940

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801070302-003235
BANK: 298
CHECK REF: 81036417 DATE: 07/03/07 AMT: 90.00
INTERNAL BILL NO: 067423176 MSR: N0156096
CUST/EXTERNAL BILL NO: 26071671714300
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1T1630702020003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 12/14/06-05/30/07
AUDIT DATE: 07/02/07

TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE:
HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

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PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	81038390	07/10/07
	CHECK AMOUNT ****$90.00	BLOCK NUMBER 031328

OSN: MM0801071002-002573

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1N1700701800002

INTERNAL BILL NO: 067509569 MSR: N0139219
CUST/EXTERNAL BILL NO: 26071741686700
BR PROVIDER #: 008330956713A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PAID

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 01/17/07-06/04/07
AUDIT DATE: 07/09/07

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
01/17/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00 18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00 18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00 18	U301
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/09/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/30/07	INTRP		INTERPRETER SERVICES	1.00	147.00	N/A	N/A	0.00	0.00 18	U301
06/04/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
				1.00	180.00	90.00	N/A	0.00	90.00 42	Z560

TOTAL CHARGES:	3117.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

BLOCK NUMBER
031329

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801071002-002573
BANK: 298
CHECK REF: 81038390 DATE: 07/10/07 AMT: 90.00
INTERNAL BILL NO: 067509569 MSR: N0139219
CUST/EXTERNAL BILL NO: 26071741686700
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1N1700701800002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN: [redacted]
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 01/17/07-06/04/07
AUDIT DATE: 07/09/07

TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

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PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	81048425	08/07/07
	CHECK AMOUNT	BLOCK NUMBER
	****$180.00	028118

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801080702-002446

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1V1980710330004

INTERNAL BILL NO: 067985321 MSR: N0152400
CUST/EXTERNAL BILL NO: 26072021836800
BR PROVIDER #: 00833095671 3A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 01/19/07-06/27/07
AUDIT DATE: 08/06/07

PAID

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00 18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00 18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00 18	U301
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/09/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/23/07	INTRP		INTERPRETER SERVICES	1.00	147.00	N/A	N/A	0.00	0.00 18	U301
05/30/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/04/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	90.00	N/A	0.00	90.00 42	Z560
06/27/07	INTRP		INTERPRETER SERVICES	1.00	180.00	90.00	N/A	0.00	90.00 42	Z560

TOTAL CHARGES: 3297.00
TOTAL PREVIOUSLY PAID: 0.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING. RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

BLOCK NUMBER
028119

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801080702-002446
BANK: 298
CHECK REF: 81048425 DATE: 08/07/07 AMT: 180.00
INTERNAL BILL NO: 067985321 MSR: N0152400
CUST/EXTERNAL BILL NO: 26072021836800
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1V1980710330004

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/0[illegible]
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 01/19/07-06/27/07
AUDIT DATE: 08/06/07

TOTAL CURRENT PAYABLE:	180.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	180.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE UPPERMOST LEFT CORNER OF THE EOP. (Z212)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	81054219	08/23/07
	CHECK AMOUNT ****$90.00	BLOCK NUMBER 035738

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801082302-003291

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1L2150708180004

INTERNAL BILL NO: 068266429 MSR: N0158951
CUST/EXTERNAL BILL NO: 26072211371300
BR PROVIDER #: 008330956713A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 02/07/07-07/18/07
AUDIT DATE: 08/22/07

PAID

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/09/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/30/07	INTRP		INTERPRETER SERVICES	1.00	147.00	N/A	N/A	0.00	0.00 18	U301
06/04/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/11/07	INTRP		INTERPRETER SERVICES	1.00	250.00	N/A	N/A	0.00	0.00 18	U301
06/27/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/18/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
				1.00	180.00	90.00	N/A	0.00	90.00 42	Z560
			TOTAL CHARGES:		3507.00					
			TOTAL PREVIOUSLY PAID:		0.00					

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

BLOCK NUMBER
035739

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801082302-003291
BANK: 298
CHECK REF: 81054219 DATE: 08/23/07 AMT: 90.00
INTERNAL BILL NO: 068266429 MSR: N0158951
CUST/EXTERNAL BILL NO: 26072211371300
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1L2150708180004

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 02/07/07-07/18/07
AUDIT DATE: 08/22/07

TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE:
HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE UPPERMOST LEFT CORNER OF THE EOP. (Z212)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	81053704	08/22/07
	CHECK AMOUNT	BLOCK NUMBER
	****$180.00	031989

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801082202-002570

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1R2120705290002

INTERNAL BILL NO: 068230600 MSR: N0110943
CUST/EXTERNAL BILL NO: 26072161026400
BR PROVIDER #: 008330956713A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PAID

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 02/07/07-07/02/07
AUDIT DATE: 08/21/07

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/09/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/23/07	INTRP		INTERPRETER SERVICES	1.00	147.00	N/A	N/A	0.00	0.00 18	U301
05/30/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/04/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/07/07	INTRP		INTERPRETER SERVICES	1.00	250.00	90.00	N/A	0.00	90.00 42	Z560
06/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/27/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	90.00	N/A	0.00	90.00 42	Z560

TOTAL CHARGES:	3327.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	180.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

Helmsman Management Services LLC

BLOCK NUMBER
031990

OSN: MM0801082202-002570
BANK: 298
CHECK REF: 81053704 DATE: 08/22/07 AMT: 180.00
INTERNAL BILL NO: 068230600 MSR: M0110943
CUST/EXTERNAL BILL NO: 26072161026400
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1R2120705290002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 02/07/07-07/02/07
AUDIT DATE: 08/21/07

TOTAL WITHHOLDING: 0.00

TOTAL AMOUNT PAID: 180.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE UPPERMOST LEFT CORNER OF THE EOP. (Z212)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	81054774	08/24/07
	CHECK AMOUNT: *****$90.00	BLOCK NUMBER: 035684

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801082402-003210

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1L2150708170004

INTERNAL BILL NO: 068279170 MSR: N0019568
CUST/EXTERNAL BILL NO: 26072211370000
BR PROVIDER #: 008330956713A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PAID

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 02/07/07-07/18/07
AUDIT DATE: 08/23/07

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/09/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/23/07	INTRP		INTERPRETER SERVICES	1.00	147.00	N/A	N/A	0.00	0.00 18	U301
05/30/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/04/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/07/07	INTRP		INTERPRETER SERVICES	1.00	250.00	N/A	N/A	0.00	0.00 18	U301
06/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/27/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/16/07	INTRP		INTERPRETER SERVICES	1.00	180.00	90.00	N/A	0.00	90.00 42	Z560
07/18/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
			TOTAL CHARGES:		3687.00					

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

BLOCK NUMBER
035685

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801082402-003210
BANK: 298
CHECK REF: 81054774 DATE: 08/24/07 AMT: 90.00
INTERNAL BILL NO: 068279170 MSR: N0019568
CUST/EXTERNAL BILL NO: 26072211370000
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1L2150708170004

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 02/07/07-07/18/07
AUDIT DATE: 08/23/07

TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE UPPERMOST LEFT CORNER OF THE EOP. (Z212)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	81058493	09/06/07
	CHECK AMOUNT: *****$90.00	BLOCK NUMBER: 032442

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801090602-002488

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1L2260702580004

INTERNAL BILL NO: 068445407 MSR: N0160347
CUST/EXTERNAL BILL NO: 26072301746900
BR PROVIDER #: 008330956713A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PAID

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 03/12/07-07/30/07
AUDIT DATE: 09/05/07

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/09/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/23/07	INTRP		INTERPRETER SERVICES	1.00	147.00	N/A	N/A	0.00	0.00 18	U301
05/30/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/04/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/07/07	INTRP		INTERPRETER SERVICES	1.00	250.00	N/A	N/A	0.00	0.00 18	U301
06/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/27/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/16/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/18/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/30/07	INTRP		INTERPRETER SERVICES	1.00	180.00	90.00	N/A	0.00	90.00 42	Z560
			TOTAL CHARGES:		3687.00					

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

BLOCK NUMBER
032443

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801090602-002488
BANK: 298
CHECK REF: 81058493 DATE: 09/06/07 AMT: 90.00
INTERNAL BILL NO: 068445407 MSR: N0160347
CUST/EXTERNAL BILL NO: 26072301746900
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1L2260702580004

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 03/12/07-07/30/07
AUDIT DATE: 09/05/07

TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE UPPERMOST LEFT CORNER OF THE EOP. (Z212)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	81060499	09/12/07
	CHECK AMOUNT: *****$90.00	BLOCK NUMBER: 035214

OSN: MM0801091202-002623

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1Q2330700620003

INTERNAL BILL NO: 068532955 MSR: N0156099
CUST/EXTERNAL BILL NO: 26072371834600
BR PROVIDER #: 008330956713A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PAID

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 03/12/07-07/30/07
AUDIT DATE: 09/10/07

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/09/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/30/07	INTRP		INTERPRETER SERVICES	1.00	147.00	N/A	N/A	0.00	0.00 18	U301
06/04/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/11/07	INTRP		INTERPRETER SERVICES	1.00	250.00	N/A	N/A	0.00	0.00 18	U301
06/27/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/16/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/18/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
-07/25/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
07/30/07	INTRP		INTERPRETER SERVICES	1.00	180.00	90.00	N/A	0.00	90.00 42	Z560
				1.00	180.00	N/A	N/A	0.00	0.00 18	U301

CAREFULLY DETACH CHECK BEFORE DEPOSITING -RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR APPEALS ONLY:
P.O. BOX 8011
WAUSAU, WI 54402-8011

Helmsman Management Services LLC

BLOCK NUMBER
035215

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

OSN: MM0801091202-002623
BANK: 298
CHECK REF: 81060499 DATE: 09/12/07 AMT: 90.00
INTERNAL BILL NO: 068532955 MSR: N0156099
CUST/EXTERNAL BILL NO: 26072371834600
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1Q2330700620003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
LOCATION CODE: 001M06R01A01001347
DATES OF SERVICE: 03/12/07-07/30/07
AUDIT DATE: 09/10/07

TOTAL CHARGES:	3867.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE UPPERMOST LEFT CORNER OF THE EOP. (Z212)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Helmsman Management Services LLC

B. CODE
298

CHECK REFERENCE	CHECK DATE
0081520599	08/26/11
CHECK AMOUNT	BLOCK NUMBER
**$12500.00	048321

23832

OSN:MM0801082612-001450

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	11/22/06-05/02/07	WC 648-152131 HOD	2,810.00	360.00
	11/22/06-02/07/07	WC 648-152131 HOD	1,320.00	180.00
	11/22/06-01/24/07	WC 648-152131 HOD	1,140.00	250.00
	11/22/06-01/19/07	WC 648-152131 HOD	890.00	890.00
	11/22/06-03/21/07	WC 648-152131 HOD	1,730.00	180.00
	11/22/06-03/12/07	WC 648-152131 HOD	1,550.00	230.00
	11/26/06-10/12/09	WC 648-152131 HOD	14,277.00	10,410.00

TOTAL BILLS COMBINED: 7

12,500.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048322

OSN: MM0801082612-001450
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 360.00
INTERNAL BILL NO: 066942070 MSR: N0077377
CUST/EXTERNAL BILL NO: 26071380013804
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1N1340700390002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: [illegible]
SSN: [illegible]
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

AGENCY CLAIM#(BOARD COMM#): 2006011711204717690296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/22/06-05/02/07
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
11/22/06	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00 18	U301
12/14/06	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00 18	U301
12/20/06	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/17/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00 18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00 18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00 18	U301
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/23/07	MDS10		LUMP SUM SETTLEMENT WHERE							
04/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	180.00	N/A	0.00	180.00 150	Z652
05/02/07	MDS10		LUMP SUM SETTLEMENT WHERE							
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	180.00	N/A	0.00	180.00 150	Z652

TOTAL CHARGES:	2810.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	360.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	360.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE:

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048323

OSN: MM0801082612-001451
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 360.00
INTERNAL BILL NO: 066942070 MSR: N0077377
CUST/EXTERNAL BILL NO: 26071380013804
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1N1340700390002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

843

AGENCY CLAIM#(BOARD COMM#): 200601171120471769O296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/22/06-05/02/07
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

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CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048324

OSN: MM0801082612-001451
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 180.00
INTERNAL BILL NO: 065524709 MSR: N0077377
CUST/EXTERNAL BILL NO: 26070550234904
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1L0520706330000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

AGENCY CLAIM#(BOARD COMM#): 2006011711204717690296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/22/06-02/07/07
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID		EXPL CODES
11/22/06	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00	18	U301
12/14/06	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00	18	U301
12/20/06	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
01/17/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00	18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00	18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00	18	U301
02/07/07	MDS10		LUMP SUM SETTLEMENT WHERE								
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	180.00	N/A	0.00	180.00	150	Z652

TOTAL CHARGES:	1320.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	180.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	180.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048325

OSN: MN0801082612-001452
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 180.00
INTERNAL BILL NO: 065524709 MSR: N0077377
CUST/EXTERNAL BILL NO: 26070550234904
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1L0520706330000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN: [redacted]
DOI: 01/19/05
PATIENT: [redacted]

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

AGENCY CLAIM#(BOARD COMM#): 2006011711204717690296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/22/06-02/07/07
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
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PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048326

OSN: MM0801082612-001452
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 250.00
INTERNAL BILL NO: 065314866 MSR: N0077377
CUST/EXTERNAL BILL NO: 26070410863404
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1I0380702060002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN: [redacted]
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

AGENCY CLAIM#(BOARD COMM#): 2006011711204717690296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/22/06-01/24/07
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID		EXPL CODES
11/22/06	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00	18	U301
12/14/06	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00	18	U301
12/20/06	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
01/17/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00	18	U301
01/24/07	MDS10		LUMP SUM SETTLEMENT WHERE								
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	125.00	N/A	0.00	125.00	150	Z652
01/24/07	MDS10		LUMP SUM SETTLEMENT WHERE								
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	125.00	N/A	0.00	125.00	150	Z652

TOTAL CHARGES:	1140.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	250.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	250.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

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Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

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PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048327

OSN: MM0801082612-001453
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 250.00
INTERNAL BILL NO: 065314866 MSR: N0077377
CUST/EXTERNAL BILL NO: 26070410863404
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1I0380702060002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/[illegible]9/05
PATIENT:
A[illegible]

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

AGENCY CLAIM#(BOARD COMM#): 2006011711204717690296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/22/06-01/24/07
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048328

OSN: MM0801082612-001453
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 890.00
INTERNAL BILL NO: 065306821 MSR: N0077377
CUST/EXTERNAL BILL NO: 26070410584104
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1B0380703350002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

AGENCY CLAIM#(BOARD COMM#): 2006011711204717690296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/22/06-01/19/07
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
11/22/06	MDS10		LUMP SUM SETTLEMENT WHERE							
11/22/06	INTRP		INTERPRETER SERVICES	1.00	230.00	230.00	N/A	0.00	230.00 150	Z652
12/14/06	MDS10		LUMP SUM SETTLEMENT WHERE							
12/14/06	INTRP		INTERPRETER SERVICES	1.00	150.00	150.00	N/A	0.00	150.00 150	Z652
12/20/06	MDS10		LUMP SUM SETTLEMENT WHERE							
12/20/06	INTRP		INTERPRETER SERVICES	1.00	180.00	180.00	N/A	0.00	180.00 150	Z652
01/17/07	MDS10		LUMP SUM SETTLEMENT WHERE							
01/17/07	INTRP		INTERPRETER SERVICES	1.00	180.00	180.00	N/A	0.00	180.00 150	Z652
01/19/07	MDS10		LUMP SUM SETTLEMENT WHERE							
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	150.00	N/A	0.00	150.00 150	Z652

TOTAL CHARGES:	890.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	890.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	890.00

EXPLANATION CODE DESCRIPTIONS:

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

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PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048329

OSN: MN0801082612-001454
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 180.00
INTERNAL BILL NO: 066267888 MSR: N0077377
CUST/EXTERNAL BILL NO: 26070960860504
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 MOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1T0930718680000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

AP?

3

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

AGENCY CLAIM#(BOARD COMM#): 2006011711204717690296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/22/06-03/21/07
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID		EXPL CODES
11/22/06	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00	18	U301
12/14/06	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00	18	U301
12/20/06	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
01/17/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00	18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00	18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00	18	U301
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00	18	U301
03/21/07	MDS10		LUMP SUM SETTLEMENT WHERE								
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	180.00	N/A	0.00	180.00	150	Z652

TOTAL CHARGES:	1730.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	180.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	180.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048330

OSN: MM0801082612-001455
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 180.00
INTERNAL BILL NO: 066267888 MSR: N0077377
CUST/EXTERNAL BILL NO: 26070960860504
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1T0930718680000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

AGENCY CLAIM#(BOARD COMM#): 2006011711204717690296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/22/06-03/21/07
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048331

OSN: MM0801082612-001455
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 230.00
INTERNAL BILL NO: 066204060 MSR: N0077377
CUST/EXTERNAL BILL NO: 26070931879904
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 MOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1R0880715950000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 2[illegible]
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

AGENCY CLAIM#(BOARD COMM#): 2006011711204717690296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/22/06-03/12/07
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID		EXPL CODES
11/22/06	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00	18	U301
12/14/06	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00	18	U301
12/20/06	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
01/17/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
01/19/07	INTRP		INTERPRETER SERVICES	1.00	150.00	N/A	N/A	0.00	0.00	18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00	18	U301
01/24/07	INTRP		INTERPRETER SERVICES	1.00	125.00	N/A	N/A	0.00	0.00	18	U301
02/07/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
03/12/07	MDS10		LUMP SUM SETTLEMENT WHERE								
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	230.00	N/A	0.00	230.00	150	Z652

TOTAL CHARGES:	1550.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	230.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	230.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048332

OSN: MM0801082612-001456
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 230.00
INTERNAL BILL NO: 066204060 MSR: N0077377
CUST/EXTERNAL BILL NO: 26070931879904
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 1R0880715950000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN: [redacted]
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

AGENCY CLAIM#(BOARD COMM#): 2006011711204717690296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/22/06-03/12/07
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048333

OSN: MM0801082612-001456
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 10,410.00
INTERNAL BILL NO: 068769964 MSR: N0077377
CUST/EXTERNAL BILL NO: 26072561052804
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 5I2500700630003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN: [redacted]
DOI: 01/19/05
PATIENT: [redacted]

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

AGENCY CLAIM#(BOARD COMM#): 2006011711204717690296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/26/06-10/12/09
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID		EXPL CODES
03/12/07	INTRP		INTERPRETER SERVICES	1.00	230.00	N/A	N/A	0.00	0.00	18	U301
03/19/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
03/21/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
03/26/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
04/06/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
04/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
04/23/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
05/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
05/09/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
05/23/07	INTRP		INTERPRETER SERVICES	1.00	147.00	N/A	N/A	0.00	0.00	18	U301
05/30/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
06/04/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
06/07/07	INTRP		INTERPRETER SERVICES	1.00	250.00	N/A	N/A	0.00	0.00	18	U301
06/11/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
06/27/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
07/02/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
07/16/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
07/18/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
07/25/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
07/30/07	INTRP		INTERPRETER SERVICES	1.00	180.00	N/A	N/A	0.00	0.00	18	U301
08/15/07	MDS10		LUMP SUM SETTLEMENT WHERE								
08/15/07	INTRP		INTERPRETER SERVICES	1.00	230.00	230.00	N/A	0.00	230.00	150	Z652
08/15/07	MDS10		LUMP SUM SETTLEMENT WHERE								
08/15/07	INTRP		INTERPRETER SERVICES	1.00	180.00	180.00	N/A	0.00	180.00	150	Z652
11/26/06	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	10000.00	10000.00	N/A	0.00	10000.00	Z473	Z473

TOTAL CHARGES:	14277.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	10410.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	10410.00

EXPLANATION CODE DESCRIPTIONS:
U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)
Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)
Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
048334

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801082612-001457
BANK: 298
CHECK REF: 0081520599 DATE: 08/26/11 AMT: 10,410.00
INTERNAL BILL NO: 068769964 MSR: N0077377
CUST/EXTERNAL BILL NO: 26072561052804
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-152131 HOD
CONTRACT NO: WC8-69A-439961-046-92
DOCUMENT NO: 5I2500700630003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 23832
SSN:
DOI: 01/19/05
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR
ADDRESS: 1441 GISLER AVE
COSTA MESA, CA 92626

LOCATION CODE: 001M06R01A05001347

AGENCY CLAIM#(BOARD COMM#): 2006011711204717690296
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/26/06-10/12/09
AUDIT DATE: 08/25/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

(Z473)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

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

*** INVOICE ***

Date	NO#
08/08/11	36298

Claim # : 905442018
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. : 12/23/69
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: JOSH ANDREWS
P.O. BOX 4025
BEAVERTON, OR 97005

Case: vs TERRA PACIFIC LANDSCAPE
Date Of Injury: 1/12/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/09	C&R READING	@ THE L/O OF JON WOODS	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
06/07/10	PENALTIES	FOR DATE OF SERVICE 12/30/09	37.50
07/05/11	INTEREST	FOR DATE OF SERVICE 12/30/09	45.05
05/06/10	PMT BY CHECK	DOS 12/30/09 # 0021386324	-90.00
08/01/11	PMT BY CHECK	DOS 12/30/09 # 0023584405	-222.39
08/08/11	BLCE OFF SET	BALANCE OFF SET	-20.16

BALANCE 0.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual

B CODE	CHECK REFERENCE	CHECK DATE
288	0021386324	05/06/10
	CHECK AMOUNT ***** $90.00	BLOCK NUMBER 021435

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801050606-001180
BANK: 288
CHECK REF: 0021386324 DATE: 05/06/10 AMT: 90.00
INTERNAL BILL NO: 084136389 MSR: N0194389
CUST/EXTERNAL BILL NO: 26101111126900
BR PROVIDER #: 00833095671 3A0

CLAIM NO. WC 905-442018 HOD
CONTRACT NO: WCJ-Z91-448143-018-92
DOCUMENT NO: 1B1091003800005

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: [illegible]
SSN:
DOI: 01/12/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: TERRA PACIFIC LANDSCAPE
ADDRESS: 1627 E WILSHIRE AVE
SANTA ANA, CA 92705

AGENCY CLAIM#(BOARD COMM#): 20080118125940189691 63
IDC-9 CODES: 799.8

DATES OF SERVICE: 12/30/09-12/30/09
AUDIT DATE: 05/03/10

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
12/30/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	250.00	90.00	N/A	0.00	90.00 42	Z560

TOTAL CHARGES:	250.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

PAID

EXPLANATION CODE DESCRIPTIONS:
Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)
Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD N ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

CAREFULLY DETACH CHECK BEFORE DEPOSITING. RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
021436

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801050606-001180
BANK: 288
CHECK REF: 0021386324 DATE: 05/06/10 AMT: 90.00
INTERNAL BILL NO: 084136389 MSR: N0194389
CUST/EXTERNAL BILL NO: 26101111126900
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-442018 HOD
CONTRACT NO: WCJ-Z91-448143-018-92
DOCUMENT NO: 1B1091003800005

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 3629*
SSN:
DOI: 01/12/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: TERRA PACIFIC LANDSCAPE
ADDRESS: 1627 E WILSHIRE AVE
SANTA ANA, CA 92705

AGENCY CLAIM#(BOARD COMM#): 20080118125940189691 63
IDC-9 CODES: 799.8

DATES OF SERVICE: 12/30/09-12/30/09
AUDIT DATE: 05/03/10

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES
IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, AND YOUR QUESTIONS PERTAIN TO THE AMOUNT SHOWN IN THE REVIEW ALLOW COLUMN ON THIS EOP, THEN PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATIO

Liberty Mutual.

B. CODE	CHECK REFERENCE	CHECK DATE
288	0023584405	08/01/11
	CHECK AMOUNT ****$222.39	BLOCK NUMBER 021389

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801080106-001078
BANK: 288
CHECK REF: 0023584405 DATE: 08/01/11 AMT: 222.39
INTERNAL BILL NO: 084136389 MSR: N0153716
CUST/EXTERNAL BILL NO: 26101111126902
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-442018 HOD
CONTRACT NO: WCJ-Z91-448143-018-92
DOCUMENT NO: 1B1091003800005

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 36298
SSN:
DOI: 01/12/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: TERRA PACIFIC LANDSCAPE
ADDRESS: 1627 E WILSHIRE AVE
SANTA ANA, CA 92705

PAID

AGENCY CLAIM#(BOARD COMM#): 2008011812594018969163
IDC-9 CODES: 799.8

DATES OF SERVICE: 12/30/09-12/30/09
AUDIT DATE: 07/29/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
12/30/09	MDS10		LUMP SUM SETTLEMENT WHERE							
12/30/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	250.00	250.00	N/A	90.00	160.00	150 Z652
12/30/09	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	62.39	62.39	N/A	0.00	62.39	Z473 Z473

TOTAL CHARGES:	312.39
TOTAL PREVIOUSLY PAID:	90.00
TOTAL CURRENT PAYABLE:	222.39
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	222.39

P.F. 16

EXPLANATION CODE DESCRIPTIONS:
Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)
Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)
Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
021390

OSN: MM0801080106-001078
BANK: 288
CHECK REF: 0023584405 DATE: 08/01/11 AMT: 222.39
INTERNAL BILL NO: 084136389 MSR: N0153716
CUST/EXTERNAL BILL NO: 26101111126902
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-442018 MOD
CONTRACT NO: WCJ-Z91-448143-018-92
DOCUMENT NO: 1B1091003800005

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: TERRA PACIFIC LANDSCAPE
ADDRESS: 1627 E WILSHIRE AVE
SANTA ANA, CA 92705

PATIENT ACCT. #: 36298
SSN:
DOI: 01/12/08
PATIENT:

AGENCY CLAIM#(BOARD COMM#): 2008011812594018969163
IDC-9 CODES: 799.8

DATES OF SERVICE: 12/30/09-12/30/09
AUDIT DATE: 07/29/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
			THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)							
Z849			DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)							
Z850			MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)							
Z989			THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)							

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

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

*** INVOICE ***
Date NO#
07/21/11 27460

Claim # : 01009447
W.C.A.B.:
ADJ # : A
S.S.N. :
D.O.B. : 1/4/67
Terms : 45 days

BILL TO:
ACCA (SAN DIEGO)
W.C. DEPARTMENT
ATTN: VICTORIA QUEMUEL
P.O. BOX # 85479
SAN DIEGO, CA 92186

Case: [redacted] vs BEACH HOUSE
Date Of Injury: 5/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/07	NCV	-DIAGNOSTIC STUDY INTERP: L/E	125.00
09/25/07	EMG TESTING	-@ ADVANCE CARE* : L/E*	125.00
10/30/07	PR2/REEVAL	-DR PAYANDEH*	180.00
11/19/07	INITIAL EXAM	-DR RAHMAN*	230.00
11/29/07	P AND S	DR PAYANDEH*	230.00
02/18/08	PENALTIES	FOR DATE OF SERVICE 9/25/07	37.50
07/05/11	INTEREST	FOR DATE OF SERVICE 9/25/07	110.20
02/18/08	PENALTIES	FOR DATE OF SERVICE 11/19/07	34.50
07/05/11	INTEREST	FOR DATE OF SERVICE 11/19/07	97.39
02/18/08	PENALTIES	FOR DATE OF SERVICE 11/29/07	34.50
07/05/11	INTEREST	FOR DATE OF SERVICE 11/29/07	96.67
01/08/10	PENALTIES	FOR DATE OF SERVICE 10/30/07	27.00
07/05/11	INTEREST	FOR DATE OF SERVICE 10/30/07	77.36
07/19/11	PMT BY CHECK	DOS 9/25/07-11/29/07 # 0308688	-1100.00
07/21/11	BLCE OFF SET	BALANCE OFF SET	-305.12

BALANCE 0.00

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

National Liability & Fire Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/19/2011
Check Number : 0308688
Check Amount : $1,100.00

PBSE16

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

4pn5a
00037

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
01009447	[illegible]	05/31/2006		Lien Payment - Medi	07/19/2011	07/19/2011	$1,100.00

#27460

PAID

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37-37
4014

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

*** INVOICE ***

Date	NO#
07/11/11	40306

Claim # : 02316574
W.C.A.B.: LB[illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 10/25/77
Terms : 45 days

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

Case: [illegible] vs CHECKMATE STAFFING/KRUSE & SON
Date Of Injury: 3/17/03

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/10	WCAB LB	STATUS CONFERENCE - CARMEN GUZMAN # 100585	156.50
02/25/11	PENALTIES	FOR DATE OF SERVICE 10/6/10	23.48
06/29/11	INTEREST	FOR DATE OF SERVICE 10/6/10	14.10
07/01/11	PMT BY CHECK	DOS 10/6/10 THRU 6/29/11 # CN-480822	-194.08

BALANCE 0.00

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

Explanation of Review (EOR)

[redacted]

Provider Number: 330956713

Check #: **CN-480822**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/01/11
Doc #: 023115190

40306

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	02316574	**Date of Injury:**	03/17/03	
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-8595411	06/27/11	MDS10	Settlement For Dispu	1	.00	.00		.00
2	SF1-SFCA-8595411	10/06/10	MDS10	Settlement For Dispu	1	194.08	.00	961	194.08
							Total Allowances:		$194.08

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BY:.....

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JUL 05 2011

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IS ok

0136779902311519001 2

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale CA 93650-5005
(855)259-3678

Provider Number: 330956713

Check #: **CN-480822**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/01/11
Doc #: 023115190

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-8595411	02316574	LS	194.08	.00	194.08	.00	194.08

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

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

EOR Reduction Code Explanation:

961 : Allowance reflects the lump sum settlement amount

0136779902311519001 2

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

*** INVOICE ***
Date NO#
07/18/11 17404

Claim # : 710157644
W.C.A.B.: LBO [redacted]
ADJ # : /
S.S.N. :
D.O.B. : 11/15/45
Terms : 45 days

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

Case: vs LOS ANGELES BOARD MILLS
Date Of Injury: 5/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/05	INITIAL EXAM	DR AMERI*	230.00
10/26/05	RE-EVAL	-DR AMERI/DR RAHIMIAN*	180.00
01/04/06	RE-EVAL	-DR AMERI/DR RAHIMIAN*	180.00
03/21/06	PENALTIES	FOR DATE OF SERVICE 9/7/05	34.50
06/29/11	INTEREST	FOR DATE OF SERVICE 9/7/05	155.15
04/05/06	P AND S	-DR AMERI/DR RAHIMIAN*	230.00
07/21/06	PENALTIES	FOR DATE OF SERVICE 4/5/06	34.50
06/29/11	INTEREST	FOR DATE OF SERVICE 4/5/06	139.93
08/21/06	WCAB LB	MSC	147.00
11/07/06	WCAB LB	TRIAL	147.00
12/13/06	PMT BY CHECK	DOS 9/7/05 THRU 8/21/06 # 37468675	-600.00
03/15/07	PENALTIES	FOR DATE OF SERVICE 11/7/06	22.05
06/29/11	INTEREST	FOR DATE OF SERVICE 11/7/06	79.43
11/21/07	INITIAL EXAM	DR HERIC*	230.00
12/17/07	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC (3 HRS)	225.00
04/02/08	PMT BY CHECK	DOS 8/21/06 THRU 11/7/06 # 26638700	-294.00
10/22/08	PENALTIES	FOR DATE OF SERVICE 11/21/07	34.50
06/29/11	INTEREST	DOR DATE OF SERVICE 11/21/07	96.81
06/29/11	PENALTIES	FOR DATE OF SERVICE 10/26/05	27.00
06/29/11	INTEREST	FOR DATE OF SERVICE 10/26/05	118.64
06/29/11	PENALTIES	FOR DATE OF SERVICE 1/4/06	27.00
06/29/11	INTEREST	FOR DATE OF SERVICE 1/4/06	114.67
06/29/11	PENALTIES	FOR DATE OF SERVICE 8/21/06	22.05
06/29/11	INTEREST	FOR DATE OF SERVICE 8/21/06	83.04
06/29/11	PENALTIES	FOR DATE OF SERVICE 12/17/07	33.75
06/29/11	INTEREST	FOR DATE OF SERVICE 12/17/07	92.87
07/15/11	PMT BY CHECK	DOS 9/7/05-12/17/07 # 17962431	-1232.50

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

*** INVOICE ***

Date	NO#
07/18/11	17404

Claim # : 710157644
W.C.A.B.: LBO 03[illegible]
ADJ # : AD [illegible]
S.S.N. : [illegible]
D.O.B. : 11/15/45
Terms : 45 days

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

Case: vs LOS ANGELES BOARD MILLS
Date Of Injury: 5/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/11	BLCE OFF SET	BALANCE OFF SET	-558.39

BALANCE 0.00

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

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 7 7103746867500219330

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

Remittance - **No.:** 37468675
COMMERCE AND INDUSTRY INSURANCE CO. **RFP No.:** 00219330
12/13/2006

Insured: LOS ANGELES PAPER BOX AND BOAR
Claimant:
Producer:
ACT: 17404 090705-082106

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000009682502	00157644	01	06/16/2005	MED	O	$600.00	$10,910.54

PAID

Use file # 710-00157644 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 7 7102663870000028519

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

Remittance -
COMMERCE AND INDUSTRY INSURANCE CO.

No.: 26638700
RFP No.: 00028519
04/02/2008

Insured: LOS ANGELES PAPER BOX AND BOAR
Claimant:
Producer:
ACT: 17404 082106-110706

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000009682502	00157644	01	06/16/2005	EXP	O	$294.00	

PAID

Use file # 710-00157644 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

AIGOC

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 3 7101796243100728644

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

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

No.: 17962431
RFP No.: 00728644
07/15/2011

Insured: LOS ANGELES PAPER BOX AND BOAR
Claimant:
Producer:
FULL AND FINAL

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000009682502	00157644	01	06/16/2005	MED	C	$1,232.50

#17404

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PAID

Use file # 710-00157644 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
07/12/11	34986

Claim # : 710582568
W.C.A.B.:
ADJ # : [redacted]
S.S.N. :
D.O.B. : 5/22/73
Terms : 45 days

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

Case: [redacted] vs AMERICAN TECHNOLOGIES
Date Of Injury: 12/22/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O OF DENNIS FUSI	250.00
01/19/10	PENALTIES	FOR DATE OF SERVICE 8/20/09	37.50
06/29/11	INTEREST	FOR DATE OF SERVICE 8/20/09	54.98
11/29/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/29/11	PENALTIES	FOR DATE OF SERVICE 11/29/10	37.50
06/29/11	INTEREST	FOR DATE OF SERVICE 11/29/10	18.27
07/06/11	PMT BY CHECK	DOS 8/20/09 THRU 6/29/11 # 17870759	-648.25

BALANCE 0.00

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

AIG00

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 9 7101787075900688789

PAID
BY:

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

34986

Remittance - JOYCE ALTMAN INTERPRETERS INC
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

No.: 17870759
RFP No.: 00688789
07/06/2011

Insured: AMERICAN TECH INC
Claimant:
Producer:

Claim Office: 710

PAYMENT FOR FULL & FINAL RESOLUTION OF LIEN

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001894801	00582568	01	12/22/2008	MED	C	$648.25

F.F.
JN
JG

Use file # 710-00582568 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
07/18/11	25093

Claim # : 2080147111
W.C.A.B.: [illegible]
ADJ #
S.S.N. : [illegible]
D.O.B. : 3/5/73
Terms : 45 days

BILL TO:
ZURICH INSURANCE (SCHAUMBERG)
W.C. DEPARTMENT
ATTN: Julie Jodoin
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: [illegible] vs MASONRY TECHNOLOGY INC
Date Of Injury: 8/1/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/07	DEPO PREP	@ THE L/O OF TOBIN & LUCKS	147.00
04/09/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/16/07	PMT BY CHECK	DOS 3/8/07 THRU 4/9/07 # 1080774151	-140.00
06/12/07	WCAB LB	EXPEDITED HEARING	294.00
07/10/07	PMT BY CHECK	DOS 6/12/07 # 1080786629	-294.00
07/18/07	WCAB LB	EXPEDITED HEARING	147.00
08/20/07	PMT BY CHECK	DOS 7/18/07 # 1080796146	-147.00
01/22/08	PENALTIES	FOR DATE OF SERVICE 4/9/07	37.50
06/29/11	INTEREST	FOR DATE OF SERVICE 4/9/07	123.03
01/21/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
02/11/10	PMT BY CHECK	DOS 1/21/10 # 1100722031	-156.50
07/20/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/04/10	PMT BY CHECK	DOS 7/20/10 # 1100915974	-156.50
09/10/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
03/02/11	PENALTIES	FOR DATE OF SERVICE 9/10/10	37.50
06/29/11	INTEREST	FOR DATE OF SERVICE 9/10/10	24.58
06/29/11	PENALTIES	FOR DATE OF SERVICE 3/8/07	22.05
06/29/11	INTEREST	FOR DATE OF SERVICE 3/8/07	73.83
06/29/11	PENALTIES	FOR DATE OF SERVICE 4/9/07	27.00
06/29/11	INTEREST	FOR DATE OF SERVICE 4/9/07	90.40
07/14/11	PMT BY CHECK	DOS 3/8/07-9/10/10 # 1101363481	-600.00
07/18/11	BLCE OFF SET	BALANCE OFF SET	-342.89

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

*** INVOICE ***

Date	NO#
07/18/11	25093

Claim # : 2080147111
W.C.A.B.: I
ADJ # : A
S.S.N. :
D.O.B. : 3/3/73
Terms : 45 days

BILL TO:
ZURICH INSURANCE (SCHAUMBERG)
W.C. DEPARTMENT
ATTN: Julie Jodoin
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs MASONRY TECHNOLOGY INC
Date Of Injury: 8/1/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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.
PO BOX 4165
TUSTIN CA 92781

00329

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0147111 001 DX	WC 2186840	25093		08/01/06	03/08/07-04/08/07

Check Number	1080774151	Date Issued	05/16/07	Amount	$*****140.00
Insured	Masonry Technology Inc				
Claimant					
Nature of Payment	MISCELLANEOUS EXPENSE				
Issued To	Joyce Altman Interpreters, Inc.				
Requested By	Myrna West				
File Supervisor	JULIE JODOIN	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	140.00		
TOTAL	$140.00		

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.
PO BOX 4165
TUSTIN CA 92781

00271

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0147111 001 DX	WC 2186840	25093		08/01/06	06/12/07-06/12/07

Check Number	1080786629	Date Issued	07/10/07	Amount	$*****294.00
Insured	Masonry Technology Inc				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	Joyce Altman Interpreters, Inc.				
Requested By	Yetta Steward				
File Supervisor	JULIE JODOIN	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	294.00		
TOTAL	$294.00		

PAID

PO BOX 32566
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.
PO BOX 4165
TUSTIN CA 92781

00401

PAID

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0147111 001 DX	WC 2186840	25093		08/01/06	07/18/07-07/18/07

Check Number	1080796146	Date Issued	08/20/07	Amount	$****147.00
Insured	Masonry Technology Inc				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	Joyce Altman Interpreters, Inc.				
Requested By	Yetta Steward				
File Supervisor	JULIE JODOIN	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	147.00		
TOTAL	$147.00		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

00263

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0147111 001 DX	WC 2186840	25093		08/01/06	01/21/10-01/21/10

Check Number	1100722031	Date Issued	02/22/10	Amount	$****156.50
Insured	Masonry Technology Inc				
Claimant					
Nature of Payment	MISCELLANEOUS EXPENSE				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Ajay CG-Umesh				
File Supervisor	Julie Jodoin	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	156.50		
TOTAL	$156.50		

PAID

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

01666

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0147111 001 DX	WC 2186840	25093		08/01/06	07/20/10-07/20/10

Check Number	1100915974	**Date Issued**	08/04/10	**Amount**	$****156.50
Insured	Masonry Technology Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Senthilnathan CG-Ganesh				
File Supervisor	Julie Jodoin	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	156.50		
TOTAL	$156.50		

PAID

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

02328

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0147111 001 DX	WC 2186840			08/01/06	03/08/07-09/10/10

Check Number	1101363481	**Date Issued**	07/14/11	**Amount**	$*****600.00
Insured	Masonry Technology Inc				
Claimant	#25093				
Nature of Payment	FULL & FINAL SATISFACTION				
Issued To	JOYCE ALTMAN INTERPRETING INC F.F. 16				
Requested By	Kathiravan CG-Saimoorthy				
File Supervisor	Julie Jodoin	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	600.00		
		PAID	
TOTAL	$600.00		

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

*** INVOICE ***

Date	NO#
07/18/11	24323

Claim # : 45093450005214
W.C.A.B.: [illegible]
ADJ # : [illegible]
S.S.N. : [illegible]
D.O.B. : [illegible]
Terms : 45 days

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

Case: vs AMPCO SYSTEM PARKING
Date Of Injury: 8/16/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/07	WCAB LB	MSC	147.00
02/13/07	PMT BY CHECK	DOS 1/16/07 # FE37937929	-147.00
12/15/08	WCAB LB	MSC	156.50
07/15/09	PENALTIES	FOR DATE OF SERVICE 12/15/08	23.48
06/27/11	INTEREST	FOR DATE OF SERVICE 12/15/08	46.55
07/15/09	PMT BY CHECK	DOS 12/15/08 # FE40641980	-156.50
03/23/10	WCAB LB	PRIORITY CONFERENCE	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
06/14/10	WCAB LB	TRIAL - JOYCE ALTMAN # 300624	156.50
12/03/10	PENALTIES	FOR DATE OF SERVICE 03/23/10	23.48
06/27/11	INTEREST	FOR DATE OF SERVICE 03/23/10	23.72
12/03/10	PENALTIES	FOR DATE OF SERVICE 06/14/10	23.48
06/27/11	INTEREST	FOR DATE OF SERVICE 06/14/10	19.62
02/04/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
03/03/11	PMT BY CHECK	DOS 2/4/11 # FE42578578	-250.00
07/13/11	PMT BY CHECK	DOS 1/16/07-2/4/11 # FE43035144	-473.33

BALANCE 0.00

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

"COFE37937929020400101070213000393 9
ESIS, INC.
PO BOX 5114
SOUTHFIELD MI 48086

DATE 02/13/07

CHECK NO. FE37937929

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00729 FE37937929
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID: 4509345000521

DOLLARS: $********147.00

* NOT NEGOTIABLE *

FOR
01/16/07 THRU 01/16/07 24323

CLAIMANT

DATE OF EVENT
08/16/03

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

PAID
Scan

BOA108 (09/2002)

DETACH THIS PORTION BEFORE CASHING

*COFE40641980023000101090715O004925
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 07/15/09

CHECK NO. FE40641980

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00682 FE40641980
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID: 4509345000521

DOLLARS: $********156.50

* NOT NEGOTIABLE *

FOR
12/15/08 THRU 12/15/08 24323

CLAIMANT

DATE OF EVENT
08/16/03

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

PAID

BOA108 (08/2008)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-002109-01-01-00
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 03/03/11

CHECK NO. FE42578578

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00581 FE42578578
JOYCE ALTMAN INTEPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
4509345000521

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

* NOT NEGOTIABLE *

FOR
02/04/11 THRU 02/04/11 24323

CLAIMANT

DATE OF EVENT
08/16/03

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

PDWLDMCD-002109-01-01-00

PAID
MAR 08 2011
BY:----------

BOA108 (07/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

PDWLDMCD-001388-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 07/13/11

CHECK NO. FE43035144

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00506 FE43035144
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781

FILE ID 4509345000521

DOLLARS $*********473.33

* NOT NEGOTIABLE *

FOR 01/16/07 THRU 02/04/11 F & F 24323

CLAIMANT -

DATE OF EVENT 08/16/03

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

PDWLDMCD-001388-01-01-00

PAID

F.F. JA
IG

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***
Date NO#
07/15/11 29920

Claim # : 44004446
W.C.A.B.: N/A
ADJ # : [redacted]64
S.S.N. :
D.O.B. : 3/27/69
Terms : 45 days

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

Case: vs OAKRIDGE LANDSCAPE INC.
Date Of Injury: 8/28/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/08	INITIAL EXAM	-DR NEMAT*	230.00
04/23/08	TESTING	NEURO MUSCULAR TESTING @ PIAN RELIEF CTR*	150.00
04/21/08	SHOCK WAVE	THERAPY W/ TECH BIANCA RIVAS*	150.00
05/23/08	INITIAL/P&S	-PSYCH EVAL W/ DR TERRENCE (4HRS 45MIN)	546.25
05/19/08	SHOCK WAVE	THERAPY W/ TECH RIVAS*	150.00
07/24/08	PR2/REEVAL	DR NEMAT*	180.00
08/05/08	P AND S	-DR NEMAT*	230.00
10/30/08	PENALTIES	FOR DATE OF SERVICE 3/18/08	34.50
06/23/11	INTEREST	FOR DATE OF SERVICE 3/18/08	87.83
10/30/08	PENALTIES	FOR DATE OF SERVICE 5/23/08	81.94
06/23/11	INTEREST	FOR DATE OF SERVICE 5/23/08	197.23
10/30/08	PENALTIES	FOR DATE OF SERVICE 8/5/08	34.50
06/23/11	INTEREST	FOR DATE OF SERVICE 8/5/08	77.68
10/22/09	WCAB LB	MSC	156.50
11/12/09	PMT BY CHECK	DOS 10/22/09 # 1986558	-156.50
02/04/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
03/11/10	PENALTIES	FOR DATE OF SERVICE 4/23/08	22.50
06/23/11	INTEREST	FOR DATE OF SERVICE 4/23/08	55.58
03/11/10	PENALTIES	FOR DATE OF SERVICE 4/21/08	22.50
06/23/11	INTEREST	FOR DATE OF SERVICE 4/21/08	55.67
03/11/10	PENALTIES	FOR DATE OF SERVICE 5/19/08	22.50
06/23/11	INTEREST	FOR DATE OF SERVICE 5/19/08	54.35
03/11/10	PENALTIES	FOR DATE OF SERVICE 7/24/08	27.00
06/23/11	INTEREST	FOR DATE OF SERVICE 7/24/08	61.48
03/17/10	PMT BY CHECK	DOS 2/4/10 #.2007825	-156.50
07/12/11	PMT BY CHECK	DOS 3/18/08-6/23/11 # 2070893	-1800.00
07/15/11	BLCE OFF SET	BALANCE OFF SET	-671.51

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

*** INVOICE ***

Date	NO#
07/15/11	29920

Claim # : 44004446
W.C.A.B.: N/A
ADJ # : AJ [illegible]4
S.S.N. :
D.O.B. : 3/27/69
Terms : 45 days

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

Case: [illegible] vs OAKRIDGE LANDSCAPE INC.
Date Of Injury: 8/28/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Payee: JOYCE ALTMAN INTERPRETERS,INC.

IRS/SSN: XX-X

Check Number: 1986558

Check Date: 11/12/2009

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
44004446		08/28/2007	Interpreter Fees - Medical	03/18/2008	10/22/2009		29920	156.50

Comments: Pay MSC date only

PAID

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 03/17/2010
Check Number : 2007825
Check Amount : $156.50

N9BA1P

29920

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

zs14a
00053

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44004446		08/28/2007		Interpreter Fees -	02/04/2010	02/04/2010	$156.50

PAID

53 53

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS

Redwood Fire and Casualty Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 2070893

DATE
07/12/2011

California Workers' Compensation Payment

**********1,800.00

Pay One Thousand Eight Hundred Dollars And 00/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE RUB AREA TO VERIFY

⑈2070893⑈ ⑆121000248⑆ 4121526388⑈

PAID

29920

Payee: JOYCE ALTMAN INTERPRETERS,INC.

Check Number: 2070893

IRS/SSN: XX-XXX713

Check Date: 07/12/2011

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
44004446	[redacted]	08/28/2007	Lien Payment - Medical	07/12/2011	07/12/2011			1,800.00

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

*** INVOICE ***
Date NO#
07/18/11 36714

Claim # : 624-08-0304721
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 2/19/73
Terms : 45 days

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

Case:) vs HUBBARD IRON DOORS INC
Date Of Injury: 11/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/10	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
03/12/10	INITIAL EXAM	-DR HOSSAIN @ GARFIELD HEALTH	230.00
/ /	INTERPRETER:	ELIZABETH VARGA # 500106	0.00
04/09/10	PR2/REEVAL	-DR HOSSAIN* CLARA BONILLA # 500320	180.00
05/06/10	PR2/REEVAL	-DR KATTAR* JOSE LUGO #500049	180.00
06/02/10	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
07/07/10	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
08/11/10	P AND S	-DR KATTAR* JASON RAMIREZ # 500371	230.00
11/03/10	PENALTIES	FOR DATE OF SERVICE 02/17/10	34.50
06/22/11	INTEREST	FOR DATE OF SERVICE 02/17/10	36.96
11/03/10	PENALTIES	FOR DATE OF SERVICE 03/12/10	34.50
06/22/11	INTEREST	FOR DATE OF SERVICE 03/12/10	35.29
11/03/10	PENALTIES	FOR DATE OF SERVICE 08/11/10	34.50
06/22/11	INTEREST	FOR DATE OF SERVICE 08/11/10	24.28
12/29/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/23/11	PENALTIES	FOR DATE OF SERVICE 4/9/10	27.00
06/22/11	INTEREST	FOR DATE OF SERVICE 4/9/10	26.03
02/23/11	PENALTIES	FOR DATE OF SERVICE 5/6/10	27.00
06/22/11	INTEREST	FOR DATE OF SERVICE 5/6/10	24.50
02/23/11	PENALTIES	FOR DATE OF SERVICE 6/2/10	27.00
06/22/11	INTEREST	FOR DATE OF SERVICE 6/2/10	22.97
02/23/11	PENALTIES	FOR DATE OF SERVICE 7/7/10	27.00
06/22/11	INTEREST	FOR DATE OF SERVICE 7/7/10	20.98
02/23/11	PENALTIES	FOR DATE OF SERVICE 12/29/10	37.50
06/22/11	INTEREST	FOR DATE OF SERVICE 12/29/10	15.36

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

*** INVOICE ***

Date	NO#
07/18/11	36714

Claim # : 624-08-0304721
W.C.A.B.:
ADJ # : -- 6
S.S.N. : -
D.O.B. : 2/19/73
Terms : 45 days

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

Case: vs HUBBARD IRON DOORS INC
Date Of Injury: 11/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/11	PMT BY CHECK	DOS 2/17/10-12/29/10 # 0485990	-2000.00
07/18/11	BLCE OFF SET	BALANCE OFF SET	-115.37

BALANCE 0.00

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

THIS CHECK HAS A COLORED BACKGROUND AND CONTAINS MULTIPLE SECURITY FEATURES - SEE BACK FOR DETAILS

CareWest INSURANCE COMPANY

Safety has its Rewards

P.O. BOX 5038
MODESTO, CA 95352
1-877-625-6566

UNION BANK OF CALIFORNIA

Date: 7/13/11

NO: 0485990

11-49
1210

CLAIM NUMBER	DATE OF INJURY	EMPLOYEE	PAYEE IRS NUMBER
624-108-0304721	11/24/08		XXXXX6713

$2,000.00

VOID AFTER 90 DAYS

PAY TWO THOUSAND AND 00/100 DOLLARS

To The Order Of Joyce Altman Interpreters Inc
P.O. BOX 4165
TUSTIN, CA 92781-4165

HEAT SENSITIVE RUB AREA TO VERIFY

⑈0485990⑈ ⑆121000497⑆ 4190000295⑈

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

Non-Neg
Care West Insurance Company
P O Box 2710
Rocklin CA 95677

PAYEE...: Joyce Altman Interpreters Inc
P.O. BOX 4165
TUSTIN, CA 92781-4165

F.F. 16

TAX ID#.: XXXXX6713
EMPLOYER: 689 HUBBARD IRON DOORS
CLAIM #.: 777-624-108-0304721 CLAIMANT: S
D/A.....: 11/24/08 Examiner : MD1 Margarita Diaz

CHECK#.....: 485990
CHECK AMOUNT..: 2,000.00
CHECK DATE....: 7/13/11

PMT VAL 1.....: M3 INTERPRETER AT MEDICAL EXAM
RESERVE.....: M8 MEDICAL
PAYMENT PERIOD: 2/17/10 - 12/29/10

REMARKS

Lien paid in full

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

*** INVOICE ***

Date	NO#
07/12/11	35861

Claim # : CA09316781-0001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 2/12/62
Terms : 45 days

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

Case: -- vs TARGET STORES
Date Of Injury: 11/6/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/25/09	INITIAL EXAM	-DR HOSSAIN @ GARFIELD HEALTH	230.00
11/18/09	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH*	230.00
12/08/09	NCV	-DIAGN STUDY:U/L/E* TITO SILV # 500272	125.00
12/08/09	EMG TESTING	-BY DR PARK:U/L/E* TITO SILVA # 500272	125.00
01/29/10	PR2/REEVAL	-DR HOSSAIN* GLADYS REYNA #500257	180.00
02/24/10	PR2/REEVAL	-DR HOSSAIN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
03/24/10	PR2/REEVAL	-DR HOSSAIN* JASON RAMIREZ # 500371	180.00
03/31/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
04/25/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/02/10	PR2/REEVAL	-DR KATTAR* JASON RAMIREZ # 500371	180.00
06/16/10	P AND S	-DR KATTAR* JASON RAMIREZ # 500371	230.00
06/22/10	WCAB LB	STATUS CONFEENCE	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/30/10	PENALTIES	FOR DATE OF SERVICE 11/25/09	34.50
06/20/11	INTEREST	FOR DATE OF SERVICE 11/25/09	42.90
09/30/10	PENALTIES	FOR DATE OF SERVICE 11/18/09	34.50
06/20/11	INTEREST	FOR DATE OF SERVICE 11/18/09	43.41
09/30/10	PENALTIES	FOR DATE OF SERVICE 12/08/09	37.50
06/20/11	INTEREST	FOR DATE OF SERVICE 12/08/09	45.60
09/30/10	PENALTIES	FOR DATE OF SERVICE 03/31/10	23.48
06/20/11	INTEREST	FOR DATE OF SERVICE 03/31/10	22.98
09/30/10	PENALTIES	FOR DATE OF SERVICE 04/25/10	37.50

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

*** INVOICE ***

Date	NO#
07/12/11	35861

Claim # : CA09316781-0001
W.C.A.B.:
ADJ # :
S.S.N. : ---
D.O.B. : 2/12/62
Terms : 45 days

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

Case: vs TARGET STORES
Date Of Injury: 11/6/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/20/11	INTEREST	FOR DATE OF SERVICE 04/25/10	34.74
09/30/10	PENALTIES	FOR DATE OF SERVICE 06/16/10	34.50
06/20/11	INTEREST	FOR DATE OF SERVICE 06/16/10	28.19
09/30/10	PENALTIES	FOR DATE OF SERVICE 06/22/10	23.48
06/20/11	INTEREST	FOR DATE OF SERVICE 06/22/10	18.89
11/12/10	C&R READING	@ THE L/O OF DENNIS FUSI Block settlement	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
04/13/11	PMT BY CHECK	DOS 4/25/10 THRU 6/22/10 # 0027884960	-313.00
06/20/11	PENALTIES	FOR DATE OF SERVICE 1/29/10	27.00
06/20/11	INTEREST	FOR DATE OF SERVICE 1/29/10	29.89
06/20/11	PENALTIES	FOR DATE OF SERVICE 2/24/10	27.00
06/20/11	INTEREST	FOR DATE OF SERVICE 2/24/10	28.41
06/20/11	PENALTIES	FOR DATE OF SERVICE 3/24/10	27.00
06/20/11	INTEREST	FOR DATE OF SERVICE 3/24/10	26.82
06/20/11	PENALTIES	FOR DATE OF SERVICE 6/2/10	27.00
06/20/11	INTEREST	FOR DATE OF SERVICE 6/2/10	22.86
06/20/11	PENALTIES	FOR DATE OF SERVICE 11/12/10	23.48
06/20/11	INTEREST	FOR DATE OF SERVICE 11/12/10	11.83
07/05/11	PMT BY CHECK	DOS 11/25/09 THRU 11/12/10 # 0028568204	-2350.00
07/12/11	BLCE OFF SET	BALANCE OFF SET	-429.96

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

*** INVOICE ***

Date	NO#
07/12/11	35861

Claim # : CA09316781-0001
W.C.A.B.:
ADJ # :
S.S.N. : [redacted]
D.O.B. : 2/12/62
Terms : 45 days

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

Case: [redacted] vs TARGET STORES
Date Of Injury: 11/6/09

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

DATE	CHECK AMT	CHECK NO.
04/13/2011	313.00	0027884960

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****4109

SCMS UNIT	PAGE
213 Sedgwick Claims Management Services	001

*007650 0027884960 00001 OF 00001 OAM 110413 1029

JOYCE ALTMAN INTERPRETERS
P.O. BOX 1460
TUSTIN CA 92781-1460

35861

Claimant Name	Loss Date	Claim Number	SSN
	11/05/2009	CA09311952-0001	

Amt Paid: 313.00 Description:
Amt Billed: 313.00 Invoice:
Dates: 04/25/2010 - 06/22/2010 Comment:

ICN: CA093119520001

PAID
APR 18 2011
BY:.....

RECEIVED APR 18 2011

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

E1991.FRM (02-28-01)

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

DATE	CHECK AMT	CHECK NO.
07/05/2011	2,350.00	0028568204

PAYEE	TAX ID
JOYCE ALTMAN INTERPR	*****6713

SCMS UNIT	PAGE
213 Sedgwick Claims Management Services	001

*005847 0028568204 00001 OF 00002 0AM 110705 1023

JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN CA 927814165

35861

Claimant Name	Loss Date	Claim Number	SSN
	11/05/2009	CA09311952-0001	

Amt Paid: 1175.00 Description: Miscellaneous Medical
Amt Billed: 1389.98 Invoice: ICN: 1639-115306
Dates: 11/25/2009 - 11/25/2009 Comment:

Amt Paid: 1175.00 Description: Miscellaneous Medical
Amt Billed: 1389.98 Invoice: ICN: 1639-115306
Dates: 11/12/2010 - 11/12/2010 Comment:

11-25-09

11-12-10

F. F. JH IG

PAID

BY:

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

E1591.FRM (02-28-01)

Sedgwick CMS

EXPLANATION OF REVIEW

PAYOR: Sedgwick CMS	RECEIVED BY VENDOR: 06/28/2011	DATE OF INJURY: 11/05/2009
BILL ID (ICN): 1639-115306	PROCESSED BY VENDOR: 06/28/2011	SOCIAL SECURITY NUMBER: *****8476
INJURED NAME (LAST, FIRST, MI)	TPA CLAIM NUMBER: CA09311952-0001	
INJURED ADDRESS	PATIENT ACCOUNT NUMBER	
	EMPLOYER CONTRACT NUMBER: 1639	
IMAGE NUMBER (DCN)	TPA TRANSACTION # (MBDCN)	
EMPLOYER NAME: TARGET CORPORATION	CARRIER NAME: TARGET CORPORATION	
TREATING PROVIDER: JOYCE ALTMAN INTERPR JOYCE ALT	EMPLOYER ADDRESS: 1000 Nicollet Mall, TPN-1301, MINNEAPOLIS, MN 55403-2542	CARRIER ADDRESS: 1000 Nicollet Mall, TPN-1301, MINNEAPOLIS, MN 55403-2542
PROVIDER TAX ID: 330956713		
DATES OF SERVICE: 11/25/2009 - 11/12/2010	PROVIDER NPI	ICD CODES: 959

PROVIDER NAME AND ADDRESS
JOYCE ALTMAN INTERPR
PO BOX 4165
TUSTIN, CA 92781

Date of Service	Submitted Code	Mod(s)	Units	Reimbursed Code	Billed Amount	FS/UCR Reduction	Negotiated/ Discount	Network Reduction	Recommended Allowance
11/25/2009	99199		1		1,389.98	214.98	0.00	0.00	1,175.00
UNLISTED SPECIAL SERV/REPORT					REASON CODES	5385,863,45			
					GROUP CODES	MA			
11/12/2010	99199		1		1,389.98	214.98	0.00	0.00	1,175.00
UNLISTED SPECIAL SERV/REPORT					REASON CODES	5385,863,45			
					GROUP CODES	MA			

Explanation of Reason Codes For Detail Lines
45 CHARGES EXCEED YOUR CONTRACTED/ LEGISLATED FEE ARRANGEMENT.
5385 This payment is being made in full and final satisfaction of the lien per the settlement agreement.
863 REIMBURSEMENT IS BASED ON THE APPLICABLE REIMBURSEMENT FEE SCHEDULE.
Explanation of Group Codes For Detail Lines
MA The amount adjusted is due to state regulated fee schedules. Note: MA is the code value assigned by ANSI for Medicare, this code is not being used by Medicare.

Totals:					2,779.96	2,350.00	0.00	0.00	2,350.00

Unless otherwise stated, reimbursement is made according to the Official Medical Fee Schedule of the State of California, which prohibits billing of the patient for any balance in excess of the amount recommended. Any reduction is due to the billed charges exceeding the fee schedule allowance for the service provided and/or the application of the appropriate discounts based on the individual provider's agreement with the preferred provider organization. Amounts billed above the recommended allowances are objected to as being unreasonable pursuant to California Labor Code sections 4620 through 4626 and 5307.1. You may contest this recommendation by filing an application for adjudication with the Workers' Compensation Appeals Board.

QUESTIONS ABOUT OTHER SEDGWICK CMS PAYMENTS?

Visit sedgwickcms.com. Click on Provider Resources; then choose viaOne Express for Providers

QUESTIONS ABOUT THIS EXPLANATION OF REVIEW?

Bill Review Vendor: Sedgwick CMS - National Bill R
P.O. Box 14447
Lexington, KY 40512-4447

Customer Service Phone: (866) 495-7844
Customer Service

PPO Network:

PPO Sub Network:

FOR RECONSIDERATIONS

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

Fax: (925) 933-9559

005847 0028568204 00002 OF 00002 OAM 110705 1023

I8611 v.0.07 03.24.10

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

*** INVOICE ***
Date NO#
07/18/11 33344

Claim # : 905481291
W.C.A.B.:
ADJ # : [illegible]1
S.S.N. :
D.O.B. : 5/3/48
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: ANDREW GRAHAM
P.O. BOX 4025
BEAVERTON, OR 97076

Case: [illegible] vs MAXTUDIO COM
Date Of Injury: 5/1/08-2/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/09	INITIAL EXAM	-DR HOSSAIN @ GARFIELD HEALTH *	230.00
03/10/09	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH*	230.00
04/24/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
04/22/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/01/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/05/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
08/26/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
09/25/09	PENALTIES	FOR DATE OF SERVICE 3/13/09	34.50
06/13/11	INTEREST	FOR DATE OF SERVICE 3/13/09	61.02
09/25/09	PENALTIES	FOR DATE OF SERVICE 3/10/09	34.50
06/13/11	INTEREST	FOR DATE OF SERVICE 3/10/09	61.23
09/25/09	PENALTIES	FOR DATE OF SERVICE 4/22/09	23.48
06/13/11	INTEREST	FOR DATE OF SERVICE 4/22/09	39.55
09/25/09	PENALTIES	FOR DATE OF SERVICE 6/1/09	37.50
06/13/11	INTEREST	FOR DATE OF SERVICE 6/1/09	60.02
09/25/09	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
10/23/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
11/20/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH *	180.00
12/18/09	PR2/REEVAL	-DR HOSSAIN* ELIZABETH VARGA # 500106	180.00
01/19/10	P AND S	-DR KATTAR* ELIZABETH VARGA # 500106	230.00
03/17/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/09/10	WCAB LB	MSC - FULL DAY	313.00

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

*** INVOICE ***

Date	NO#
07/18/11	33344

Claim # : 905481291
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/3/48
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: ANDREW GRAHAM
P.O. BOX 4025
BEAVERTON, OR 97076

Case: vs MAXTUDIO COM
Date Of Injury: 5/1/08-2/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
10/05/10	PENALTIES	FOR DATE OF SERVICE 4/24/09	27.00
06/13/11	INTEREST	FOR DATE OF SERVICE 4/24/09	45.37
10/05/10	PENALTIES	FOR DATE OF SERVICE 6/5/09	27.00
06/13/11	INTEREST	FOR DATE OF SERVICE 6/5/09	42.99
10/05/10	PENALTIES	FOR DATE OF SERVICE 8/26/09	27.00
06/13/11	INTEREST	FOR DATE OF SERVICE 8/26/09	38.34
10/05/10	PENALTIES	FOR DATE OF SERVICE 9/25/09	27.00
06/13/11	INTEREST	FOR DATE OF SERVICE 9/25/09	36.64
10/05/10	PENALTIES	FOR DATE OF SERVICE 10/23/09	27.00
06/13/11	INTEREST	FOR DATE OF SERVICE 10/23/09	35.05
10/05/10	PENALTIES	FOR DATE OF SERVICE 11/20/09	27.00
06/13/11	INTEREST	FOR DATE OF SERVICE 11/20/09	33.46
10/05/10	PENALTIES	FOR DATE OF SERVICE 12/18/09	27.00
06/13/11	INTEREST	FOR DATE OF SERVICE 12/18/09	31.87
10/05/10	PENALTIES	FOR DATE OF SERVICE 1/19/10	34.50
06/13/11	INTEREST	FOR DATE OF SERVICE 1/19/10	38.41
10/05/10	PENALTIES	FOR DATE OF SERVICE 3/17/10	23.48
06/13/11	INTEREST	FOR DATE OF SERVICE 3/17/10	23.32
07/12/11	PMT BY CHECK	DOS 3/10/09-6/09/10 # 0023485077	-3750.00
07/18/11	BLCE OFF SET	BALANCE OFF SET	-0.23

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

*** INVOICE ***

Date	NO#
07/18/11	33344

Claim # : 905481291
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/3/48
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: ANDREW GRAHAM
P.O. BOX 4025
BEAVERTON, OR 97076

Case: vs MAXTUDIO COM
Date Of Injury: 5/1/08-2/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

B. CODE
288

CHECK REFERENCE	CHECK DATE
0023485077	07/12/11
CHECK AMOUNT	BLOCK NUMBER
***$3750.00	027324

33344

OSN:MM0801071212-000452

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	03/10/09-05/23/11	WC 905-481291 HOD	2,471.16	391.18
	03/10/09-01/19/10	WC 905-481291 HOD	2,537.39	410.00
	03/10/09-08/26/09	WC 905-481291 HOD	1,406.50	180.00
	03/10/09-11/20/09	WC 905-481291 HOD	1,720.89	720.89
	03/10/09-04/24/09	WC 905-481291 HOD	1,148.43	1,148.43
	03/10/09-06/05/09	WC 905-481291 HOD	1,226.50	430.00
	03/10/09-06/09/10	WC 905-481291 HOD	3,006.89	469.50

F&F
CA
OK

TOTAL BILLS COMBINED: 7

PAID

✓3,750.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
027336

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801071212-000459
BANK: 288
CHECK REF: 0023485077 DATE: 07/12/11 AMT: 469.50
INTERNAL BILL NO: 085470418 HSR: N0153716
CUST/EXTERNAL BILL NO: 26102150176702
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-481291 HOD
CONTRACT NO: WCJ-Z91-431641-028-92
DOCUMENT NO: 5A2101004730004

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33344
SSN: [redacted]
DOI: 03/04/09
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LEON MAX INC
ADDRESS: 3100 NEW YORK DR
PO BOX 70878
PASADENA, CA 91107
LOCATION CODE: 00CORP

AGENCY CLAIM#(BOARD COMM#): 2009031109152043220465
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/10/09-06/09/10
AUDIT DATE: 07/11/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
027335

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801071212-000458
BANK: 288
CHECK REF: 0023485077 DATE: 07/12/11 AMT: 469.50
INTERNAL BILL NO: 085470418 MSR: N0153716
CUST/EXTERNAL BILL NO: 26102150176702
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-481291 HOD
CONTRACT NO: WCJ-Z91-431641-028-92
DOCUMENT NO: 5A2101004730004

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33344
SSN: [redacted]
DOI: 03/04/09
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LEON MAX INC
ADDRESS: 3100 NEW YORK DR
PO BOX 70878
PASADENA, CA 91107
LOCATION CODE: 00CORP

AGENCY CLAIM#(BOARD COMM#): 20090311091520432220465
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/10/09-06/09/10
AUDIT DATE: 07/11/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/13/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
04/22/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	156.50	N/A	N/A	0.00	0.00 18	U301
04/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/01/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	250.00	N/A	N/A	0.00	0.00 18	U301
06/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
08/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	37.50	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	34.50	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	34.50	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	23.48	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	15.87	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	15.65	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	10.71	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	8.68	N/A	N/A	0.00	0.00 18	U301
09/25/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
10/23/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/20/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
12/18/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/19/10	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/17/10	MDS10		LUMP SUM SETTLEMENT WHERE							
03/17/10	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	156.50	156.50	N/A	0.00	156.50 150	Z652
06/09/10	MDS10		LUMP SUM SETTLEMENT WHERE							
06/09/10	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	313.00	313.00	N/A	0.00	313.00 150	Z652

TOTAL CHARGES:	3006.89
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	469.50
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	469.50

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
027334

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801071212-000457
BANK: 288
CHECK REF: 0023485077 DATE: 07/12/11 AMT: 430.00
INTERNAL BILL NO: 079636599 MSR: N0153716
CUST/EXTERNAL BILL NO: 26091811051102
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-481291 HOD
CONTRACT NO: WCJ-Z91-431641-028-92
DOCUMENT NO: 3G1750902840003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33344
SSN: [redacted]
DOI: 03/04/09
PATIENT: [redacted]

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LEON MAX INC
ADDRESS: 3100 NEW YORK DR
PO BOX 70878
PASADENA, CA 91107
LOCATION CODE: 00CORP

AGENCY CLAIM#(BOARD COMM#): 20090311091520432204 65
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/10/09-06/05/09
AUDIT DATE: 07/11/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/13/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
04/22/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	156.50	N/A	N/A	0.00	0.00 18	U301
04/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/01/09	MDS10		LUMP SUM SETTLEMENT WHERE							
06/01/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	250.00	250.00	N/A	0.00	250.00 150	Z652
06/05/09	MDS10		LUMP SUM SETTLEMENT WHERE							
06/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	180.00	N/A	0.00	180.00 150	Z652

TOTAL CHARGES:	1226.50
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	430.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	430.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES

FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
027333

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801071212-000457
BANK: 288
CHECK REF: 0023485077 DATE: 07/12/11 AMT: 1,148.43
INTERNAL BILL NO: 078738197 MSR: N0153716
CUST/EXTERNAL BILL NO: 26091402014402
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-481291 HOD
CONTRACT NO: WCJ-Z91-431641-028-92
DOCUMENT NO: 3B1380900710007

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33344
SSN: [redacted]
DOI: 03/04/09
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LEON MAX INC
ADDRESS: 3100 NEW YORK DR
PO BOX 70878
PASADENA, CA 91107
LOCATION CODE: 00CORP

AGENCY CLAIM#(BOARD COMM#): 200903110915204322O465
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/10/09-04/24/09
AUDIT DATE: 07/11/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
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PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
027332

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801071212-000456
BANK: 288
CHECK REF: 0023485077 DATE: 07/12/11 AMT: 1,148.43
INTERNAL BILL NO: 078738197 MSR: N0153716
CUST/EXTERNAL BILL NO: 26091402014402
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-481291 HOD
CONTRACT NO: WCJ-Z91-431641-028-92
DOCUMENT NO: 3B1380900710007

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33344
SSN: [redacted]
DOI: 03/04/09
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LEON MAX INC
ADDRESS: 3100 NEW YORK DR
PO BOX 70878
PASADENA, CA 91107
LOCATION CODE: 00CORP

AGENCY CLAIM#(BOARD COMM#): 20090311091520432204 65
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/10/09-04/24/09
AUDIT DATE: 07/11/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/10/09	MDS10		LUMP SUM SETTLEMENT WHERE							
03/10/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	230.00	230.00	N/A	0.00	230.00 150	Z652
03/13/09	MDS10		LUMP SUM SETTLEMENT WHERE							
03/13/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	230.00	230.00	N/A	0.00	230.00 150	Z652
04/22/09	MDS10		LUMP SUM SETTLEMENT WHERE							
04/22/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	156.50	156.50	N/A	0.00	156.50 150	Z652
04/24/09	MDS10		LUMP SUM SETTLEMENT WHERE							
04/24/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	180.00	180.00	N/A	0.00	180.00 150	Z652
04/24/09	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	351.93	351.93	N/A	0.00	351.93 Z473	Z473

TOTAL CHARGES:	1148.43
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	1148.43
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	1148.43

EXPLANATION CODE DESCRIPTIONS:

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
027331

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801071212-000456
BANK: 288
CHECK REF: 0023485077 DATE: 07/12/11 AMT: 720.89
INTERNAL BILL NO: 082331999 MSR: N0153716
CUST/EXTERNAL BILL NO: 26093580398902
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-481291 HOD
CONTRACT NO: WCJ-Z91-431641-028-92
DOCUMENT NO: 3K3550902690003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33344
SSN: [redacted]
DOI: 03/04/09
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LEON MAX INC
ADDRESS: 3100 NEW YORK DR
PO BOX 70878
PASADENA, CA 91107
LOCATION CODE: 00CORP

AGENCY CLAIM#(BOARD COMM#): 20090311091520432204 65
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/10/09-11/20/09
AUDIT DATE: 07/11/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

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NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
027330

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801071212-000455
BANK: 288
CHECK REF: 0023485077 DATE: 07/12/11 AMT: 720.89
INTERNAL BILL NO: 082331999 MSR: N0153716
CUST/EXTERNAL BILL NO: 26093580398902
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-481291 HOD
CONTRACT NO: WCJ-Z91-431641-028-92
DOCUMENT NO: 3K3550902690003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33344 *
SSN: [redacted]
DOI: 03/04/09
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LEON MAX INC
ADDRESS: 3100 NEW YORK DR
PO BOX 70878
PASADENA, CA 91107
LOCATION CODE: 00CORP

AGENCY CLAIM#(BOARD COMM#): 2009031109152043220465
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/10/09-11/20/09
AUDIT DATE: 07/11/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/13/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
04/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
08/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	37.50	37.50	N/A	0.00	37.50 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	23.48	23.48	N/A	0.00	23.48 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	15.87	15.87	N/A	0.00	15.87 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	15.65	15.65	N/A	0.00	15.65 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	10.71	10.71	N/A	0.00	10.71 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	8.68	8.68	N/A	0.00	8.68 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	180.00	N/A	0.00	180.00 150	Z652
10/23/09	MDS10		LUMP SUM SETTLEMENT WHERE							
10/23/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	180.00	N/A	0.00	180.00 150	Z652
11/20/09	MDS10		LUMP SUM SETTLEMENT WHERE							
11/20/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	180.00	N/A	0.00	180.00 150	Z652

TOTAL CHARGES:	1720.89
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	720.89
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	720.89

EXPLANATION CODE DESCRIPTIONS:
U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)
Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
027329

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801071212-000454
BANK: 288
CHECK REF: 0023485077 DATE: 07/12/11 AMT: 180.00
INTERNAL BILL NO: 080737699 MSR: N0153716
CUST/EXTERNAL BILL NO: 26092540827302
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-481291 HOD
CONTRACT NO: WCJ-Z91-431641-028-92
DOCUMENT NO: 3B2510905800003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33344
SSN: [redacted]
DOI: 03/04/09
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LEON MAX INC
ADDRESS: 3100 NEW YORK DR
PO BOX 70878
PASADENA, CA 91107
LOCATION CODE: 00CORP

AGENCY CLAIM#(BOARD COMM#): 2009031109152043220465
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/10/09-08/26/09
AUDIT DATE: 07/11/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/13/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
04/22/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	156.50	N/A	N/A	0.00	0.00 18	U301
04/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/01/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	250.00	N/A	N/A	0.00	0.00 18	U301
06/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
08/26/09	MDS10		LUMP SUM SETTLEMENT WHERE							
08/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	180.00	N/A	0.00	180.00 150	Z652

TOTAL CHARGES:	1406.50
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	180.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	180.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES

FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
027328

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: NM0801071212-000454
BANK: 288
CHECK REF: 0023485077 DATE: 07/12/11 AMT: 410.00
INTERNAL BILL NO: 082964692 MSR: N0153716
CUST/EXTERNAL BILL NO: 26100371187002
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-481291 HOD
CONTRACT NO: WCJ-Z91-431641-028-92
DOCUMENT NO: 3R0331010270004

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33344
SSN: [redacted]
DOI: 03/04/09
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LEON MAX INC
ADDRESS: 3100 NEW YORK DR
PO BOX 70878
PASADENA, CA 91107
LOCATION CODE: 00CORP

AGENCY CLAIM#(BOARD COMM#): 2009031109152043220465
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/10/09-01/19/10
AUDIT DATE: 07/11/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
027327

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801071212-000453
BANK: 288
CHECK REF: 0023485077 DATE: 07/12/11 AMT: 410.00
INTERNAL BILL NO: 082964692 MSR: N0153716
CUST/EXTERNAL BILL NO: 26100371187002
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-481291 HOD
CONTRACT NO: WCJ-Z91-431641-028-92
DOCUMENT NO: 3R0331010270004

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33344
SSN: [redacted]
DOI: 03/04/09
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LEON MAX INC
ADDRESS: 3100 NEW YORK DR
PO BOX 70878
PASADENA, CA 91107
LOCATION CODE: 00CORP

AGENCY CLAIM#(BOARD COMM#): 20090311091520432220465
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/10/09-01/19/10
AUDIT DATE: 07/11/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/13/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
04/22/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	156.50	N/A	N/A	0.00	0.00 18	U301
04/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/01/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	250.00	N/A	N/A	0.00	0.00 18	U301
06/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
08/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	37.50	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	34.50	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	34.50	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	23.48	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	15.87	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	15.65	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	10.71	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	8.68	N/A	N/A	0.00	0.00 18	U301
09/25/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
10/23/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/20/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
12/18/09	MDS10		LUMP SUM SETTLEMENT WHERE							
12/18/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	180.00	N/A	0.00	180.00 150	Z652
01/19/10	MDS10		LUMP SUM SETTLEMENT WHERE							
01/19/10	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	230.00	N/A	0.00	230.00 150	Z652

TOTAL CHARGES:	2537.39
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	410.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	410.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
027326

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801071212-000453
BANK: 288
CHECK REF: 0023485077 DATE: 07/12/11 AMT: 391.18
INTERNAL BILL NO: 090088520 MSR: N0153716
CUST/EXTERNAL BILL NO: 26111510377802
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-481291 MOD
CONTRACT NO: WCJ-Z91-431641-028-92
DOCUMENT NO: 3B1471101980003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33344
SSN: [redacted]
DOI: 03/04/09
PATIENT: [redacted]

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LEON MAX INC
ADDRESS: 3100 NEW YORK DR
PO BOX 70878
PASADENA, CA 91107
LOCATION CODE: 00CORP

AGENCY CLAIM#(BOARD COMM#): 2009031109152043220465
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/10/09-05/23/11
AUDIT DATE: 07/11/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES

FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
027325

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801071212-000452
BANK: 288
CHECK REF: 0023485077 DATE: 07/12/11 AMT: 391.18
INTERNAL BILL NO: 090088520 MSR: N0153716
CUST/EXTERNAL BILL NO: 261111510377802
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-481291 HOD
CONTRACT NO: WCJ-Z91-431641-028-92
DOCUMENT NO: 3B1471101980003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33344
SSN: [redacted]
DOI: 03/04/09
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LEON MAX INC
ADDRESS: 3100 NEW YORK DR
PO BOX 70878
PASADENA, CA 91107
LOCATION CODE: 00CORP

AGENCY CLAIM#(BOARD COMM#): 2009031109152043220465
IDC-9 CODES: 799.8

DATES OF SERVICE: 03/10/09-05/23/11
AUDIT DATE: 07/11/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
03/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
03/13/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
04/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
06/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
08/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	37.50	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	34.50	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	34.50	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	23.48	N/A	N/A	0.00	0.00 18	U301
09/25/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
10/23/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/20/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
12/18/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/19/10	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
10/05/10	MDS10		LUMP SUM SETTLEMENT WHERE							
10/05/10	99199		SPECIAL SERVICE/PROC/REPO	1.00	27.00	27.00	N/A	0.00	27.00 150	Z652
10/05/10	MDS10		LUMP SUM SETTLEMENT WHERE							
10/05/10	99199		SPECIAL SERVICE/PROC/REPO	1.00	27.00	27.00	N/A	0.00	27.00 150	Z652
10/05/10	MDS10		LUMP SUM SETTLEMENT WHERE							
10/05/10	99199		SPECIAL SERVICE/PROC/REPO	1.00	27.00	27.00	N/A	0.00	27.00 150	Z652
05/23/11	MDS10		LUMP SUM SETTLEMENT WHERE							
05/23/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	61.23	61.23	N/A	0.00	61.23 150	Z652
05/23/11	MDS10		LUMP SUM SETTLEMENT WHERE							
05/23/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	61.02	61.02	N/A	0.00	61.02 150	Z652
05/23/11	MDS10		LUMP SUM SETTLEMENT WHERE							
05/23/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	60.02	60.02	N/A	0.00	60.02 150	Z652
05/23/11	MDS10		LUMP SUM SETTLEMENT WHERE							
05/23/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	45.37	45.37	N/A	0.00	45.37 150	Z652
05/23/11	MDS10		LUMP SUM SETTLEMENT WHERE							
05/23/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	42.99	42.99	N/A	0.00	42.99 150	Z652
05/23/11	MDS10		LUMP SUM SETTLEMENT WHERE							
05/23/11	99199		SPECIAL SERVICE/PROC/REPO	1.00	39.55	39.55	N/A	0.00	39.55 150	Z652

TOTAL CHARGES:	2471.16
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	391.18
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	391.18

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

*** INVOICE ***

Date	NO#
07/05/11	25341

Claim # : 2080145923-001
W.C.A.B.: [illegible]
ADJ # : A [illegible]
S.S.N. :
D.O.B. : 4/26/54
Terms : 45 days

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

Case: [illegible]) vs ROBINSON HELICOPTER CO
Date Of Injury: 8/15/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/21/07	PENALTIES	FOR DATE OF SERVICE 3/28/07	37.50
04/27/10	INTEREST	FOR DATE OF SERVICE 3/28/07	90.27
02/12/08	INITIAL EXAM	PAIN MGMT W/DR VALDEZ*	230.00
02/04/08	INITIAL EXAM	DR HERIC*	230.00
02/19/08	WCAB LB	MSC	156.50
03/19/08	DIAGNSTUDY	-POLYSOMNOGRAPHY REF BY DR HERIC (2.5 HRS)	187.50
07/22/08	WCAB LB	MSC	156.50
04/06/09	STIPULATION	@ THE L/O DENNIS FUSI	156.50
06/09/09	WCAB LB	RATING MSC	156.50
07/28/09	PENALTIES	FOR DATE OF SERVICE 2/12/08	34.50
11/04/10	INTEREST	FOR DATE OF SERVICE 2/12/08	73.63
07/28/09	PENALTIES	FOR DATE OF SERVICE 2/4/08	34.50
11/04/10	INTEREST	FOR DATE OF SERVICE 2/4/08	74.20
07/28/09	PENALTIES	FOR DATE OF SERVICE 2/19/08	23.48
04/27/10	INTEREST	FOR DATE OF SERVICE 2/19/08	40.33
07/28/09	PENALTIES	FOR DATE OF SERVICE 3/19/08	28.13
11/04/10	INTEREST	FOR DATE OF SERVICE 3/19/08	57.89
07/28/09	PENALTIES	FOR DATE OF SERVICE 7/22/08	23.48
04/27/10	INTEREST	FOR DATE OF SERVICE 7/22/08	32.74
07/28/09	PENALTIES	FOR DATE OF SERVICE 4/6/09	23.48
04/27/10	INTEREST	FOR DATE OF SERVICE 4/6/09	20.02
07/28/09	PENALTIES	FOR DATE OF SERVICE 6/9/09	23.48
04/27/10	INTEREST	FOR DATE OF SERVICE 6/9/09	16.86
05/19/10	PMT BY CHECK	DOS 3/28/07 THRU 6/9/09 # 1100053337	-876.00
01/12/11	PENALTIES	LATE SETLMENT PMT FOR 11/4/10	312.50
01/12/11	INTEREST	LATE SETLMENT PMT FOR 11/4/10	38.10
01/12/11	PMT BY CHECK	DOS 3/28/07 THRU 6/9/09 # 1100094758	-1250.00

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

*** INVOICE ***

Date	NO#
07/05/11	25341

Claim # : 2080145923-001
W.C.A.B.: LBO [illegible]
ADJ # :
S.S.N. :
D.O.B. : 4/26/54
Terms : 45 days

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

Case: vs ROBINSON HELICOPTER CO
Date Of Injury: 8/15/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/11	PENALTIES	LATE SETLMNT PYMT FOR 11/4/10	312.50
01/12/11	INTEREST	LATE SETLMNT PYMT FOR 11/4/10	38.10
06/30/11	PMT BY CHECK	DOS 3/28/07 THRU 6/9/09 # 1100127986	-260.00
07/05/11	BLCE OFF SET	BALANCE OFF SET	-473.19

BALANCE 0.00

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

1114

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORPORATION

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

25341

PLEASE INCLUDE CLAIM NUMBER ON ALL CORRESPONDENCE

Claim Number	Contract	Invoice	Date of Loss	Payment Service Dates
208-0145923 001 BC	WC 4275473		12/01/05	11/04/10-11/04/10
Check Number	1100094758 Date Issued 1/12/11		Amount	$**1,250.00
Customer	Robinson Helicopter Company			
Claimant	Arturo Osorio			
Nature of Payment	FULL AND FINAL SATISFACTION F.F. CA DL			
Issued To	JOYCE ALTMAN INTERPRETING INC			
Requested By	Rajalakshmi CG-Nagarajan			
File Supervisor		Phone Number	818 227-1700	

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,250.00		
		PAID	
TOTAL	$1,250.00		

[redacted]

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORPORATION

Please Note:
We have a new mailing
our claim office. Please
address for any future c

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

07859

25341

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0145923 001 BC	WC 4275473			12/01/05	05/05/10-05/05/10

Check Number	1100053337	**Date Issued**	05/19/10	**Amount**	$****876.00 ✓
Customer	Robinson Helicopter Company				
Claimant	Arturo Osorio				
Nature of Payment	FULL AND FINAL For DOS: 3/28/07, 2/19/08, 7/22/08				
Issued To	JOYCE ALTMAN INTERPRETING INC 4/6/09 & 6/9/09 ONLY as per STIP F.F. CA ✓				
Requested By	Yuva CG-Pandrangan				
File Supervisor	Cora Bucklin		**Phone Number**	818 227-1700	

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	876.00		
TOTAL	$876.00		

PAID

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORPORATION

Please Note:
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JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

07809

BY:

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0145923 001 BC	WC 4275473	25347		12/01/05	03/28/07-06/09/09

Check Number	1100127986	Date Issued	06/30/11	Amount	$*****260.00
Customer	Robinson Helicopter Company				
Claimant					
Nature of Payment	Full and Final Settlement of Lien for all DOS.				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Innayathulla CG-Shariff				
File Supervisor		Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	260.00		
TOTAL	$260.00		

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

*** INVOICE ***
Date NO#
07/18/11 18216

Claim # : 74X017572
W.C.A.B.: [illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 6/13/68
Terms : 45 days

BILL TO:
ARGONAUT INSURANCE (TX-153229)
W.C. DEPARTMENT
ATTN: KELLY BROWN
P.O. BOX # 153229
IRVING, TX 75015

Case: vs CALIFORNIA TRUSS COMPANY
Date Of Injury: 7/15/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/26/05	INITIAL EXAM	-DR VAZQUEZ*	150.00
10/24/05	FOLLOW-UP	-DR VAZQUEZ*	180.00
11/22/05	FOLLOW-UP	-DR VAZQUEZ*	180.00
12/14/05	PMT BY CHECK	DOS 9/26/05 THRU 11/22/05 # 7409651	-510.00
12/20/05	FOLLOW-UP	-DR VAZQUEZ*	180.00
01/23/06	FOLLOW-UP	-DR VAZQUEZ*	180.00
03/28/06	FOLLOW-UP	-DR THOMAS*	180.00
04/24/06	DEPO PREP	@ THE L/O OF DON FEATHERSTON	147.00
07/12/06	PENALTIES	FOR DATE OF SERVICE 4/24/06	22.05
06/14/11	INTEREST	FOR DATE OF SERVICE 4/24/06	87.86
09/28/06	PMT BY CHECK	DOS 12/20/05 THRU 9/14/06 # 7429033	-687.00
10/12/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
10/12/06	C&R READING	@ THE L/O OF DENNIS FUSI	147.00
06/10/10	PENALTIES	FOR DATE OF SERVICE 10/12/06	22.05
06/14/11	INTEREST	FOR DATE OF SERVICE 10/12/06	79.94
06/29/10	PENALTIES	FOR DATE OF SERVICE 10/12/06	22.05
06/14/11	INTEREST	FOR DATE OF SERVICE 10/12/06	79.94
07/13/11	COSTS & SANC	COST & SANCTIONS	392.11
07/13/11	PMT BY CHECK	DOS 6/14/11 # 4050206	-1000.00

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

*** INVOICE ***

Date	NO#
07/18/11	18216

Claim # : 74X017572
W.C.A.B.: [illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 6/13/68
Terms : 45 days

BILL TO:
ARGONAUT INSURANCE (TX-153229)
W.C. DEPARTMENT
ATTN: KELLY BROWN
P.O. BOX # 153229
IRVING, TX 75015

Case: [illegible] vs CALIFORNIA TRUSS COMPANY
Date Of Injury: 7/15/05

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

DETACH BEFORE CASHING CHECK - (RETAIN STUB FOR YOUR RECORDS)

BANK	CO	M/L	POLICY NUMBER	CLAIM NUMBER	T/P	LOSS DATE	PERIOD COVERED	ISSUE DATE	CHECK NUMBER
1084	1	4	20-681-115697	74-017572	2	07/15/2005	09/26/2005-11/22/2005	12/14/2005	7409651

CLAIMANT	INSURED	AMOUNT
[illegible]	CALIFORNIA TRUSS COMPANY	510.00

PAID TO	INVOICE #	TAX ID	ISS. BY	CLM ROLE
JOYCE ALTMAN INTERPRETERS, INC.	18216	330956713	EMD	DDD

FOR
INTERPRETING SERVICES Argonaut

TO: JOYCE ALTMAN INTERPRETERS, INC.

P.O. BOX 4165

TUSTIN, CA 92781 4165

POSTED

DETACH BEFORE CASHING CHECK - (RETAIN STUB FOR YOUR RECORDS)

BANK	CO	M/L	POLICY NUMBER	CLAIM NUMBER	T/P	LOSS DATE	PERIOD COVERED	ISSUE DATE	CHECK NUMBER
1084	1	4	20-681-115697	74-017572	2	07/15/2005	12/20/2005-09/14/2006	09/28/2006	7429033

CLAIMANT	INSURED	AMOUNT
	CALIFORNIA TRUSS COMPANY	687.00

PAID TO	INVOICE #	TAX ID	ISS. BY	CLM ROLE
JOYCE ALTMAN INTERPRETERS, INC.	18216	330956713	EMD	DDD

FOR

INTERPRETING SERVICES Argonaut Ins.

TO: JOYCE ALTMAN INTERPRETERS, INC.

P.O. BOX 4165

TUSTIN, CA 92781 4165

PAID

DETACH BEFORE CASHING CHECK - (RETAIN STUB FOR YOUR RECORDS)

BANK	CO	M/L	POLICY NUMBER	CLAIM NUMBER	T/P	LOSS DATE	PERIOD COVERED	ISSUE DATE	CHECK NUMBER
1082	1	4	20-681-115697	74-017572	2	07/15/2005	06/14/2011-06/14/2011	07/13/2011	4050206

CLAIMANT	INSURED	AMOUNT
	CALIFORNIA TRUSS COMPANY	1000.00

PAID TO	INVOICE #	TAX ID	ISS. BY	CLM ROLE
JOYCE ALTMAN INTERPRETERS, INC.		330956713	CXP	III

FOR
INTERPRETING SERVICES

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

#18216
F.F. 16.

PAID

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

*** INVOICE ***

Date	NO#
06/21/11	23721

Claim # : 023206010272
W.C.A.B. :
ADJ # : --
S.S.N. :
D.O.B. : 2/6/68
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: William Herrera
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: vs MOTORCAR PARTS OF AMERICA
Date Of Injury: 6/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/06	INITIAL EXAM	-DR CHAN (3 HRS)	345.00
11/30/06	FOLLOW-UP	DR CHAN*	180.00
01/08/07	FOLLOW-UP	-DR CHAN*	180.00
02/05/07	FOLLOW-UP	DR CHAN*	180.00
03/12/07	FOLLOW-UP	-DR CHAN*	180.00
03/22/07	EMG TESTING	BY DR HERIC: L/E*	150.00
04/09/07	FOLLOW-UP	DR CHAN*	180.00
03/14/07	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	147.00
05/10/07	FOLLOW-UP	DR CHAN*	180.00
06/08/07	FOLLOW-UP	DR CHAN*	180.00
07/25/07	INITIAL EXAM	DR HAJJ*	230.00
08/08/07	INITIAL EXAM	DR BISHOP*	230.00
08/23/07	PR2/REEVAL	DR CHAN*	180.00
10/04/07	PR2/REEVAL	DR CHAN*	180.00
11/01/07	PR2/REEVAL	DR CHAN*	180.00
11/13/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/04/07	PR2/REEVAL	DR CHAN*	180.00
12/12/07	INITIAL EXAM	DR JEDAMSKI*	230.00
01/08/08	PR2/REEVAL	DR CHAN*	180.00
02/22/08	INITIAL EXAM	DR VALDEZ*	230.00
03/04/08	PR2/REEVAL	DR CHAN*	180.00
04/04/08	PR2/REEVAL	DR CHAN*	180.00
04/17/08	PMT BY CHECK	DOS 11/16/06 THRU 4/4/08 # 4094636	-4332.00
06/06/08	PR2/REEVAL	DR CHAN*	180.00
07/02/08	PR2/REEVAL	DR CHAN*	180.00
08/04/08	PR2/REEVAL	DR CHAN*	180.00
09/08/08	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
10/07/08	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
11/05/08	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00

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

*** INVOICE ***

Date	NO#
06/21/11	23721

Claim # : 023206010272
W.C.A.B.: LB[illegible]
ADJ #
S.S.N. : [illegible]
D.O.B. : 2/6/68
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: William Herrera
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: [illegible] vs MOTORCAR PARTS OF AMERICA
Date Of Injury: 6/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/08	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
01/02/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
02/04/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
02/05/09	MEDS	INSTRUCTION ON MEDICATIONS @ COAST CITY MED*	120.00
03/04/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
04/29/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
04/01/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
05/01/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
05/26/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
06/23/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
06/25/09	PRE-OP	DR CHAN @ COAST CITY MEDICAL*	150.00
07/09/09	POST-OP	DR CHAN @ COAST CITY MEDICAL*	150.00
07/27/09	PMT BY CHECK	DOS 6/6/08 THRU 6/25/09 # 5197834	-2970.00
07/22/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
08/19/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
09/15/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
09/30/09	WCAB LB	MSC	156.50
10/13/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
11/03/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
12/01/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
12/22/09	PR2/REEVAL	DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
01/19/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
02/16/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
03/16/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
04/13/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ	180.00

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

*** INVOICE ***
Date NO#
06/21/11 23721

Claim # : 023206010272
W.C.A.B.: LBC
ADJ # : [illegible]
S.S.N.
D.O.B. : 2/6/68
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: William Herrera
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: [illegible] vs MOTORCAR PARTS OF AMERICA
Date Of Injury: 6/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/10	PR2/REEVAL	# 500341 -DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
06/08/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
07/06/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
08/03/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
08/31/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
09/28/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
10/26/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
11/23/10	PR2/REEVAL	DR CHAN (2HRS 10MIN)	202.50
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
11/29/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
12/14/10	PR2/REEVAL	-DR CHAN* ALBERTO VILLAGOMEZ # 500341	180.00
06/08/11	PENALTIES	FOR DATE OF SERVICE 7/22/09	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 7/22/09	40.04
06/08/11	PENALTIES	FOR DATE OF SERVICE 8/19/09	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 8/19/09	38.45
06/08/11	PENALTIES	FOR DATE OF SERVICE 9/15/09	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 9/15/09	36.92
06/08/11	PENALTIES	FOR DATE OF SERVICE 9/30/09	23.48
06/08/11	INTEREST	FOR DATE OF SERVICE 9/30/09	31.36
06/08/11	PENALTIES	FOR DATE OF SERVICE 10/13/09	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 10/13/09	35.33
06/08/11	PENALTIES	FOR DATE OF SERVICE 11/3/09	27.00

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

*** INVOICE ***
Date NO#
06/21/11 23721

Claim # : 023206010272
W.C.A.B.: LBO
ADJ # :
S.S.N. :
D.O.B. : 2/6/68
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: William Herrera
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: vs MOTORCAR PARTS OF AMERICA
Date Of Injury: 6/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/11	INTEREST	FOR DATE OF SERVICE 11/3/09	34.14
06/08/11	PENALTIES	FOR DATE OF SERVICE 12/1/09	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 12/1/09	32.55
06/08/11	PENALTIES	FOR DATE OF SERVICE 12/22/09	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 12/22/09	31.36
06/08/11	PENALTIES	FOR DATE OF SERVICE 1/19/10	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 1/19/10	29.77
06/08/11	PENALTIES	FOR DATE OF SERVICE 2/16/10	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 2/16/10	28.13
06/08/11	PENALTIES	FOR DATE OF SERVICE 3/16/10	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 3/16/10	26.60
06/08/11	PENALTIES	FOR DATE OF SERVICE 4/13/10	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 4/13/10	25.01
06/08/11	PENALTIES	FOR DATE OF SERVICE 5/11/10	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 5/11/10	23.42
06/08/11	PENALTIES	FOR DATE OF SERVICE 6/8/10	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 6/8/10	21.83
06/08/11	PENALTIES	FOR DATE OF SERVICE 7/6/10	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 7/6/10	20.25
06/08/11	PENALTIES	FOR DATE OF SERVICE 8/3/10	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 8/3/10	18.66
06/08/11	PENALTIES	FOR DATE OF SERVICE 8/30/10	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 8/30/10	17.13
06/08/11	PENALTIES	FOR DATE OF SERVICE 9/28/10	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 9/28/10	15.48
06/08/11	PENALTIES	FOR DATE OF SERVICE 10/26/10	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 10/26/10	13.89
06/08/11	PENALTIES	FOR DATE OF SERVICE 11/23/10	30.38
06/08/11	INTEREST	FOR DATE OF SERVICE 11/23/10	13.84
06/08/11	PENALTIES	FOR DATE OF SERVICE 11/29/10	23.48
06/08/11	INTEREST	FOR DATE OF SERVICE 11/29/10	10.40

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

*** INVOICE ***

Date	NO#
06/21/11	23721

Claim # : 023206010272
W.C.A.B.: LBO [illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 2/6/68
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: William Herrera
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: . vs MOTORCAR PARTS OF AMERICA
Date Of Injury: 6/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/11	PENALTIES	FOR DATE OF SERVICE 12/14/10	27.00
06/08/11	INTEREST	FOR DATE OF SERVICE 12/14/10	11.12
06/16/11	PMT BY CHECK	DOS 8/19/09 THRU 6/8/11 # 6727412	-4400.00
07/06/11	BLCE OFF SET	BALANCE OFF SET	-831.52

BALANCE 0.00

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

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street
Los Angeles, CA 90071

Date of Loss: 06/05/2006
Policy: 000071603738
Occurrence: 000464
Insured: MOTORCAR PARTS OF AMERICA
Print Date: 04/18/2008

Payment Summary

IssueDate: 04/17/2008
Check Number: 4094636
SSN#/TIN# 330956713

Payee: Joyce Altman Interpreters, Inc.

Date	Claimant	Description	Amount
		Translator 23721	4,332.00

RAD

Check Total: 4,332.00

Comments: Dates of Service: 11/16/06 to 4/04/08; Inv No.: 23721; Inv date: 4/10/08; MP

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071

Payment Summary

Claim Ref #: 023206010272
Policy: 000071603738
Occurence: 000464
Date of Loss: 06/05/2006
SSN#/TIN#: XXXXXXXXX
Payee: Joyce Altman Interpreters, Inc.

Insured: Motorcar Parts Of America

Page: 1 of 1
Check Number: 5197834
Print Date: 07/27/2009
Issue Date: 07/27/2009

DATE	CLAIMANT	DESCRIPTION	AMOUNT
		Translator	2,970.00

CHECK TOTAL: 2,970.00

Comments: Invoice#: 23721; DOS: 6/6/08 - 6/25/09; Invoice Date: 7/6/09; MP

Claim Representative: WILLIAM HERRERA

Phone: (213)612-0880

CHUBB GROUP OF INSURANCE COMPANIES
555 S. Flower Street 3rd Floor
Los Angeles, CA 90071

Payment Summary

Claim Ref #: 023206010272
Policy: 000071603738
Occurence: 000464
Date of Loss: 06/05/2006
SSN#/TIN#: XXXXXXXXXX
Payee: Joyce Altman Interpreters

Insured: Motorcar Parts Of America

Page: 1 of 1
Check Number: 6727412
Print Date: 06/16/2011
Issue Date: 06/16/2011

DATE	CLAIMANT	DESCRIPTION	AMOUNT
5-19-09		Translator	4,400.00

PAID

BY:.....

23721

CHECK TOTAL: 4,400.00

Comments: Full & Final satisfaction of STIP AND ORDER DTD 6/8/11 for All Dates of Service; MP

Claim Representative: WILLIAM HERRERA Phone: (213)612-0880

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

*** INVOICE ***
Date NO#
07/05/11 35018

Claim # : 710328435
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/4/73
Terms : 45 days

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

Case: vs SELECT REMEDY
Date Of Injury: 11/2/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/09	WCAB LB	MSC	156.50
01/19/10	PENALTIES	FOR DATE OF SERVICE 8/19/09	23.48
10/21/10	INTEREST	FOR DATE OF SERVICE 8/19/09	22.09
06/24/10	PMT BY CHECK	DOS 8/19/09 # 14032679	-156.50
07/12/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
08/06/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
09/08/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/21/10	PMT BY CHECK	DOS 7/12/10 THRU 9/8/10 # 15279510	-595.01
10/29/10	C&R READING	@ THE L/O OF DENIS FUSI	250.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/08/11	PENALTIES	FOR DATE OF SERVICE 10/29/10	37.50
06/08/11	INTEREST	FOR DATE OF SERVICE 10/29/10	19.06
07/02/11	PMT BY CHECK	DOS 10/29/10 THRU 6/8/11 # 17843947	-320.12

BALANCE 0.00

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

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101403267900300371

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 14032679
RFP No.: 00300371
06/24/2010

Insured: COASTAL EMPLOYERS INC.
Claimant:
Producer:
ACT: 35018

Claim Office: 710

081909-081909

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001242444	00328435	01	11/02/2006	EXP	O	$156.50

PAID

Use file # 710-00328435 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

AIGDC

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101527951000743764

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 15279510
RFP No.: 00743764
10/21/2010

Insured: COASTAL EMPLOYERS INC.
Claimant:
Producer:
ACT: 35018 011910-090810

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001242444	00328435	01	11/02/2006	EXP	O	$595.01

PAID

Use file # 710-00328435 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

[redacted]

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101784394700686204

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

3 5018

PAID
BY

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 17843947
RFP No.: 00686204
07/02/2011

Insured: COASTAL EMPLOYERS INC.
Claimant:
Producer:
PER STIP & ORDER/FULL & FINAL SATISFACTION

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001242444	00328435	01	11/02/2006	MED	O	$320.12

F-F
CA

Use file # 710-00328435 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
06/20/11	32730

Claim # : 635C9826773
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 2/15/58
Terms : 45 days

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

Case: vs UROCARE PRODUCTS INC.
Date Of Injury: 1/15/07-5/23/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/08	INITIAL EXAM	-DR RAHIMIAN @ AMERI CHIRO*	230.00
04/21/09	PENALTIES	FOR DATE OF SERVICE 12/30/08	34.50
06/07/11	INTEREST	FOR DATE OF SERVICE 12/30/08	65.87
07/14/09	P AND S	-DR RAHIMIAN @ AMERI CHIRO*	230.00
10/02/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
11/04/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
04/15/10	PENALTIES	FOR DATE OF SERVICE 07/14/09	34.50
06/07/11	INTEREST	FOR DATE OF SERVICE 07/14/09	51.67
04/15/10	PENALTIES	FOR DATE OF SERVICE 10/02/09	23.48
06/07/11	INTEREST	FOR DATE OF SERVICE 10/02/09	31.21
04/15/10	PENALTIES	FOR DATE OF SERVICE 11/04/09	37.50
06/07/11	INTEREST	FOR DATE OF SERVICE 11/04/09	47.26
12/14/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/07/11	PENALTIES	FOR DATE OF SERVICE 12/14/10	23.48
06/07/11	INTEREST	FOR DATE OF SERVICE 12/14/10	9.62
06/14/11	COSTS & SANC	COST 7 SANCT	225.00
06/14/11	PMT BY CHECK	DOS 12/30/08 THRU 6/14/11 # DA65555026	-1607.09

BALANCE 0.00

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

PDWLDMBD-004113-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/14/11

CHECK NO. DA65555026

STATEMENT

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

32730

5900A11DA 00 01448 DA65555026
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
** FULL AND FINAL SETTLEMENT **
TUSTIN CA 92781-4165

FILE ID
635C9828819

DOLLARS
$*******1,607.09

* NOT NEGOTIABLE *

FOR
12/30/08 THRU 12/14/10

CLAIMANT

DATE OF EVENT
02/26/06

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.

F-FAN

CA

PAID
JUN 20 2011
BY:

PDWLDMBD-004113-01-01-00

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***
Date NO#
07/05/11 31822

Claim # : 002319000519-WC-01
W.C.A.B.: N/A
ADJ # : [illegible]
S.S.N. :
D.O.B. : 6/9/76
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: JAHEESHA WILLLIAMS
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: DE SANTIAGO vs EMBASSY SUITES - VALENCIA
Date Of Injury: 3/29/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/08	DEPO PREP	@ THE L/O OF MANNING & MARDER	156.50
05/19/09	PENALTIES	FOR DATE OF SERVICE 10/02/08	23.48
02/21/11	INTEREST	FOR DATE OF SERVICE 10/02/08	43.98
01/27/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
09/08/10	PENALTIES	FOR DATE OF SERVICE 01/27/10	23.48
02/21/11	INTEREST	FOR DATE OF SERVICE 01/27/10	20.22
11/16/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/21/11	PENALTIES	FOR DATE OF SERVICE 11/16/10	23.48
02/21/11	INTEREST	FOR DATE OF SERVICE 11/16/10	5.77
06/07/11	PENALTIES	FOR UNPAID SETTLEMENT 3/1/11	152.48
06/07/11	INTEREST	FOR UNPAID SETTLEMENT 3/1/11	24.55
06/30/11	PMT BY CHECK	DOS 10/2/08 THRU 11/16/10 # 0086640087	-786.94

BALANCE 0.00

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

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

002319 PAGE 1 OF 1 007311

MDG2009 00005368 1 MB 0390 1

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

PAID
BY

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 002319 000519 WC 01 (12200)
CLAIMANT:
DESCRIPTION: PAYMENT PER STIP AND ORDER DATED 06/07/11

DATES OF SERVICE: 02Oct2008 **THRU** 16Nov2010
BENEFIT PERIOD: **THRU**

BRANCH NO.: 176
ACC DATE: 29Mar08

NO.: 0086640087
VN: 0000023620
DATE: 30Jun11
AMOUNT: 786.94

F-F.

CA

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0005368 006053 001 001

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

*** INVOICE ***
Date NO#
06/27/11 35969

Claim # : 44014121
W.C.A.B.:
ADJ # : [redacted] .3
S.S.N. :
D.O.B. : 6/23/72
Terms : 45 days

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

Case: vs R. HUTCHINSON, INC.
Date Of Injury: 9/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
11/09/09	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH*	230.00
12/18/09	INITIAL EXAM	-DR HOSSAIN* ALBERTO VILLGOMEZ # 500341	230.00
01/13/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
02/18/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/07/10	PENALTIES	FOR DATE OF SERVICE 11/09/09	34.50
06/06/11	INTEREST	FOR DATE OF SERVICE 11/09/09	43.04
06/07/10	PENALTIES	FOR DATE OF SERVICE 12/18/09	34.50
06/06/11	INTEREST	FOR DATE OF SERVICE 12/18/09	40.22
06/07/10	PENALTIES	FOR DATE OF SERVICE 01/13/10	23.48
06/06/11	INTEREST	FOR DATE OF SERVICE 01/13/10	26.08
06/07/10	PENALTIES	FOR DATE OF SERVICE 02/18/10	37.50
06/06/11	INTEREST	FOR DATE OF SERVICE 02/18/10	38.83
10/28/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/06/11	PENALTIES	FOR DATE OF SERVICE 10/28/10	37.50
06/06/11	INTEREST	FOR DATE OF SERVICE 10/28/10	5.42
06/23/11	PMT BY CHECK	DOS 11/9/09 THRU 6/6/11 # 2069015	-1437.57

BALANCE 0.00

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

Redwood Fire and Casualty Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 2069015

DATE
06/23/2011

California Workers' Compensation Payment

**********1,437.57

Pay One Thousand Four Hundred Thirty Seven Dollars And 57/100

VOID AFTER 90 DAYS

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE
RUB AREA TO VERIFY

R McDaniel

⑈2069015⑈ ⑆121000248⑆ 4121526388⑈

Payee: JOYCE ALTMAN INTERPRETERS,INC.

Check Number: 2069015

IRS/SSN: XX-XXX713

Check Date: 06/23/2011

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
44014121	- -	09/15/2007	Lien Payment - Medical	09/15/2007	06/23/2011		35969	1,437.57

F-F.gr
CA

PAID
MAY 27 2011
BY:

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

*** INVOICE ***

Date	NO#
06/07/11	38939

Claim # : 624108-0307795
W.C.A.B.:
ADJ # :
S.S.N. : [redacted]
D.O.B. : 10/20/81
Terms : 45 days

BILL TO:
CARE WEST CLAIMS MGMT. (MODES)
W.C. DEPARTMENT
ATTN: PATRICIA AINLAY
P.O. BOX # 5038
MODESTO, CA 95352

Case: [redacted] vs STAFFCHEX INC.
Date Of Injury: 12/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/21/10	C&R READING	@ THE L/O OF DENNS FUSI	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
11/10/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/02/11	PENALTIES	FOR DATE OF SERVICE 9/30/10	23.48
06/01/11	INTEREST	FOR DATE OF SERVICE 9/30/10	13.02
02/02/11	PENALTIES	FOR DATE OF SERVICE 10/21/10	37.50
06/01/11	INTEREST	FOR DATE OF SERVICE 10/21/10	19.14
02/02/11	PENALTIES	FOR DATE OF SERVICE 11/10/10	37.50
06/01/11	INTEREST	FOR DATE OF SERVICE 11/10/10	17.57
06/02/11	PMT BY CHECK	DOS 9/30/10 THRU 6/1/11 # 480681	-804.71

BALANCE 0.00

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

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

Non-Neg

Care West Insurance Company
P O Box 2710
Rocklin CA 95677

PAYEE...: Joyce Altman Interpreters Inc
P.O. BOX 4165
TUSTIN, CA 92781-4165

TAX ID#.: XXXXX6713
EMPLOYER: 993 STAFFCHEX, INC.
CLAIM #.: 777-624-108-0307795
D/A.....: 12/14/09
CLAIMANT: (
Examiner : TL1 Terra Lambert

CHECK#.....: 480681
CHECK AMOUNT..: 804.71
CHECK DATE....: 6/02/11

PMT VAL 1.....: ME DISPUTED LIEN - MEDICAL/LEG
RESERVE.....: ME MEDICAL
PAYMENT PERIOD: 12/14/09 - 11/08/10

REMARKS

389391

FULL&FINAL Satisfctn of lien

PAID
JUN 07 2011

BY:.....

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

*** INVOICE ***

Date	NO#
06/27/11	22270

Claim # : 710-194136
W.C.A.B.: LBC[illegible]
ADJ # :
S.S.N. :
D.O.B. : 6/15/60
Terms : 45 days

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

Case: vs SELECT PERSONNEL
Date Of Injury: 11/30/05-12/1/05

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/06	EMG TESTING	-REF BY DR BEHZAD:L/E*	150.00
06/29/06	FOLLOW-UP	-DR PAYANDEH*	180.00
07/19/06	PMT BY CHECK	DOS 6/22/06 THRU 6/29/06 # 37113553	-330.00
07/27/06	FOLLOW-UP	DR PAYANDEH*	180.00
08/18/06	PMT BY CHECK	DOS 7/27/06 # 37192610	-180.00
08/24/06	FOLLOW-UP	-DR PAYANDEH*	180.00
09/21/06	FOLLOW-UP	-DR PAYANDEH*	180.00
10/11/06	PMT BY CHECK	DOS 8/24/06 THRU 9/21/06 # 37320803	-360.00
10/19/06	FOLLOW-UP	-DR PAYANDEH*	180.00
11/03/06	PMT BY CHECK	DOS 10/19/06 # 37376897	-180.00
11/16/06	FOLLOW-UP	-DR PAYANDEH*	180.00
12/07/06	FOLLOW-UP	-DR PAYANDEH*	180.00
01/26/07	C&R READING	@ THE L/O OF DENNIS FUSI (Block Settlement)	140.00
08/12/08	PENALTIES	FOR DATE OF SERVICE 1/26/07	21.00
06/01/11	INTEREST	FOR DATE OF SERVICE 1/26/07	70.88
06/01/11	PENALTIES	FOR DATE OF SERVICE 11/16/06	27.00
06/01/11	INTEREST	FOR DATE OF SERVICE 11/16/06	95.16
06/01/11	PENALTIES	FOR DATE OF SERVICE 12/7/06	27.00
06/01/11	INTEREST	FOR DATE OF SERVICE 12/7/06	93.97
06/23/11	PMT BY CHECK	DOS 6/22/06 THRU 6/1/11 # 17747926	-800.00
06/27/11	BLCE OFF SET	BALANCE OFF SET	-35.01

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

*** INVOICE ***

Date	NO#
06/27/11	22270

Claim # : 710-194136
W.C.A.B.: [illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 6/15/60
Terms : 45 days

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

Case: vs SELECT PERSONNEL
Date Of Injury: 11/30/05-12/1/05

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7103711355300473508

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

No.: 37113553
RFP No.: 00473508
07/19/2006

Remittance –
AMERICAN HOME ASSURANCE COMPANY

Insured: COASTAL EMPLOYERS, INC
Claimant:
Producer:
ACT: 22270 062206-062906

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000001242444	00194136	01	12/01/2005	MED	O	$330.00	$4,572.81

PAID

Use file # 710-00194136 on all correspondence, for prompt processing.
For check information call: 714-436-3970

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7103719261000631575

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

Remittance - **No.:** 37192610
AMERICAN HOME ASSURANCE COMPANY **RFP No.:** 00631575
08/18/2006

Insured: COASTAL EMPLOYERS, INC
Claimant:
Producer:
INV#: 22270 072706-072706

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000001242444	00194136	01	12/01/2005	MED	O	$180.00	$6,955.91

PAID

Use file # 710-00194136 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7103732080300901514

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

Remittance -
AMERICAN HOME ASSURANCE COMPANY

No.: 37320803
RFP No.: 00901514
10/11/2006

Insured: COASTAL EMPLOYERS, INC
Claimant:
Producer:
ACT: 22270 082406-092106

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000001242444	00194136	01	12/01/2005	MED	O	$360.00	$9,935.89

PAID

Use file # 710-00194136 on all correspondence, for prompt processing.
For check information call: 714-436-3970

AIG DOMESTIC CLAIMS, INC.
P.O. BOX 2017
JERSEY CITY NJ 07 03-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7103737689700026698

JOYCE LTMAN INTERPRETERS INC
PO BO 4165
TUSTI
CA 92 1-4165

Remittance -
AMERICAN HOME ASSURANCE C IPANY

No.: 37376897
RFP No.: 00026698
11/03/2006

Insured: COASTAL EMPLOYER INC
Claimant:
Producer:
ACT 22270 101906-10190

Claim Office: 710

Policy	Claim	Sym	DOL	Typ	S	Amount	Total To Date
000001242444	00194136	01	12/01/2005	MED	O	$180.00	$12,383.44

PAID

Use file # 710-00194136 on all correspondence, for prompt processing.
For check information call: 714-436-3970

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101774792600651797

PAID

BY: a

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

22270

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 17747926
RFP No.: 00651797
06/23/2011

Insured: COASTAL EMPLOYERS, INC
Claimant:
Producer:

Claim Office: 710

PER STIP & ORDER/ FULL & FINAL SATISFACTION

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001242444	00194136	01	12/01/2005	MED	C	$800.00

F-F, CA

Use file # 710-00194136 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
06/27/11	36763

Claim # : 011260-017449-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 2/25/67
Terms : 45 days

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

Case: vs ROBAR ENTERPRISES
Date Of Injury: 11/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/10	DEPO PREP	@ THE L/O OF STONESIFER & CHONG	*156.50
/ /	INTERPRETER:	LEONOR C. ZIMMERMAN # 100687	0.00
03/18/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/19/10	PMT BY CHECK	DOS 3/18/10 # 0078566322	-250.00
10/14/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
02/02/11	PENALTIES	FOR DATE OF SERVICE 2/23/10	23.48
05/31/11	INTEREST	FOR DATE OF SERVICE 2/23/10	23.77
02/02/11	PENALTIES	FOR DATE OF SERVICE 10/14/10	37.50
05/31/11	INTEREST	FOR DATE OF SERVICE 10/14/10	19.61
05/31/11	PENALTIES	FOR DATE OF SERVICE 3/18/10	37.50
05/31/11	INTEREST	FOR DATE OF SERVICE 3/18/10	36.15
06/15/11	COSTS & SANC	COST & SANCT	115.49
06/15/11	PMT BY CHECK	DOS 2/23/10 THRU 6/15/11 # 0000027738	-700.00

BALANCE 0.00

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

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

011260 PAGE 1 OF 1 002806

MDG2009 00004286 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR HARTFORD FIRE INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

CLAIM NO.: 011260 017449 WC 01 (22-001)
CLAIMANT:
DESCRIPTION: INVOICE# 36763

DATES OF SERVICE: 18Mar2010 **THRU** 18Mar2010
BENEFIT PERIOD: **THRU**

BRANCH NO.: 165
ACC DATE: 18Nov08

NO.: 0078566322
VN: 0000322066
DATE: 19May10

AMOUNT: 250.00

PAID

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

011260 PAGE 1 OF 1 005769

MDG2009 00004637 1 MB 0390 1

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

PAID
MAY 27 2011
BY:.....

36763

GALLAGHER BASSETT SERVICES INC
ON BEHALF OF HARTFORD INS
FOR ARCHWAY INSURANCE CO

PAID
MAY 27 2011
BY:.....

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

CLAIM NO.: 011260 017449 WC 01 (22-001) **BRANCH NO.:** 165 **NO.:** 0000027738

CLAIMANT: **ACC DATE:** 18Nov08 **VN:** 0000372614

DESCRIPTION: IN FULL & FINAL SATISFACTION FOR ALL DATES OF SERVICE **DATE:** 15Jun11

DATES OF SERVICE: 31May2011 **THRU** 31May2011 **AMOUNT:** 700.00

BENEFIT PERIOD: **THRU**

CA OK

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004637 005333 001 001

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

*** INVOICE ***

Date	NO#
06/21/11	31602

Claim # : 905461625
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 9/1/82
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: JENNIFER SAMPIAS
PO BOX 4025
BEAVERTON, OR 97076

Case vs DIXIE BOX & CRATING
Date Of Injury: 7/16/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/08	INITIAL EXAM	DR PAYANDEH* @ ADVANCE CARE (DOI 7/16/08)	230.00
09/16/08	EMG TESTING	BY DR SCHILLING: U/E*	150.00
09/16/08	MOTION X-RAY	@ ADVANCE CARE SPECIALIST*	150.00
09/05/08	INITIAL EXAM	DR PAYANDEH @ ADVANCED CARE* (DOI 8/12/08)	230.00
10/13/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE* (DOI 7/16/08)	180.00
11/11/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE* (DOI 8/12/08)	180.00
12/19/08	PR2/REEVAL	DR PAHANDEH @ ADVANCED CARE* (DOI 7/16/08)	180.00
01/26/09	INITIAL EXAM	DR RAHMAN @ ADVANCED CARE*	230.00
02/10/09	P AND S	DR RAHMAN @ ADVANCED CARE*	230.00
02/24/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
03/31/09	PR2/REEVAL	DR SCHILLING @ ADVANCED CARE*	180.00
04/20/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
05/05/09	P AND S	DR PAYANDEH @ ADVANCED CARE*	230.00
05/13/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/25/09	PENALTIES	FOR DATE OF SERVICE 9/9/08	34.50
05/31/11	INTEREST	FOR DATE OF SERVICE 9/9/08	73.48
09/25/09	PENALTIES	FOR DATE OF SERVICE 9/16/08	22.50
05/31/11	INTEREST	FOR DATE OF SERVICE 9/16/08	18.34
09/25/09	PENALTIES	FOR DATE OF SERVICE 9/5/08	34.50
05/31/11	INTEREST	FOR DATE OF SERVICE 9/5/08	73.77
09/25/09	PENALTIES	FOR DATE OF SERVICE 1/26/09	34.50
05/31/11	INTEREST	FOR DATE OF SERVICE 1/26/09	63.41
09/25/09	PENALTIES	FOR DATE OF SERVICE 2/10/09	34.50
05/31/11	INTEREST	FOR DATE OF SERVICE 2/10/09	62.32
09/25/09	PENALTIES	FOR DATE OF SERVICE 4/20/09	23.48
05/31/11	INTEREST	FOR DATE OF SERVICE 4/20/09	39.00

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

*** INVOICE ***

Date	NO#
06/21/11	31602

Claim # : 905461625
W.C.A.B.: N/A
ADJ # : ADT
S.S.N. :
D.O.B. : 9/1/82
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: JENNIFER SAMPIAS
PO BOX 4025
BEAVERTON, OR 97076

Case: vs DIXIE BOX & CRATING
Date Of Injury: 7/16/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/09	PENALTIES	FOR DATE OF SERVICE 5/5/09	34.50
05/31/11	INTEREST	FOR DATE OF SERVICE 5/5/09	56.23
09/25/09	PENALTIES	FOR DATE OF SERVICE 5/13/09	37.50
05/31/11	INTEREST	FOR DATE OF SERVICE 5/13/09	60.49
11/02/10	C&R READING	@ THE L/O OF DENNIS FUSI BLOCK SETTLEMENT	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/20/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/03/11	PMT BY CHECK	DOS 9/5/08 THRU 5/13/09 # 0022714280	-1260.00
02/04/11	PMT BY CHECK	DOS 12/19/09 # 0022723051	-90.00
05/31/11	PENALTIES	FOR DATE OF SERVICE 9/16/08	22.50
05/31/11	INTEREST	FOR DATE OF SERVICE 9/16/08	47.59
05/31/11	PENALTIES	FOR DATE OF SERVICE 10/13/08	27.00
05/31/11	INTEREST	FOR DATE OF SERVICE 10/13/08	55.58
05/31/11	PENALTIES	FOR DATE OF SERVICE 11/11/08	27.00
05/31/11	INTEREST	FOR DATE OF SERVICE 11/11/08	53.93
05/31/11	PENALTIES	FOR DATE OF SERVICE 12/19/09	13.50
05/31/11	INTEREST	FOR DATE OF SERVICE 12/19/09	15.54
05/31/11	PENALTIES	FOR DATE OF SERVICE 2/24/09	27.00
05/31/11	INTEREST	FOR DATE OF SERVICE 2/24/09	47.98
05/31/11	PENALTIES	FOR DATE OF SERVICE 3/31/09	27.00
05/31/11	INTEREST	FOR DATE OF SERVICE 3/31/09	45.99
05/31/11	PENALTIES	FOR DATE OF SERVICE 11/2/10	23.48
05/31/11	INTEREST	FOR DATE OF SERVICE 11/2/10	11.34
05/31/11	PENALTIES	FOR DATE OF SERVICE 1/20/11	37.50
05/31/11	INTEREST	FOR DATE OF SERVICE 1/20/11	11.89
06/13/11	PMT BY CHECK	DOS 9/9/08 THRU 1/20/11 # 0023353045	-2600.00
06/21/11	BLCE OFF SET	BALANCE OFF SET	-410.84

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

*** INVOICE ***
Date NO#
06/21/11 31602

Claim # : 905461625
W.C.A.B.: N/A
ADJ # :
S.S.N. : [redacted]
D.O.B. : 9/1/82
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: JENNIFER SAMPIAS
PO BOX 4025
BEAVERTON, OR 97076

Case: vs DIXIE BOX & CRATING
Date Of Injury: 7/16/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

B. CODE
288

CHECK REFERENCE	CHECK DATE
0022714288	02/03/11
CHECK AMOUNT	BLOCK NUMBER
***$1260.00	030109

OSN:MM0801020312-000609

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	09/05/08-05/13/09	WC 905-461625 HOD	2,756.50	90.00
	09/05/08-02/24/09	WC 905-461625 HOD	1,940.00	90.00
	09/05/08-03/31/09	WC 905-461625 HOD	2,120.00	90.00
	09/05/08-05/05/09	WC 905-461625 HOD	2,506.50	180.00
	09/05/08-12/19/08	WC 905-461625 HOD	1,300.00	630.00
	09/05/08-02/10/09	WC 905-461625 HOD	1,760.00	180.00

31602

PAID
FEB 08 2011
BY:----------

TOTAL BILLS COMBINED: 6 1,260.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
030120

OSN: MM0801020312-000615
BANK: 288
CHECK REF: 0022714280 DATE: 02/03/11 AMT: 180.00
INTERNAL BILL NO: 077607316 MSR: N0160347
CUST/EXTERNAL BILL NO: 26090700247902
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4G0650901380003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN:
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 20081125133548893111l0
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-02/10/09
AUDIT DATE: 02/02/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
FOR APPEALS AND IF YOUR QUESTIONS PERTAIN TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. (Z212)

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
030119

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801020312-000614
BANK: 288
CHECK REF: 0022714280 DATE: 02/03/11 AMT: 180.00
INTERNAL BILL NO: 077607316 MSR: N0160347
CUST/EXTERNAL BILL NO: 26090700247902
BR PROVIDER #: 00833095671 3A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4G0650901380003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 20081125133548893111 10
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-02/10/09
AUDIT DATE: 02/02/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
12/19/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	229.99	90.00	N/A	0.00	90.00 42	Z560
02/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.01	90.00	N/A	0.00	90.00 42	Z560

TOTAL CHARGES:	1760.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	180.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	180.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
030118

OSN: MM0801020312-000613
BANK: 288
CHECK REF: 0022714280 DATE: 02/03/11 AMT: 630.00
INTERNAL BILL NO: 077338124 MSR: N0160347
CUST/EXTERNAL BILL NO: 26090520849902
BR PROVIDER #: 00833095671 3A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4H0490903590000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN:
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 20081125133548893111 10
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-12/19/08
AUDIT DATE: 02/02/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	229.94	90.00	N/A	0.00	90.00 42	Z560
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.01	90.00	N/A	0.00	90.00 42	Z560
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.01	90.00	N/A	0.00	90.00 42	Z560
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.01	90.00	N/A	0.00	90.00 42	Z560
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.01	90.00	N/A	0.00	90.00 42	Z560
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.01	90.00	N/A	0.00	90.00 42	Z560
12/19/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.01	90.00	N/A	0.00	90.00 42	Z560

TOTAL CHARGES:	1300.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	630.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	630.00

EXPLANATION CODE DESCRIPTIONS:

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES

FOR APPEALS AND IF YOUR QUESTIONS PERTAIN TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. (Z212)

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
030117

OSN: MM0801020312-000613
BANK: 288
CHECK REF: 0022714280 DATE: 02/03/11 AMT: 180.00
INTERNAL BILL NO: 079143621 MSR: N0160347
CUST/EXTERNAL BILL NO: 26091490351702
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-818-22
DOCUMENT NO: 3A1470901230000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-05/05/09
AUDIT DATE: 02/02/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
FOR APPEALS AND IF YOUR QUESTIONS PERTAIN TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. (Z212)

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
030116

OSN: MM0801020312-000612
BANK: 288
CHECK REF: 0022714280 DATE: 02/03/11 AMT: 180.00
INTERNAL BILL NO: 079143621 MSR: N0160347
CUST/EXTERNAL BILL NO: 26091490351702
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 MOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 3A1470901250000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN:
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 20081125133548893111110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-05/05/09
AUDIT DATE: 02/02/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
12/19/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/31/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/20/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	156.50	90.00	N/A	0.00	90.00 42	Z560
05/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	90.00	N/A	0.00	90.00 42	Z560

TOTAL CHARGES:	2506.50
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	180.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	180.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
030115

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801020312-000612
BANK: 288
CHECK REF: 0022714280 DATE: 02/03/11 AMT: 90.00
INTERNAL BILL NO: 078262494 MSR: N0160347
CUST/EXTERNAL BILL NO: 26091110099102
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4B1050904390003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 37602
SSN:
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 20081125133548893111110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-03/31/09
AUDIT DATE: 02/02/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
FOR APPEALS AND IF YOUR QUESTIONS PERTAIN TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. (Z212)

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
030114

OSN: MM0801020312-000611
BANK: 288
CHECK REF: 0022714280 DATE: 02/03/11 AMT: 90.00
INTERNAL BILL NO: 078262494 MSR: N0160347
CUST/EXTERNAL BILL NO: 26091110099102
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 MOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4B1050904390003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: - -
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-03/31/09
AUDIT DATE: 02/02/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	179.99	N/A	N/A	0.00	0.00 18	U301
03/31/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.01	90.00	N/A	0.00	90.00 42	Z560

TOTAL CHARGES:	2120.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
030113

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801020312-000611
BANK: 288
CHECK REF: 0022714280 DATE: 02/03/11 AMT: 90.00
INTERNAL BILL NO: 077712244 MSR: N0160347
CUST/EXTERNAL BILL NO: 26090761417302
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4Q0700905140003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN:
DOI: 07/16/06
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 20081125133548893111110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-02/24/09
AUDIT DATE: 02/02/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
FOR APPEALS AND IF YOUR QUESTIONS PERTAIN TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. (Z212)

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
030112

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

DSN: MM0801020312-000610
BANK: 288
CHECK REF: 0022714280 DATE: 02/03/11 AMT: 90.00
INTERNAL BILL NO: 077712244 MSR: N0160347
CUST/EXTERNAL BILL NO: 26090761417302
BR PROVIDER #: 0083309567 13A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4Q0700905140003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: - -
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-02/24/09
AUDIT DATE: 02/02/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	229.99	N/A	N/A	0.00	0.00 18	U301
02/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.01	90.00	N/A	0.00	90.00 42	Z560

TOTAL CHARGES:	1940.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
030111

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801020312-000610
BANK: 288
CHECK REF: 0022714280 DATE: 02/03/11 AMT: 90.00
INTERNAL BILL NO: 079315349 MSR: N0160347
CUST/EXTERNAL BILL NO: 26091620902302
BR PROVIDER #: 00833095671 3A0

CLAIM NO. WC 905-461625 MOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 3B1598902060002

PAYEE: JOYCE ALTHAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTHAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN:
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTHAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 200811251335488931111O
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-05/13/09
AUDIT DATE: 02/02/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
			SUPPLEMENTAL PAYMENT. (Z989)							

NOTES
FOR APPEALS AND IF YOUR QUESTIONS PERTAIN TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. (Z212)

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
030110

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801020312-000609
BANK: 288
CHECK REF: 0022714280 DATE: 02/03/11 AMT: 90.00
INTERNAL BILL NO: 079315349 MSR: N0160347
CUST/EXTERNAL BILL NO: 26091620902302
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 3B1590902060002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN:
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 20081125133548893111110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-05/13/09
AUDIT DATE: 02/02/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID		EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00	18	U301
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00	18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00	18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00	18	U301
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00	18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00	18	U301
12/19/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00	18	U301
01/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00	18	U301
02/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00	18	U301
02/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00	18	U301
03/31/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00	18	U301
04/20/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	156.50	N/A	N/A	0.00	0.00	18	U301
05/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00	18	U301
05/13/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	250.00	90.00	N/A	0.00	90.00	42	Z560

TOTAL CHARGES:	2756.50
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

B. CODE	
288	

CHECK REFERENCE	CHECK DATE
0022723051	02/04/11
CHECK AMOUNT	BLOCK NUMBER
*****$90.00	033804

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801020411-002600
BANK: 288
CHECK REF: 0022723051 DATE: 02/04/11 AMT: 90.00
INTERNAL BILL NO: 083265949 MSR: M0160347
CUST/EXTERNAL BILL NO: 26100550199702
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 3L0501009450003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN:
DOI: 07/16/08
PATIENT:

PAID
FEB 08 2011
BY:----------

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

AGENCY CLAIM#(BOARD COMM#): 20081125133548893111110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-12/19/09
AUDIT DATE: 02/03/11

LOCATION CODE: 001RIC

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/31/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/25/09	99999		UNLISTED PROCEDURE	1.00	37.50	N/A	N/A	0.00	0.00 XX04	XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	34.50	N/A	N/A	0.00	0.00 XX04	XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	34.50	N/A	N/A	0.00	0.00 XX04	XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	34.50	N/A	N/A	0.00	0.00 XX04	XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	34.50	N/A	N/A	0.00	0.00 XX04	XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	34.50	N/A	N/A	0.00	0.00 XX04	XX04

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
033805

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801020411-002600
BANK: 288
CHECK REF: 0022723051 DATE: 02/04/11 AMT: 90.00
INTERNAL BILL NO: 083265949 MSR: N0160347
CUST/EXTERNAL BILL NO: 26100550199702
BR PROVIDER #: 00833095671 3A0

CLAIM NO. WC 985-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 3L0501009450003

PAYEE: JOYCE ALTHAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTHAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN:
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTHAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

AGENCY CLAIM#(BOARD COMM#): 20081125133548893111 10
IDC-9 CODES: 799.8

LOCATION CODE: 001RIC

DATES OF SERVICE: 09/05/08-12/19/09
AUDIT DATE: 02/03/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/25/09	99999		UNLISTED PROCEDURE	1.00	29.35	N/A	N/A	0.00	0.00	XX04 XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	29.06	N/A	N/A	0.00	0.00	XX04 XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	23.48	N/A	N/A	0.00	0.00	XX04 XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	22.50	N/A	N/A	0.00	0.00	XX04 XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	18.99	N/A	N/A	0.00	0.00	XX04 XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	18.34	N/A	N/A	0.00	0.00	XX04 XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	17.90	N/A	N/A	0.00	0.00	XX04 XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	12.21	N/A	N/A	0.00	0.00	XX04 XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	11.81	N/A	N/A	0.00	0.00	XX04 XX04
09/25/09	99999		UNLISTED PROCEDURE	1.00	6.78	N/A	N/A	0.00	0.00	XX04 XX04
12/19/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	90.00	N/A	0.00	90.00	42 Z560

TOTAL CHARGES:	2752.42
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

KX04 IF REIMBURSEMENT FOR PENALTIES AND INTEREST IS DEEMED APPROPRIATE AFTER ADDITIONAL REVIEW, PAYMENT WILL BE SENT UNDER SEPARATE COVER. (XX04)

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
033806

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801020411-002600
BANK: 288
CHECK REF: 0022723051 DATE: 02/04/11 AMT: 90.00
INTERNAL BILL NO: 083265949 MSR: N0160347
CUST/EXTERNAL BILL NO: 26100550199702
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 3L0501009450003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: -
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 20081125133548893111110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-12/19/09
AUDIT DATE: 02/03/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
FOR APPEALS AND IF YOUR QUESTIONS PERTAIN TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. (Z212)

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual

B. CODE
288

CHECK REFERENCE	CHECK DATE
0023353045	06/13/11
CHECK AMOUNT	BLOCK NUMBER
***$3519.96	029376

OSN:MM0801061312-000691

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
[redacted]	09/05/08-12/19/08	WC 905-461625 HOD	1,300.00	670.00
	09/05/08-02/24/09	WC 905-461625 HOD	2,551.06	701.07
	09/05/08-05/13/09	WC 905-461625 HOD	2,756.50	160.00
	09/05/08-12/19/09	WC 905-461625 HOD	2,752.42	492.42
	09/05/08-05/05/09	WC 905-461625 HOD	2,506.50	206.50
	09/05/08-02/10/09	WC 905-461625 HOD	1,760.00	280.00
	09/05/08-03/31/09	WC 905-461625 HOD	2,120.00	90.01
	05/31/11-05/31/11	WC 905-477392 HOD	919.96	919.96

2,160.00

31602

F.F

CA

PAID
JUN 21 2011
BY: a

TOTAL BILLS COMBINED: 8 3,519.96

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
029390

OSN: MM0801061312-000699
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 90.01
INTERNAL BILL NO: 078262494 MSR: N0153716
CUST/EXTERNAL BILL NO: 26091110099104
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4B1050904390003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT: [redacted]

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 200811251335488931111O
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-03/31/09
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
029389

OSN: MM0801061312-000698
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 90.01
INTERNAL BILL NO: 078262494 MSR: N0153716
CUST/EXTERNAL BILL NO: 26091110099104
BR PROVIDER #: 0083309567 13A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4B1050904390003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-03/31/09
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID		EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00	18	U301
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00	18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00	18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00	18	U301
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00	18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00	18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00	18	U301
01/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00	18	U301
02/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00	18	U301
02/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	179.99	N/A	N/A	0.00	0.00	18	U301
03/31/09	MDS10		LUMP SUM SETTLEMENT WHERE								
03/31/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.01	180.01	N/A	90.00	90.01	150	Z652

TOTAL CHARGES:	2120.00
TOTAL PREVIOUSLY PAID:	90.00
TOTAL CURRENT PAYABLE:	90.01
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.01

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
029388

OSN: MM0801061312-000698
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 280.00
INTERNAL BILL NO: 077607316 MSR: N0153716
CUST/EXTERNAL BILL NO: 26090700247904
BR PROVIDER #: 0083309567 13A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4G0650901380003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-02/10/09
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
029387

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801061312-000697
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 280.00
INTERNAL BILL NO: 077607316 MSR: N0153716
CUST/EXTERNAL BILL NO: 26090700247904
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4G0650901380003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-02/10/09
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
12/19/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/26/09	MDS10		LUMP SUM SETTLEMENT WHERE							
01/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	229.99	229.99	N/A	90.00	139.99 150	Z652
02/10/09	MDS10		LUMP SUM SETTLEMENT WHERE							
02/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.01	230.01	N/A	90.00	140.01 150	Z652

TOTAL CHARGES:	1760.00
TOTAL PREVIOUSLY PAID:	180.00
TOTAL CURRENT PAYABLE:	280.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	280.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
029386

OSN: MM0801061312-000697
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 206.50
INTERNAL BILL NO: 079143621 MSR: N0153716
CUST/EXTERNAL BILL NO: 26091490351704
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 3A1470901230000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 200811251335488931111O
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-05/05/09
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
Z989	THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)									

NOTES
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PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
029385

OSN: MM0801061312-000696
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 206.50
INTERNAL BILL NO: 079143621 MSR: N0153716
CUST/EXTERNAL BILL NO: 26091490351704
BR PROVIDER #: 00833095671 3A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 3A1470901230000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-05/05/09
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
12/19/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/31/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/20/09	MDS10		LUMP SUM SETTLEMENT WHERE							
04/20/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	156.50	156.50	N/A	90.00	66.50 150	Z652
05/05/09	MDS10		LUMP SUM SETTLEMENT WHERE							
05/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	230.00	N/A	90.00	140.00 150	Z652

TOTAL CHARGES:	2506.50
TOTAL PREVIOUSLY PAID:	180.00
TOTAL CURRENT PAYABLE:	206.50
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	206.50

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
029384

OSN: MM0801061312-000696
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 492.42
INTERNAL BILL NO: 083265949 MSR: N0153716
CUST/EXTERNAL BILL NO: 26100550199704
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 3L0501009450003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-12/19/09
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	11.81	11.81	N/A	0.00	11.81 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	8.78	8.78	N/A	0.00	8.78 150	Z652
12/19/09	MDS10		LUMP SUM SETTLEMENT WHERE							
12/19/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	180.00	N/A	90.00	90.00 150	Z652

TOTAL CHARGES:	2752.42
TOTAL PREVIOUSLY PAID:	90.00
TOTAL CURRENT PAYABLE:	492.42
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	492.42

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
029383

OSN: MM0801061312-000695
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 492.42
INTERNAL BILL NO: 083265949 MSR: N0153716
CUST/EXTERNAL BILL NO: 26100550199704
BR PROVIDER #: 0083309567I3A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 3L0501009450003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-12/19/09
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/31/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
05/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	37.50	37.50	N/A	0.00	37.50 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	34.50	34.50	N/A	0.00	34.50 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	29.35	29.35	N/A	0.00	29.35 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	29.06	29.06	N/A	0.00	29.06 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	23.48	23.48	N/A	0.00	23.48 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	22.50	22.50	N/A	0.00	22.50 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	18.99	18.99	N/A	0.00	18.99 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	18.34	18.34	N/A	0.00	18.34 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	17.90	17.90	N/A	0.00	17.90 150	Z652
09/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
09/25/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	12.21	12.21	N/A	0.00	12.21 150	Z652

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
029382

OSN: MM0801061312-000695
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 160.00
INTERNAL BILL NO: 079315349 MSR: N0153716
CUST/EXTERNAL BILL NO: 26091620902304
BR PROVIDER #: 0083309567 13A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 3B1590902060002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-05/13/09
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
029381

OSN: MM0801061312-000694
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 160.00
INTERNAL BILL NO: 079315349 MSR: N0153716
CUST/EXTERNAL BILL NO: 26091620902304
BR PROVIDER #: 0083309567 13A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 3B1590902060002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-05/13/09
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
12/19/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
03/31/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
04/20/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	156.50	N/A	N/A	0.00	0.00 18	U301
05/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
05/13/09	MDS10		LUMP SUM SETTLEMENT WHERE							
05/13/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	250.00	250.00	N/A	90.00	160.00 150	Z652

TOTAL CHARGES:	2756.50
TOTAL PREVIOUSLY PAID:	90.00
TOTAL CURRENT PAYABLE:	160.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	160.00

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
029380

OSN: MM0801061312-000694
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 701.07
INTERNAL BILL NO: 077712244 MSR: N0153716
CUST/EXTERNAL BILL NO: 26090761417304
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4Q0700905140003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT: [redacted]

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 200811251335488931110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-02/24/09
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
			SUPPLEMENTAL PAYMENT. (Z989)							

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
029379

OSN: MM0801061312-000693
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 701.07
INTERNAL BILL NO: 077712244 MSR: N0153716
CUST/EXTERNAL BILL NO: 26090761417304
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4Q0700905140003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 200811251335488931111O
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-02/24/09
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.00	N/A	N/A	0.00	0.00 18	U301
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	N/A	N/A	0.00	0.00 18	U301
01/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	N/A	N/A	0.00	0.00 18	U301
02/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	229.99	N/A	N/A	0.00	0.00 18	U301
02/24/09	MDS10		LUMP SUM SETTLEMENT WHERE							
02/24/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.01	180.01	N/A	90.00	90.01 150	Z652
02/24/09	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	611.06	611.06	N/A	0.00	611.06 Z473	Z473

TOTAL CHARGES:	2551.06
TOTAL PREVIOUSLY PAID:	90.00
TOTAL CURRENT PAYABLE:	701.07
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	701.07

EXPLANATION CODE DESCRIPTIONS:

U301 THIS ITEM WAS REVIEWED ON A PREVIOUSLY SUBMITTED BILL, OR ON THIS BILL, WITH NOTIFICATION OF DECISION ISSUED TO PAYOR OR PROVIDER (DUPLICATE BILLED). (U301)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
029378

OSN: MM0801061312-000693
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 670.00
INTERNAL BILL NO: 077338124 MSR: N0153716
CUST/EXTERNAL BILL NO: 26090520849904
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4H0490903590000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-12/19/08
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
029377

OSN: MM0801061312-000692
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 670.00
INTERNAL BILL NO: 077338124 MSR: N0153716
CUST/EXTERNAL BILL NO: 26090520849904
BR PROVIDER #: 0083309567I3A0

CLAIM NO. WC 905-461625 HOD
CONTRACT NO: WC7-151-288771-018-22
DOCUMENT NO: 4H0490903590000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 31602
SSN: [redacted]
DOI: 07/16/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: CONTINENTAL HOLDINGS, INC.
ADDRESS: 2111 ABALONE AVENUE
TORRENCE, CA 90501

LOCATION CODE: 001RIC

AGENCY CLAIM#(BOARD COMM#): 2008112513354889311110
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/05/08-12/19/08
AUDIT DATE: 06/10/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/05/08	MDS10		LUMP SUM SETTLEMENT WHERE							
09/05/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	229.94	229.94	N/A	90.00	139.94	150 Z652
09/09/08	MDS10		LUMP SUM SETTLEMENT WHERE							
09/09/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.01	230.01	N/A	90.00	140.01	150 Z652
09/16/08	MDS10		LUMP SUM SETTLEMENT WHERE							
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.01	150.01	N/A	90.00	60.01	150 Z652
09/16/08	MDS10		LUMP SUM SETTLEMENT WHERE							
09/16/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	150.01	150.01	N/A	90.00	60.01	150 Z652
10/13/08	MDS10		LUMP SUM SETTLEMENT WHERE							
10/13/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.01	180.01	N/A	90.00	90.01	150 Z652
11/11/08	MDS10		LUMP SUM SETTLEMENT WHERE							
11/11/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.01	180.01	N/A	90.00	90.01	150 Z652
12/19/08	MDS10		LUMP SUM SETTLEMENT WHERE							
12/19/08	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.01	180.01	N/A	90.00	90.01	150 Z652

TOTAL CHARGES:	1300.00
TOTAL PREVIOUSLY PAID:	630.00
TOTAL CURRENT PAYABLE:	670.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	670.00

EXPLANATION CODE DESCRIPTIONS:

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

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

*** INVOICE ***
Date NO#
06/23/11 23638

Claim # : GAWJ-001883/619058
W.C.A.B.: LB[illegible]
ADJ # :
S.S.N. :
D.O.B. : 3/2/64
Terms : 45 days

BILL TO:
YORK INSURANCE SVCS(ROSEVILLE)
W.C. DEPARTMENT
ATTN: POLLYANNA PAUGH
P.O. BOX 619058
ROSEVILLE, CA 95661

Case: vs LONG SWIMMING POOL STEEL
Date Of Injury: 2/16/06; 11/1/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/08/06	INITIAL EXAM	-DR BOYER*	230.00
11/09/06	NCV	-DIAGNOSTIC STUDY INTERP: L/E	125.00
11/09/06	EMG TESTING	-BY DR SCHILLING: L/S*	125.00
11/21/06	COMPUTER ROM	COMPUTERIZED RANGE OF MOTION @ PAIN RELIEF CTR*	120.00
11/29/06	INITIAL EXAM	DR TERRENCE - PSYCH EVAL (5 hrs)	575.00
01/02/07	RE-EVAL	-DR BOYER*	180.00
01/24/07	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
01/25/07	TESTING	NEURO MUSCULAR TESTING @ DR DANESH': LT ANKLE*	150.00
02/14/07	RE-EVAL	DR BOYER*	180.00
02/21/07	INITIAL EXAM	-DR TERRENCE - PSYCH EVAL (4.5 hrs)	517.50
02/23/07	TESTING	NEURO MUSCULAR TESTING OF LT FOOT,LT ANKLE*	150.00
02/16/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
03/13/07	COMPUTER ROM	COMPUTERIZED RANGE OF MOTION @ PAIN RELIEF CTR*	120.00
03/20/07	NCT	DIAGNOSTIC STUDY INTERP: L/E*	150.00
04/04/07	RE-EVAL	DR BOYER*	180.00
05/01/07	INITIAL EXAM	DR WESTERN BAND*	230.00
04/13/07	RE-EVAL	DR DANESH*	180.00
09/17/07	PR2/REEVAL	DR BOYER*	180.00
11/12/07	INITIAL EXAM	DR HERIC*	230.00
12/03/07	DIAGNSTUDY	-POLYSOMNOGRAPHY REF BY DR HERIC (3 HRS)	225.00
12/20/07	WCAB LB	MSC	156.50
09/11/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/31/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/19/09	WCAB LB	MSC (FULL DAY)	313.00

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

*** INVOICE ***

Date	NO#
06/23/11	23638

Claim # : GAWJ-001883/619058
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 3/2/64
Terms : 45 days

BILL TO:
YORK INSURANCE SVCS(ROSEVILLE)
W.C. DEPARTMENT
ATTN: POLLYANNA PAUGH
P.O. BOX 619058
ROSEVILLE, CA 95661

Case: vs LONG SWIMMING POOL STEEL
Date Of Injury: 2/16/06; 11/1/06

DOS	SERVICE	DESCRIPTION	AMOUNT
06/22/11	PMT BY CHECK	DOS 11/8/06 THRU 5/19/09 # 78186	-5120.50

BALANCE 0.00

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

23638

Mailing Information:

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

Claim Number : GWAJ-001371
Claimant :
Date of Loss : 02/16/2006
Check Number : 78186
Check Date : ~~06/22/2011~~
Check Amount : $5,120.50
Type of Payment :
176 INTERPRETER MED

PAID
[illegible] 2011
BY:.....

Location : 39326 Long Swimming Pool Steel, Inc. 3920 East Coronado, Ste. 205
For Period : 02/16/2006 to 06/14/2011
IRS # : 33-0956713
Detail : FULL AND FINAL

CA

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

York Insurance Services Group, Inc.

California Contractors Network Self-Insured Group
2151 Convention Center Way #203
Ontario, CA 91764

City National Bank
Riverside, CA
16-1606/1220

REF. NUMBER	
GWAJ-001371	
DATE	CHECK NO
6/22/2011	78186
AMOUNT	
***$5,120.50	

PAY FIVE THOUSAND ONE HUNDRED TWENTY AND 50/100 DOLLARS

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

Richard Talbot

"007818 6" "122016066" 1126688888"

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

*** INVOICE ***

Date	NO#
06/21/11	18683

Claim # : WC602219284
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/19/49
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MICHAEL WILLIAMS
P.O. BOX 4025
BEAVERTON, OR 97076

Case: vs KIMCO AGENCY
Date Of Injury: 7/16/99

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/99	INITIAL EXAM	-DR AMERI*	150.00
10/18/99	PEN & INT	PER LABOR CODE Ï4622	25.50
12/17/01	PMT BY CHECK	DOS 10/18/99 # 02160013	-25.50
05/31/11	INTEREST	FOR DATE OF SERVICE 8/18/99	201.35
06/14/11	PMT BY CHECK	DOS 8/18/99 THRU 5/31/11 # 0023360111	-351.35

BALANCE 0.00

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

BILL INQUIRIES ONLY:
P.O. BOX 40024
FRESNO, CA 93755
(800) 500-7044

Liberty Mutual.

BLOCK NUMBER
012043

SEND BILLS TO:
P.O. BOX 11025
ORANGE, CA 92856

OSN: MM0501121701-009455
BANK: 288
CHECK REF: 02160013 DATE: 12/17/01 AMT: 25.50
INTERNAL BILL NO: 030730799 MBPS: F54E
CUST/EXTERNAL BILL NO: 26013381731400
TPS PROVIDER #: 00833095671300

CLAIM NO. WC 602-219284 HOD
CONTRACT NO: WA2-160-038818-019-92
DOCUMENT NO: 333420011234000

PAYEE: JOYCE ALTMAN INTERPRETERS
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781-1460

PATIENT ACCT. #: 5341
SSN:
DOI: 07/16/99
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS

EMPLOYER: KIMCO STAFFING SERVICES INC
DATES OF SERVICE: 08/18/99-10/18/99
LOCATION: 05
AUDIT DATE: 12/12/01

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
08/18/99	M0011		MEDICAL PROCEDURE	1	150.00	N/A	N/A	0.00	0.00	X801
10/18/99	M0010		MEDICAL PROCEDURE	1	25.50	N/A	N/A	0.00	25.50	

TOTAL CHARGES:	175.50
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	25.50
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	25.50

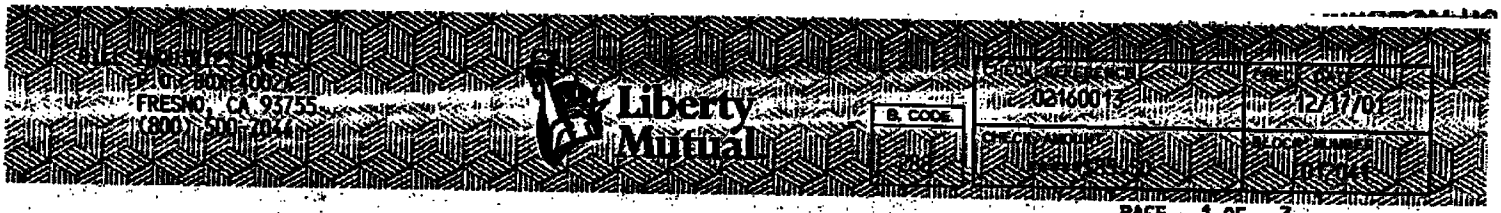
PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

EXPLANATION CODE DESCRIPTIONS:

X801 THIS ITEM WAS PREVIOUSLY SUBMITTED AND REVIEWED WITH NOTIFICATION OF DECISION ISSUED TO PAYOR/PROVIDER (DUPLICATE INVOICE). (X801)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYOR. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z850 WORKERS' COMPENSATION BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE "SEND BILLS TO" ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)



OSN: MM0501121701-009453

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	11/02/00-11/02/00	WC 608-258507 HOD	60.00	60.00
	08/18/99-10/18/99	WC 602-219284 HOD	175.50	25.50

PAID

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

B. CODE
288

CHECK REFERENCE	CHECK DATE
0023360111	06/14/11
CHECK AMOUNT	BLOCK NUMBER
***$1221.35	032262

OSN:MM0801061411-003816

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	06/01/11-06/01/11	WC 648-406123 HOD	870.00	870.00
	08/18/99-08/18/99	WC 905-A00016 HOD	150.01	25.85
	08/18/99-10/18/99	WC 905-A00016 HOD	150.00	150.00
	01/22/07-01/22/07	WC 905-A00016 HOD	175.50	175.50

351.35

c18683

F.F,

CA.

PAID
JUN 21 2011
BY:

TOTAL BILLS COMBINED: 4 1,221.35

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

MPA * 001509
LIBERTY MUTUAL - WAUSAU
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720

0023360111
62-20/311
38621945

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
288	949	COMBINED PAYMENT

CHECK DATE 06/14/11

$ **********1,221.35

VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

PAY ONE THOUSAND TWO HUNDRED TWENTY ONE AND 35/100 DOLLARS**********

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

TWO SIGNATURES REQUIRED IF OVER $150,000

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
032264

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801061411-003818
BANK: 288
CHECK REF: 0023360111 DATE: 06/14/11 AMT: 25.85
INTERNAL BILL NO: 029577761 MSR: N0153716
CUST/EXTERNAL BILL NO: 26012712561902
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-A00016 HOD
CONTRACT NO: WA2-16D-038818-019-92
DOCUMENT NO: 326920012073000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 5341
SSN: [redacted]
DOI: 07/16/99
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: KIMCO STAFFING SERVICES INC
ADDRESS: PO BOX 25190
SANTA ANA, CA 92799

LOCATION CODE: 000005

AGENCY CLAIM#(BOARD COMM#): LBO 0304358
IDC-9 CODES: 799.8

DATES OF SERVICE: 08/18/99-08/18/99
AUDIT DATE: 06/13/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
08/18/99	MDS10		LUMP SUM SETTLEMENT WHERE							
08/18/99	99199		SPECIAL SERVICE/PROC/REPO	1.00	150.01	25.85	N/A	0.00	25.85	42 Z560 150 Z652

TOTAL CHARGES:	150.01
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	25.85
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	25.85

EXPLANATION CODE DESCRIPTIONS:

Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR INGENIX RELATIVE ACTUAL CHARGE DATABASE OR FAIR HEALTH BENCHMARK DATABASE ALLOWANCE. (Z560)

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
032265

OSN: MM0801061411-003819
BANK: 288
CHECK REF: 0023360111 DATE: 06/14/11 AMT: 150.00
INTERNAL BILL NO: 052017883 MSR: N0153716
CUST/EXTERNAL BILL NO: 26050841091802
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-A00016 HOD
CONTRACT NO: WA2-16D-038818-019-92
DOCUMENT NO: 408120052817000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 5341
SSN: [redacted]
DOI: 07/16/99
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: KIMCO STAFFING SERVICES INC
ADDRESS: PO BOX 25190
SANTA ANA, CA 92799

LOCATION CODE: 000005

AGENCY CLAIM#(BOARD COMM#): LBO 0304358
IDC-9 CODES: 799.8

DATES OF SERVICE: 08/18/99-10/18/99
AUDIT DATE: 06/13/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
08/18/99	MDS10		LUMP SUM SETTLEMENT WHERE							
08/18/99	99199		SPECIAL SERVICE/PROC/REPO	1.00	150.00	150.00	N/A	0.00	150.00 150	Z652

TOTAL CHARGES:	150.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	150.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	150.00

EXPLANATION CODE DESCRIPTIONS:

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

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FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
032266

OSN: MM0801061411-003820
BANK: 288
CHECK REF: 0023360111 DATE: 06/14/11 AMT: 175.50
INTERNAL BILL NO: 065002936 MSR: N0153716
CUST/EXTERNAL BILL NO: 26070250775702
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-A00016 HOD
CONTRACT NO: WA2-16D-038818-019-92
DOCUMENT NO: 3L0220704070000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 18683
SSN: [redacted]
DOI: 07/16/99
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: KIMCO STAFFING SERVICES INC
ADDRESS: PO BOX 25199
SANTA ANA, CA 92799

LOCATION CODE: 000005

AGENCY CLAIM#(BOARD COMM#): LBO 0304358
IDC-9 CODES: 799.8

DATES OF SERVICE: 01/22/07-01/22/07
AUDIT DATE: 06/13/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
01/22/07	MDS10		LUMP SUM SETTLEMENT WHERE							
01/22/07	99199		SPECIAL SERVICE/PROC/REPO	1.00	150.00	150.00	N/A	0.00	150.00 150	Z652
01/22/07	MDS10		LUMP SUM SETTLEMENT WHERE							
01/22/07	99199		SPECIAL SERVICE/PROC/REPO	1.00	25.50	25.50	N/A	0.00	25.50 150	Z652

TOTAL CHARGES:	175.50
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	175.50
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	175.50

EXPLANATION CODE DESCRIPTIONS:

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

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NOTES
FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

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

*** INVOICE ***

Date	NO#
06/01/11	17961

Claim # : 521637
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/16/67
Terms : 45 days

BILL TO:
XCHANGING INS. (SAC-15901)
W.C. DEPARTMENT
ATTN: SILVIA DAVIS
P.O. BOX # 15901
SACRAMENTO, CA 95852

Case: _ _ vs SYCAMORE PARK CARE CENTER
Date Of Injury: 11/5/04-8/17/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/20/05	INITIAL EXAM	DR KANG*	150.00
02/08/07	PENALTIES	FOR DATE OF SERVICE 9/20/05	22.50
05/25/11	INTEREST	FOR DATE OF SERVICE 9/20/05	98.92
05/27/11	PMT BY CHECK	DOS 9/20/05 # 0002360010	-175.00
06/01/11	BLCE OFF SET	BALANCE OFF SET	-96.42

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), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

000369-0001-000369 CNX1 1426473
CAMBRIDGE INTEGRATED SERVICES GROUP INC
PO BOX 2002
WARREN, MI 48090-2002

CAMBRIDGE

Check Date	Check Code	Check Number
05/27/2011	CISGI	0002360010

ZZ-N-SDM-AUTHN

Temporary Return Service Requested

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781-0000

PAID
JUN 01 2011
BY:

CLIENT
SKILLED HEALTHCARE GROUP, INC.

INSURED
SKILLED HEALTHCARE GROUP, INC.

SERVICE PARTNER: RANCHO CORDOVA - CISGI

ADJUSTER:
CLAIMANT NAME
CLAIM NUMBER
521637-1

TELEPHONE:

DATE OF INCIDENT
08/17/2005

PAYMENT REFERENCE #	DOS FROM	DOS TO	GROSS AMOUNT	NET AMOUNT
24485495 IN FULL SATISFACTION OF LIEN	09/20/2005	09/20/2005	175.00	175.00

17961

F.F.

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

*** INVOICE ***

Date	NO#
06/06/11	31726

Claim # : 2080131934
W.C.A.B.: N/A
ADJ # : AD[illegible]
S.S.N. :
D.O.B. : 10/9/56
Terms : 45 days

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

Case: vs DIVERSIFIED MAINTENANCE SVCS.
Date Of Injury: 6/21/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/19/08	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
10/03/08	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
10/29/08	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
12/03/08	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
07/08/09	DEPO PREP	@ THE L/O OF LOUIE & STETTLER	156.50
07/22/09	P AND S	DR KATTAR @ GARFIELD HEALTH*	230.00
07/29/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/21/10	PENALTIES	FOR DATE OF SERVICE 09/19/08	34.50
05/24/11	INTEREST	FOR DATE OF SERVICE 09/19/08	72.25
01/21/10	PENALTIES	FOR DATE OF SERVICE 10/03/08	34.50
05/24/11	INTEREST	FOR DATE OF SERVICE 10/03/08	71.23
01/21/10	PENALTIES	FOR DATE OF SERVICE 07/08/09	23.48
05/24/11	INTEREST	FOR DATE OF SERVICE 07/08/09	34.76
01/21/10	PENALTIES	FOR DATE OF SERVICE 07/22/09	34.50
05/24/11	INTEREST	FOR DATE OF SERVICE 07/22/09	50.07
01/21/10	PENALTIES	FOR DATE OF SERVICE 07/29/09	37.50
05/24/11	INTEREST	FOR DATE OF SERVICE 07/29/09	53.88
02/25/10	P AND S	DR KATTAR* JASON RAMIREZ # 500371	230.00
08/09/10	PENALTIES	FOR DATE OF SERVICE 02/25/10	34.50
05/24/11	INTEREST	FOR DATE OF SERVICE 02/25/10	34.28
01/13/11	DEPO PREP	@ THE L/O OF LOUIE & STETTLER	156.50
/ /	INTERPRETER:	BALDOMERO ESTEVEZ # 100803	0.00
05/24/11	PENALTIES	FOR DATE OF SERVICE 10/29/08	27.00
05/24/11	INTEREST	FOR DATE OF SERVICE 10/29/08	54.27
05/24/11	PENALTIES	FOR DATE OF SERVICE 12/3/08	27.00
05/24/11	INTEREST	FOR DATE OF SERVICE 12/3/08	52.29
01/03/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
05/24/11	PENALTIES	FOR DATE OF SERVICE 1/13/11	23.48
05/24/11	INTEREST	FOR DATE OF SERVICE 1/13/11	7.45

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

*** INVOICE ***

Date	NO#
06/06/11	31726

Claim # : 2080131934
W.C.A.B.: N/A
ADJ # : A
S.S.N. : (
D.O.B. : 10/9/56
Terms : 45 days

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

Case: vs DIVERSIFIED MAINTENANCE SVCS.
Date Of Injury: 6/21/05

DOS	SERVICE	DESCRIPTION	AMOUNT
05/24/11	PENALTIES	FOR DATE OF SERVICE 1/3/11	23.48
05/24/11	INTEREST	FOR DATE OF SERVICE 1311	7.94
05/31/11	PMT BY CHECK	DOS 5/19/08 THRU 1/3/11 # 1100121459	-2300.00
06/06/11	BLCE OFF SET	BALANCE OFF SET	-437.86

BALANCE 0.00

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORPORATION

PAID

BY:

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

06952

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

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0131934 001 LC	WC 5344251			06/21/05	06/21/05-01/18/11

Check Number	1100121459	Date Issued	05/31/11	Amount	$**2,300.00
Customer	Diversified Maintenance Services, Inc.				
Claimant	Bionicia Reyes				
Nature of Payment	FULL AND FINAL SETTLEMENT #31726				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Kathiravan CG-Saimoorthy				
File Supervisor	Lorena Costagliola	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,300.00		
TOTAL	$2,300.00		

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

*** INVOICE ***
Date NO#
07/13/11 33198

Claim # : WC905462522; WC905462523
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/26/80
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MATTHEW SMITH
P.O. BOX # 4025
BEAVERTON, OR 97076-4025

Case: vs INTERNATIONAL MARINE PRODUCTS
Date Of Injury: 4/1/08, 11/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/12/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
04/02/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/21/10	PENALTIES	FOR DATE OF SERVICE 02/12/09	23.48
05/18/11	INTEREST	FOR DATE OF SERVICE 02/12/09	41.67
01/21/10	PENALTIES	FOR DATE OF SERVICE 04/02/09	37.50
05/18/11	INTEREST	FOR DATE OF SERVICE 04/02/09	62.70
07/29/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
10/12/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
11/01/10	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
		BLOCK SETTLEMENT	
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/15/11	PENALTIES	FOR DATE OF SERVICE 7/29/10	23.48
05/18/11	INTEREST	FOR DATE OF SERVICE 7/29/10	15.43
03/15/11	PENALTIES	FOR DATE OF SERVICE 10/12/10	23.48
05/18/11	INTEREST	FOR DATE OF SERVICE 10/12/10	11.74
03/15/11	PENALTIES	FOR DATE OF SERVICE 11/01/10	23.48
05/18/11	INTEREST	FOR DATE OF SERVICE 11/01/10	10.75
06/10/11	PMT BY CHECK	DOS 2/12/09 THRU 11/1/10	-1149.71
		# 00233345726	

BALANCE 0.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

B. CODE
288

CHECK REFERENCE	CHECK DATE
0023345726	06/10/11
CHECK AMOUNT	BLOCK NUMBER
***$1149.71	027840

OSN: MM0801061008-001150
BANK: 288
CHECK REF: 0023345726 DATE: 06/10/11 AMT: 1,149.71
INTERNAL BILL NO: 089804876 MSR: N0153716
CUST/EXTERNAL BILL NO: 06111520209700
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-462523 HOD
CONTRACT NO: WCK-Z91-447725-017-92
DOCUMENT NO:

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #:
SSN: [redacted]
DOI: 11/17/08
PATIENT:

33198

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

PAID

BY:

EMPLOYER: INTERNATIONAL MARINE PRODUCTS
ADDRESS: 500 E 7TH ST
LOS ANGELES, CA 90014

LOCATION CODE: IMPLA

AGENCY CLAIM#(BOARD COMM#): 2008121011565368260321
IDC-9 CODES: 799.8

DATES OF SERVICE: 05/20/11-05/20/11
AUDIT DATE: 06/08/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
05/20/11	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	1149.71	1149.71	N/A	0.00	1149.71	Z473 Z473

TOTAL CHARGES:	1149.71
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	1149.71
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	1149.71

F- FEE

MG

EXPLANATION CODE DESCRIPTIONS:
Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)
Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
027841

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801061008-001150
BANK: 288
CHECK REF: 0023345726 DATE: 06/10/11 AMT: 1,149.71
INTERNAL BILL NO: 089804876 MSR: N0153716
CUST/EXTERNAL BILL NO: 06111520209700
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-462523 HOD
CONTRACT NO: WCK-Z91-447725-017-92
DOCUMENT NO:

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #:
SSN: [redacted]
DOI: 11/17/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: INTERNATIONAL MARINE PRODUCTS
ADDRESS: 500 E 7TH ST
LOS ANGELES, CA 90014

LOCATION CODE: IMPLA

AGENCY CLAIM#(BOARD COMM#): 2008121011565368260321
IDC-9 CODES: 799.8

DATES OF SERVICE: 05/20/11-05/20/11
AUDIT DATE: 06/08/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES
FOR APPEALS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. CORRECTED BILLS

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

*** INVOICE ***

Date	NO#
06/06/11	25064

Claim # : 01018381
W.C.A.B.: I
ADJ # :
S.S.N. :
D.O.B. : 5/12/63
Terms : 45 days

BILL TO:
ACCA (SAN DIEGO)
W.C. DEPARTMENT
ATTN: MICHELLE MENDOZA
P.O. BOX # 85479
SAN DIEGO, CA 92186

Case: vs GRANT PRODUCTS
Date Of Injury: 2/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/07	INITIAL EXAM	-DR DOMARACKI*	230.00
04/18/07	FOLLOW-UP	-DR DOMARACKI/SCHEEL*	180.00
04/30/07	FOLLOW-UP	-DR DOMARACKI*	180.00
05/09/07	FOLLOW-UP	-DR DOMARACKI*	180.00
06/01/07	FOLLOW-UP	-DR DOMARACKI/SCHEEL*	180.00
07/02/07	FOLLOW-UP	-DR DOMARACKI*	180.00
09/05/07	PR2/REEVAL	-DR DOMARACKI*	180.00
09/27/07	P AND S	-DR DOMARACKI*	230.00
01/14/08	PENALTIES	FOR DATE OF SERVICE 3/7/07	34.50
05/19/11	INTEREST	FOR DATE OF SERVICE 3/7/07	112.61
01/14/08	PENALTIES	FOR DATE OF SERVICE 9/27/07	34.50
05/19/11	INTEREST	FOR DATE OF SERVICE 9/27/07	97.83
09/30/08	WCAB LB	MSC	156.50
11/18/08	WCAB LB	MSC	156.50
11/25/08	C&R READING	@ THE L/O OF JON WOODS	156.50
10/12/10	PENALTIES	FOR DATE OF SERVICE 9/30/08	23.48
05/19/11	INTEREST	FOR DATE OF SERVICE 9/30/08	48.37
10/12/10	PENALTIES	FOR DATE OF SERVICE 11/18/08	23.48
05/19/11	INTEREST	FOR DATE OF SERVICE 11/18/08	45.96
10/12/10	PENALTIES	FOR DATE OF SERVICE 11/25/08	23.48
05/19/11	INTEREST	FOR DATE OF SERVICE 11/25/08	45.61
01/05/11	PENALTIES	FOR DATE OF SERVICE 4/18/07	27.00
05/19/11	INTEREST	FOR DATE OF SERVICE 4/18/07	85.75
01/05/11	PENALTIES	FOR DATE OF SERVICE 4/30/07	27.00
05/19/11	INTEREST	FOR DATE OF SERVICE 4/30/07	85.07
01/05/11	PENALTIES	FOR DATE OF SERVICE 5/9/07	27.00
05/19/11	INTEREST	FOR DATE OF SERVICE 5/9/07	84.56
01/05/11	PENALTIES	FOR DATE OF SERVICE 6/1/07	27.00
05/19/11	INTEREST	FOR DATE OF SERVICE 6/1/07	83.25
01/05/11	PENALTIES	FOR DATE OF SERVICE 7/2/07	27.00
05/19/11	INTEREST	FOR DATE OF SERVICE 7/2/07	81.50

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

*** INVOICE ***

Date	NO#
06/06/11	25064

Claim # : 01018381
W.C.A.B.: I
ADJ # :
S.S.N. :
D.O.B. : 5/12/63
Terms : 45 days

BILL TO:
ACCA (SAN DIEGO)
W.C. DEPARTMENT
ATTN: MICHELLE MENDOZA
P.O. BOX # 85479
SAN DIEGO, CA 92186

Case: vs GRANT PRODUCTS
Date Of Injury: 2/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/11	PENALTIES	FOR DATE OF SERVICE 9/5/07	27.00
05/19/11	INTEREST	FOR DATE OF SERVICE 9/5/07	77.81
06/01/11	PMT BY CHECK	DOS 3/7/07 THRU 11/25/08 # 306806	-2200.00
06/06/11	BLCE OFF SET	BALANCE OFF SET	-959.26

BALANCE 0.00

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

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER. SEE BACK FOR DETAILS

National Liability and Fire Insurance Company
P.O. Box 881716
San Francisco, CA 94188

Wells Fargo
420 Montgomery St.
San Francisco, CA 94104

11-24
1210(8)

CHECK NO. 306806

DATE
06/01/2011

California Workers' Compensation Payment

**********2,200.00

VOID AFTER 90 DAYS

Pay Two Thousand Two Hundred Dollars And 00/100

TO THE ORDER OF

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

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $10,000.00

HEAT SENSITIVE RUB AREA TO VERIFY

⑈0306806⑈ ⑆121000248⑆ 4121044416⑈

Payee: JOYCE ALTMAN INTERPRETERS,INC.

25064

IRS/SSN: XX

Check Number: 306806

Check Date: 06/01/2011

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
01018381		02/05/2007	Lien Payment - Medical	02/05/2007	06/01/2011			2,200.00

Comments: Full and Final

F.F. CAV

PAID

BY:

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

*** INVOICE ***

Date	NO#
05/24/11	24411

Claim # : 710332127
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/18/70
Terms : 45 days

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

Case: _____ vs SERVICON SYSTEMS
Date Of Injury: 11/17/06

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/07	MRI	-REF BY DR TABIBIAN: L/S*	150.00
01/25/08	PENALTIES	FOR DATE OF SERVICE 1/30/07	22.50
05/17/11	INTEREST	FOR DATE OF SERVICE 1/30/07	75.05
01/25/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
05/25/10	PENALTIES	FOR DATE OF SERVICE 1/25/10	37.50
05/17/11	INTEREST	FOR DATE OF SERVICE 1/25/10	39.15
01/06/11	PMT BY CHECK	DOS 1/30/07 THRU 1/25/10 # 16056703	-400.00
05/17/11	COSTS & SANC	COST & SANCT	666.80
05/20/11	PMT BY CHECK	DOS 1/30/07 THRU 5/17/11 # 17417669	-841.00

BALANCE 0.00

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

AIG00

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101605670300029052

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

24411

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 16056703
RFP No.: 00029052
01/06/2011

Insured: SERVICON SYSTEMS INC
Claimant:
Producer:

Claim Office: 710

FULL & FINAL SATISFACTION OF LIEN F

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001558322	00332127	01	11/20/2006	MED	O	$400.00

F. F.
CA

PAID

Use file # 710-00332127 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

[redacted]

AIG004

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101741766900533948

PAID
MAY 24 2011
BY:.....

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 17417669
RFP No.: 00533948
05/20/2011

Insured: SERVICON SYSTEMS INC
Claimant:
Producer:
ACT: ADJ1439130

Claim Office: 710

051711-051711

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001558322	00332127	01	11/20/2006	MED	O	$841.00

Use file # 710-00332127 **on all correspondence, for pro**
For check information call: 800-736-6671

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

*** INVOICE ***

Date	NO#
06/21/11	36403

Claim # : WC905477392
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 7/8/65
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: RICHARD COCKER
P.O. BOX # 4025
BEAVERTON, OR 97076

Case: vs BURRTEC WASTE INDUSTRIES, INC.
Date Of Injury: 7/31/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
02/11/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/16/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
08/04/10	PENALTIES	FOR DATE OF SERVICE 01/12/10	23.48
05/18/11	INTEREST	FOR DATE OF SERVICE 01/12/10	25.20
08/04/10	PENALTIES	FOR DATE OF SERVICE 02/11/10	23.48
05/18/11	INTEREST	FOR DATE OF SERVICE 02/11/10	23.72
08/04/10	PENALTIES	FOR DATE OF SERVICE 04/16/10	37.50
05/18/11	INTEREST	FOR DATE OF SERVICE 04/16/10	32.85
10/11/10	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	ROSARIO PALMER # 100715	0.00
11/01/10	C&R READING	@ THE L/O OF DENNIS FUSI block settlement	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/18/11	PENALTIES	FOR DATE OF SERVICE 10/11/10	23.48
05/18/11	INTEREST	FOR DATE OF SERVICE 10/11/10	11.78
05/18/11	PENALTIES	FOR DATE OF SERVICE 11/1/10	23.48
05/18/11	INTEREST	FOR DATE OF SERVICE 11/1/10	10.75
06/13/11	PMT BY CHECK	DOS 1/12/10 THRU 11/1/10 # 0023353045	-919.96
06/21/11	BLCE OFF SET	BALANCE OFF SET	-191.76

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

*** INVOICE ***

Date	NO#
06/21/11	36403

Claim # : WC905477392
W.C.A.B.:
ADJ # :
S.S.N. : [illegible]
D.O.B. : 7/8/65
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: RICHARD COCKER
P.O. BOX # 4025
BEAVERTON, OR 97076

Case: [illegible] vs BURRTEC WASTE INDUSTRIES, INC.
Date Of Injury: 7/31/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

B.CODE
288

CHECK REFERENCE	CHECK DATE
0023353045	06/13/11
CHECK AMOUNT	BLOCK NUMBER
***$3519.96	029376

OSN:MM0801061312-000691

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	09/05/08-12/19/08	WC 905-461625 HOD	1,300.00	670.00
	09/05/08-02/24/09	WC 905-461625 HOD	2,551.06	701.07
	09/05/08-05/13/09	WC 905-461625 HOD	2,756.50	160.00
	09/05/08-12/19/09	WC 905-461625 HOD	2,752.42	492.42
	09/05/08-05/05/09	WC 905-461625 HOD	2,506.50	206.50
	09/05/08-02/10/09	WC 905-461625 HOD	1,760.00	280.00
	09/05/08-03/31/09	WC 905-461625 HOD	2,120.00	90.01
	05/31/11-05/31/11	WC 905-477392 HOD	919.96	919.96

36403

F.F.

PAID
JUN 21 2011
BY:

TOTAL BILLS COMBINED: 8 3,519.96

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

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

MPA * 000094
LIBERTY MUTUAL - WAUSAU
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

0023353045
CITIBANK NA, ONE PENNS WAY
NEW CASTLE, DE 19720
62-20/311
38621945

B.CODE	OFFICE NUMBER	PAYMENT IDENTIFICATION
288	949	COMBINED PAYMENT

CHECK DATE 06/13/11

$ **********3,519.96

VOID IF NOT PRESENTED WITHIN 6 MONTHS OF DATE OF CHECK

PAY THREE THOUSAND FIVE HUNDRED NINETEEN AND 96/100 DOLLARS**********

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

TWO SIGNATURES REQUIRED IF OVER $150,000

⑈0023353045⑈ ⑆031100209⑆ 38621945⑈

THE ORIGINAL DOCUMENT HAS A BLUE BORDER, MICROPRINTING ON THE BACK. HOLD AT AN ANGLE TO VIEW VOID WHEN CHECKING THE ENDORSEMENT

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
029391

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801061312-000699
BANK: 288
CHECK REF: 0023353045 DATE: 06/13/11 AMT: 919.96
INTERNAL BILL NO: 089914932 MSR: N0153716
CUST/EXTERNAL BILL NO: 06111600064900
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-477392 HOD
CONTRACT NO: WA2-16D-039319-057-92
DOCUMENT NO:

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #:
SSN: [redacted]
DOI: 07/31/07
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: BURRTEC WASTE
ADDRESS: 1850 AGUA MANSA
RIVERSIDE, CA 92509

LOCATION CODE: 000006

AGENCY CLAIM#(BOARD COMM#): 200708140937531124520l
IDC-9 CODES: 799.8

DATES OF SERVICE: 05/31/11-05/31/11
AUDIT DATE: 06/09/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
05/31/11	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	919.96	919.96	N/A	0.00	919.96	Z473 Z473

TOTAL CHARGES:	919.96
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	919.96
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	919.96

EXPLANATION CODE DESCRIPTIONS:

Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

FOR APPEALS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. CORRECTED BILLS

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

*** INVOICE ***

Date	NO#
06/14/11	40171

Claim # : 02284452
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 3/17/66
Terms : 45 days

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

Case: vs COMPETITIVE TRAILER
Date Of Injury: 7/24/04

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/10	WCAB LB	MSC - ROSARIO PALMER # 100715	156.50
05/17/11	PENALTIES	FOR DATE OF SERVICE 10/11/10	23.48
05/17/11	INTEREST	FOR DATE OF SERVICE 10/11/10	11.74
05/25/11	PMT BY CHECK	DOS 10/11/10 # CD-538232	-191.72

BALANCE 0.00

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

[redacted]

Provider Number: 330956713

Check #: **CD-538232**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/25/11
Doc #: 022877327

40171

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 02284452		
1		10/11/10	10/11/10	Medical Services	1		191.72
					Total Allowances:		$191.72

Claim Number	Allowances	Penalty & Interest	Invoice Totals
02284452	191.72	.00	191.72

FAF

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

Notations:

02284452 L/S - ADJ 2948620; FULL & FINAL SATISFACTION; OF LIEN;

01165744022877327012

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

*** INVOICE ***

Date	NO#
07/13/11	30103

Claim # : 602366865
W.C.A.B.: LB[redacted]
ADJ # :
S.S.N. : - -
D.O.B. : 7/10/49
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: DAN ELLIOTT
P.O. BOX # 4025
BEAVERTON, OR 97076

Case: vs LILIAN CIMARELI
Date Of Injury: 6/14/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/08	DEPO PREP	@ THE L/O OF HALAS, MUHAN & PARISH	156.50
04/29/08	WCAB LB	MSC	156.50
05/22/08	PMT BY CHECK	DOS 4/3/08 # 89138331	-156.50
05/28/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/27/08	PENALTIES	FOR DATE OF SERVICE 4/29/08	23.48
08/27/08	INTEREST	FOR DATE OF SERVICE 4/29/08	6.90
08/27/08	PENALTIES	FOR DATE OF SERVICE 5/28/08	37.50
08/27/08	INTEREST	FOR DATE OF SERVICE 5/28/08	8.74
10/20/08	DEPO PREP	@ THE L/O OF HUTCHINGS COURT REPORTERS	156.50
10/31/08	PMT BY CHECK	DOS 4/3/08 THRU 10/20/08 # 90070123	-639.62
02/10/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
10/15/09	PENALTIES	FOR DATE OF SERVICE 02/10/09	37.50
05/17/11	INTEREST	FOR DATE OF SERVICE 02/10/09	66.64
12/14/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/17/11	PENALTIES	FOR DATE OF SERVICE 12/14/10	23.48
05/17/11	INTEREST	FOR DATE OF SERVICE 12/14/10	8.58
07/08/11	PENALTIES	FOR UNPAID SETTLEMENT 5/17/11	135.68
07/08/11	INTEREST	FOR UNPAID SETTLEMENT 5/17/11	13.38
06/08/11	PMT BY CHECK	DOS 4/3/08 THRU 12/14/10 # 0023330499	-542.70
07/13/11	BLCE OFF SET	BALANCE OFF SET	-149.06

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

*** INVOICE ***

Date	NO#
07/13/11	30103

Claim # : 602366865
W.C.A.B. --
ADJ #
S.S.N. :
D.O.B. : 7/10/49
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: DAN ELLIOTT
P.O. BOX # 4025
BEAVERTON, OR 97076

Case: vs LILIAN CIMARELI
Date Of Injury: 6/14/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

BRANCH OFFICE ADDRESS:
P.O. BOX 11025
ORANGE, CA 92868
714-937-1400

Liberty Mutual.

B.CODE	CHECK NUMBER	CHECK DATE
189	89138331	05/22/08
	CHECK AMOUNT ****$156.50	BLOCK NUMBER 002571

OSN: EE2601052201-002681

CLAIM #: WC 602-366865
CONTRACT #: H32-261-014132-607-02

CONTROL #: 000009358 ID: C602B26

PAYEE: JOYCE ALTHAN INTERPRETING

DATE OF INJURY: 06/14/07
EMPLOYEE:

EMPLOYER: LOUIS ZIMMERLI
DATES OF SERVICE 04/03/08-04/03/08

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	EXPL PAYABLE CODE
04/03/08	04/03/08	EXPENSE		.00	156.50	156.50

NOTE: INV# 30103.....DC

TOTAL CHARGES	156.50
TOTAL PAYABLE:	156.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	156.50

PAID

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

BRANCH OFFICE ADDRESS:
P.O. BOX 11025
ORANGE, CA 92868
714-937-1400

Liberty Mutual.

B. CODE	CHECK NUMBER	CHECK DATE
189	90070123	10/31/08
	CHECK AMOUNT ****639.62	BLOCK NUMBER 002555

PAGE 1 OF 1

CLAIM #: WC 602-366865
CONTRACT #: H32-261-014132-607-02

OSN: EE2601103101-002657

30103

CONTROL #: 000808474 ID: C602A63

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 06/14/07
EMPLOYEE:

EMPLOYER: LOUIS ZIMMERLI
DATES OF SERVICE 04/29/08-10/20/08

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	EXPL PAYABLE	CODE
04/29/08	10/20/08	EXPENSE		.00	639.62	639.62	

NOTE: INV #30103 ..VG

TOTAL CHARGES	639.62
TOTAL PAYABLE:	639.62
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	639.62

PAID

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Liberty Mutual

B. CODE
288

CHECK REFERENCE	CHECK DATE
0023330499	06/08/11
CHECK AMOUNT	BLOCK NUMBER
****$542.70	023757

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MM0801060806-002276
BANK: 288
CHECK REF: 0023330499 DATE: 06/08/11 AMT: 542.70
INTERNAL BILL NO: 072600905 MSR: N0153716
CUST/EXTERNAL BILL NO: 26081370905302
BR PROVIDER #: 00833095671 3A0

CLAIM NO. WC 905-475179 HOD
CONTRACT NO: H32-261-014132-607-02
DOCUMENT NO: 3A1340800900002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

PATIENT ACCT. #: 30103
SSN: [redacted]
DOI: 06/14/07
PATIENT:

PAID
BILL PAID
BY:

EMPLOYER: LOUIS ZIMMERLI
ADDRESS: C/O 1035 E MOUNTAIN VIEW AVE
GLENDORA, CA 91741

AGENCY CLAIM#(BOARD COMM#): 2007111612072649561833
IDC-9 CODES: 799.8

DATES OF SERVICE: 04/03/08-04/29/08
AUDIT DATE: 06/07/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
04/03/08	MDS10		LUMP SUM SETTLEMENT WHERE							
04/03/08	99199		SPECIAL SERVICE/PROC/REPO	1.00	156.50	156.50	N/A	0.00	156.50	150 Z652
04/29/08	MDS10		LUMP SUM SETTLEMENT WHERE							
04/29/08	99199		SPECIAL SERVICE/PROC/REPO	1.00	156.50	156.50	N/A	0.00	156.50	150 Z652
04/29/08	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	229.70	229.70	N/A	0.00	229.70	Z473 Z473

TOTAL CHARGES:	542.70
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	542.70
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	542.70

F.F.

EXPLANATION CODE DESCRIPTIONS:
Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)
Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
023758

OSN: MM0801060806-002276
BANK: 288
CHECK REF: 0023330499 DATE: 06/08/11 AMT: 542.70
INTERNAL BILL NO: 072600905 MSR: N0153716
CUST/EXTERNAL BILL NO: 26081370905302
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-475179 HOD
CONTRACT NO: H32-261-014132-607-02
DOCUMENT NO: 3A1340800900002

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 30103
SSN: [redacted]
DOI: 06/14/07
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: LOUIS ZIMMERLI
ADDRESS: C/O 1035 E MOUNTAIN VIEW AVE
GLENDORA, CA 91741

AGENCY CLAIM#(BOARD COMM#): 200711161207264956l833
IDC-9 CODES: 799.8

DATES OF SERVICE: 04/03/08-04/29/08
AUDIT DATE: 06/07/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES
FOR APPEALS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. CORRECTED BILLS

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

*** INVOICE ***

Date	NO#
06/23/11	09353

Claim # : 293134400
W.C.A.B.: [illegible]
ADJ # :
S.S.N. : [illegible]
D.O.B. : 6/2/51
Terms : 45 days

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

Case: vs ATLAS CARE ENTERPRISES INC
Date Of Injury: 8/25/03

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/04	INITIAL EXAM	DR WANG*	150.00
06/28/04	INITIAL EXAM	-DR GOALWIN*	150.00
06/15/04	INITIAL EXAM	DR ANDALIB*	150.00
07/06/04	RE-EVAL	-DR ANDALIB*	120.00
08/17/04	RE-EVAL	DR WANG*	120.00
09/10/04	RE-EVAL	DR WANG*	120.00
09/16/04	DEPO PREP	@ THE L/O OF DENNIS FUSI	120.00
08/25/04	MRI	REF BY DR WANG:C/S, RGT SHLD*	150.00
10/04/04	RE-EVAL	-DR ANDALIB*	120.00
10/05/04	MRI	REF BY DR WANG: C/S, RT SHLDR & RT MIDDLE FINGER*	150.00
10/13/04	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
11/03/04	RE-EVAL	DR ANDALIB*	120.00
11/13/04	MRI	REF BY DR WANG: L/S*	150.00
12/23/04	PMT BY CHECK	DOS 10/13/04 # 35639321	-147.00
12/28/04	PMT BY CHECK	DOS 09/16/04 # 35646463	-120.00
01/19/05	RE-EVAL	DR ANDALIB*	120.00
08/01/05	MRI	REF BY DR SCHMIDT: C/S*	150.00
08/17/05	MRI	REF BY DR SCHMIDT: L/S*	150.00
10/28/05	PENALTIES	FOR DATE OF SERVICE 8/25/04	22.50
05/17/11	INTEREST	FOR DATE OF SERVICE 8/25/04	117.02
10/28/05	PENALTIES	FOR DATE OF SERVICE 10/5/04	22.50
05/17/11	INTEREST	FOR DATE OF SERVICE 10/5/04	115.08
10/28/05	PENALTIES	FOR DATE OF SERVICE 11/13/04	22.50
05/17/11	INTEREST	FOR DATE OF SERVICE 11/13/04	113.24
10/28/05	PENALTIES	FOR DATE OF SERVICE 8/1/05	22.50
05/17/11	INTEREST	FOR DATE OF SERVICE 8/1/05	100.90
10/28/05	PENALTIES	FOR DATE OF SERVICE 8/17/05	22.50
05/17/11	INTEREST	FOR DATE OF SERVICE 8/17/05	100.14
03/07/06	PENALTIES	FOR DATE OF SERVICE 6/11/04	22.50
05/17/11	INTEREST	FOR DATE OF SERVICE 6/11/04	120.06

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

*** INVOICE ***

Date	NO#
06/23/11	09353

Claim # : 293134400
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 6/2/51
Terms : 45 days

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

Case: vs ATLAS CARE ENTERPRISES INC
Date Of Injury: 8/25/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/06	PENALTIES	FOR DATE OF SERVICE 6/28/04	22.50
05/17/11	INTEREST	FOR DATE OF SERVICE 6/28/04	119.76
03/07/06	PENALTIES	FOR DATE OF SERVICE 6/15/04	22.50
05/17/11	INTEREST	FOR DATE OF SERVICE 6/15/04	120.37
02/13/07	WCAB LB	MSC	147.00
04/17/07	WCAB LB	MSC	147.00
07/03/07	PENALTIES	FOR DATE OF SERVICE 2/13/07	22.05
05/17/11	INTEREST	FOR DATE OF SERVICE 2/13/07	72.90
07/03/07	PENALTIES	FOR DATE OF SERVICE 4/17/07	22.05
05/17/11	INTEREST	FOR DATE OF SERVICE 4/17/07	69.98
08/20/07	INITIAL EXAM	DR HERIC*	230.00
08/29/07	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC*	150.00
01/25/08	PENALTIES	FOR DATE OF SERVICE 8/20/07	34.50
05/17/11	INTEREST	FOR DATE OF SERVICE 8/20/07	100.44
12/24/09	PMT BY CHECK	DOS 12/17/09 # 12022027	-313.00
12/17/09	WCAB LB	MSC - (FULL DAY) SABINE SKELTON # 300884	313.00
05/11/10	PENALTIES	FOR DATE OF SERVICE 7/6/04	18.00
05/17/11	INTEREST	FOR DATE OF SERVICE 7/6/04	95.50
05/11/10	PENALTIES	FOR DATE OF SERVICE 8/17/04	18.00
05/17/11	INTEREST	FOR DATE OF SERVICE 8/17/04	93.92
05/11/10	PENALTIES	FOR DATE OF SERVICE 9/10/04	18.00
05/17/11	INTEREST	FOR DATE OF SERVICE 9/10/04	93.01
05/11/10	PENALTIES	FOR DATE OF SERVICE 10/4/04	18.00
05/17/11	INTEREST	FOR DATE OF SERVICE 10/4/04	92.10
05/11/10	PENALTIES	FOR DATE OF SERVICE 11/3/04	18.00
05/17/11	INTEREST	FOR DATE OF SERVICE 11/3/04	90.97
05/11/10	PENALTIES	FOR DATE OF SERVICE 1/19/05	18.00
05/17/11	INTEREST	FOR DATE OF SERVICE 1/19/05	88.06
05/27/11	PMT BY CHECK	DOS 6/11/04 THRU 2/17/09	-3200.00

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

*** INVOICE ***

Date	NO#
06/23/11	09353

Claim # : 293134400
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/2/51
Terms : 45 days

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

Case: vs ATLAS CARE ENTERPRISES INC
Date Of Injury: 8/25/03

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 17489901	
06/23/11	BLCE OFF SET	BALANCE OFF SET	-1464.05

BALANCE 0.00

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

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334
ADDRESS SERVICE REQUESTED

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

PAID
CK NO DATE

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 35639321
RFP No.: 00946051
12/23/2004

Insured: PLEASANT CARE CORPORATION
Claimant:
Producer:
ACT: 09353

Claim Office: 293

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000001241607	00132400	01	08/25/2003	MED	O	$147.00	$3,863.95

Use file # 293-00132400 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334
ADDRESS SERVICE REQUESTED

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 35646463
RFP No.: 00947905
12/28/2004

Insured: PLEASANT CARE CORPORATION
Claimant: -
Producer:
ACT: 09353 091604-091604

Claim Office: 293

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000001241607	00132400	01	08/25/2003	MED	O	$120.00	$3,983.95

PAID
CK NO DATE

Use file # 293-00132400 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 2931202202700622512

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

PAID

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 12022027
RFP No.: 00622512
12/24/2009

Insured: PLEASANT CARE CORPORATION
Claimant:
Producer:
121709-121709

Claim Office: 293

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001241607	00132400	01	08/25/2003	MED	O	$313.00

Use file # 293-00132400 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

AIG004

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 2931748990100687336

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 17489901
RFP No.: 00687336
05/27/2011

Insured: PLEASANT CARE CORPORATION
Claimant:
Producer:
FULL AND FINAL

#04353

Claim Office: 293

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001241607	00132400	01	08/25/2003	MED	O	$3,200.00

PAID

BY:.....

Use file # 293-00132400 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***
Date NO#
06/01/11 34543

Claim # : A5T8135N
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 11/29/58
Terms : 45 days

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

Case: vs KING EQPMT.SVC AKA JMS BLDG.
Date Of Injury: 7/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/15/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
07/24/09	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
09/02/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
10/02/09	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
10/30/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
11/25/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
12/08/09	DEPO PREP	@ THE L/O OF BARNARD & ASSOC.	156.50
12/30/09	PR2/REEVAL	DR HOSSAIN* TITO SILVA 500272	180.00
01/29/10	PR2/REEVAL	DR HOSSAIN* ELIZABETH VARGA # 500106	180.00
01/05/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/05/10	INTERPRETER:	SABINE SKELTON # 300884	0.00
02/25/10	PR2/REEVAL	DR KATTAR* ELIZABETH VARGA # 500106	180.00
03/24/10	PR2/REEVAL	DR HOSSAIN*	180.00
/ /	INTERPRETER:	'ALBERTO VILLAGOMEZ # 500341	0.00
04/22/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
05/24/10	WCAB LB	STATUS CONFERENCE JOYCE ALTMAN #300624	156.50
07/08/10	DEPO PREP	@ THE L/O OF BARNARD & ASSOC. (VOLUME II)	156.50
/ /	INTERPRETER:	JUAN PEREZ # 100777	0.00
08/05/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOLUME II)	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
09/09/10	PMT BY CHECK	DOS 7/15/09 THRU 8/5/10 # 217061	-1440.00
01/11/11	PMT BY CHECK	DOS 1/10/11 # 372035	-78.25
01/24/11	PENALTIES	FOR DATE OF SERVICE 07/15/09	21.00
05/17/11	INTEREST	FOR DATE OF SERVICE 07/15/09	30.48

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

*** INVOICE ***

Date	NO#
06/01/11	34543

Claim # : A5T8135N
W.C.A.B.:
ADJ # : ADJ
S.S.N. :
D.O.B. : 11/29/58
Terms : 45 days

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

Case: [redacted] vs KING EQPMT.SVC AKA JMS BLDG.
Date Of Injury: 7/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/11	PENALTIES	FOR DATE OF SERVICE 07/24/09	21.00
05/17/11	INTEREST	FOR DATE OF SERVICE 07/24/09	30.08
01/24/11	PENALTIES	FOR DATE OF SERVICE 12/08/09	9.98
05/17/11	INTEREST	FOR DATE OF SERVICE 12/08/09	11.42
01/24/11	PENALTIES	FOR DATE OF SERVICE 01/05/10	24.00
05/17/11	INTEREST	FOR DATE OF SERVICE 01/05/10	26.06
01/24/11	PENALTIES	FOR DATE OF SERVICE 05/24/10	9.98
05/17/11	INTEREST	FOR DATE OF SERVICE 05/24/10	7.92
01/24/11	PENALTIES	FOR DATE OF SERVICE 07/08/10	9.98
05/17/11	INTEREST	FOR DATE OF SERVICE 07/08/10	6.98
01/24/11	PENALTIES	FOR DATE OF SERVICE 08/05/10	24.00
05/17/11	INTEREST	FOR DATE OF SERVICE 08/05/10	15.38
01/10/11	WCAB LB	STATUS CONFERENCE - JOYCE ALTMAN # 300624	156.50
05/17/11	PENALTIES	FOR DATE OF SERVICE 9/2/09	13.50
05/17/11	INTEREST	FOR DATE OF SERVICE 9/2/09	18.20
05/17/11	PENALTIES	FOR DATE OF SERVICE 10/2/09	13.50
05/17/11	INTEREST	FOR DATE OF SERVICE 10/2/09	17.35
05/17/11	PENALTIES	FOR DATE OF SERVICE 10/30/09	13.50
05/17/11	INTEREST	FOR DATE OF SERVICE 10/30/09	16.56
05/17/11	PENALTIES	FOR DATE OF SERVICE 11/25/09	13.50
05/17/11	INTEREST	FOR DATE OF SERVICE 11/25/09	15.82
05/17/11	PENALTIES	FOR DATE OF SERVICE 12/30/09	13.50
05/17/11	INTEREST	FOR DATE OF SERVICE 12/30/09	14.83
05/17/11	PENALTIES	FOR DATE OF SERVICE 1/29/10	13.50
05/17/11	INTEREST	FOR DATE OF SERVICE 1/29/10	13.98
05/17/11	PENALTIES	FOR DATE OF SERVICE 2/25/10	13.50
05/17/11	INTEREST	FOR DATE OF SERVICE 2/25/10	13.21
05/17/11	PENALTIES	FOR DATE OF SERVICE 3/24/10	13.50
05/17/11	INTEREST	FOR DATE OF SERVICE 3/24/10	12.45
05/17/11	PENALTIES	FOR DATE OF SERVICE 4/22/10	13.50

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

*** INVOICE ***

Date	NO#
06/01/11	34543

Claim # : A5T8135N
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 11/29/58
Terms : 45 days

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

Case: vs KING EQPMT.SVC AKA JMS BLDG.
Date Of Injury: 7/3/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/17/11	INTEREST	FOR DATE OF SERVICE 4/22/10	11.63
05/17/11	PENALTIES	FOR DATE OF SERVICE 1/10/11	11.66
05/17/11	INTEREST	FOR DATE OF SERVICE 1/10/11	3.60
05/27/11	PMT BY CHECK	DOS 7/15/09 THRU 1/10/11 # 896D 78352989 TRAV	-1700.00
06/01/11	BLCE OFF SET	BALANCE OFF SET	-506.80

BALANCE 0.00

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

EXPLANATION OF PAYMENT

Carrier/Audit Reviewer
Zenith Insurance Company
LOS ANGELES REGIONAL OFFICE
21255 CALIFA STREET
WOODLAND HILLS, CA 91367
(800) 625-5435

Patient Information
SSN: On file
DATE OF INJURY: 11/18/08
Patient Acct No: 38253

Zenith Claim Information
Claim Number: 406540
Check Date: 09/09/10
Check Number: 217061
Date Of Review: 09/04/10
Case Number: 555H21501200

Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

Diagnosis Information
959.9

Employer Information
JANITORIAL MANAGEMENT SERVICES, INC.
6015 RESEDA BLVD
TARZANA, CA 91356

DATES OF SERVICE: 07/15/09 TO 08/05/10

Date Of Service	Procedure Code	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Allowed	Reduction Codes
07/15/09	T1013		SIGN LANGUAGE/	0001	230.00	140.00	0.00	0.00	90.00	A28
07/24/09	T1013		SIGN LANGUAGE/	0001	230.00	140.00	0.00	0.00	90.00	A28
09/02/09	T1013		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
10/02/09	T1013		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
10/30/09	T1013		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
11/25/09	T1013		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
12/08/09	T1013		SIGN LANGUAGE/	0001	156.50	66.50	0.00	0.00	90.00	A28
12/30/09	T1013		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
01/29/10	T1013		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
01/05/10	T1013		SIGN LANGUAGE/	0001	250.00	160.00	0.00	0.00	90.00	A28
02/25/10	T1013		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
03/24/10	T1013		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
04/22/10	T1013		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
05/24/10	T1013		SIGN LANGUAGE/	0001	156.50	66.50	0.00	0.00	90.00	A28
07/08/10	T1013		SIGN LANGUAGE/	0001	156.50	66.50	0.00	0.00	90.00	A28
08/05/10	T1013		SIGN LANGUAGE/	0001	250.00	160.00	0.00	0.00	90.00	A28
			TOTAL SUMMARY:		3,049.50	1,609.50	0.00	0.00	1,440.00	

Carrier Reduction Code & Description:
A28 781 PROVIDER CHARGES HAVE BEEN REIMBURSED ACCORDING TO A PRE-DETERMINED SC HEDULE.

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKER'S COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

To check the status of your bill, use our convenient Automated Service line 24 hours a day, seven days a week by calling 1-800-625-5435. For security purposes you will be prompted to create a Personal Identification Number (PIN).
For any questions, please call Zenith Insurance Company at 1-800-440-5020

ZENITH INSURANCE COMPANY NOW HAS THE ABILITY TO RECEIVE MEDICAL BILLS ELECTRONICALLY. IF INTERESTED, PLEASE CONTACT THE ZENITH PROVIDER CALL CENTER PROVIDED BY JOPARI SOLUTIONS AT 1-866-269-0544 FOR MORE INFORMATION.

All requests for reconsideration should be submitted in writing. Please include the bill clearly labeled as a request for reconsideration, the Explanation of Payment, the reason for the request and any supporting documentation. Reconsideration requests will be handled in accordance with your state's guidelines.

PAID

[redacted]

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

January 11, 2011
Our Ref : 406540
Your Ref : 38253

34543

RE: ____ . (JANITORIAL MANAGEMENT SERVICES, INC.) DOI:11/18/08

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
01/10/11	FEE	78.25	78.25	0.00	
	TOTAL $	78.25	78.25	0.00	

Please find attached our check # 372035 for $78.25.
This check covers bills from January 10, 2011 through January 10, 2011.

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

Sincerely,
Virginia Detrinidad
Claims Examiner

PAID

011910

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

SC06139

896D 78352989

TRAVELERS

DATE: 05/27/11
LOSS DATE: 07/03/09
FILE NUMBER: 152 CB A5T8135 N

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

34543
F.P 16

EMPLOYEE

ACCOUNT NAME:
PARAMOUNT BUILDING SOLUTIONS

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 05/17/2011

TOTAL PAID: $1700.00
TAX INFO: 330956713372147 6Y
PAY MISC: FULL AND FINAL RESOLVE ALL DO
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

BY:.....

FOR ADDITIONAL INFORMATION, CONTACT: CARMEN MEJIA AT (909)612-3786

147026391
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
06/07/11	40850

Claim # : WC648433728
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/31/55
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: REMI ZAFRA
P.O. BOX 4025
BEAVERTON, OR 97076

Case : vs SARA LEE BAKERY
Date Of Injury: 2/20/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/10	WCAB LB	MSC - CARMEN GUZMAN # 10	156.50
05/17/11	PENALTIES	FOR DATE OF SERVICE 12/8/10	23.48
05/17/11	INTEREST	FOR DATE OF SERVICE 12/8/10	8.88
05/31/11	PMT BY CHECK	DOS 12/8/10 THRU 5/17/11 # 0081496253	-188.86

BALANCE 0.00

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

Helmsman Management Services LLC

B. CODE	CHECK REFERENCE	CHECK DATE
298	0081496253	05/31/11
	CHECK AMOUNT ****$188.86	BLOCK NUMBER 026845

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

OSN: MM0801053107-001282
BANK: 298
CHECK REF: 0081496253 DATE: 05/31/11 AMT: 188.86
INTERNAL BILL NO: 088673592 MSR: N0160347
CUST/EXTERNAL BILL NO: 26110670349002
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-433728 HOD
CONTRACT NO: WC8-64A-004219-199-92
DOCUMENT NO: 1R0601105450006

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

FAXED
JUN 07 2011
BY:

PATIENT ACCT. #: 40850
SSN:
DOI: 02/20/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: SARA LEE CORPORATION (R)
ADDRESS: 5200 SOUTH ALAMEDA
VERNON, CA 90058

LOCATION CODE: 06105101

AGENCY CLAIM#(BOARD COMM#): 20091221191109934918 78
IDC-9 CODES: 799.8

DATES OF SERVICE: 12/08/10-05/23/11
AUDIT DATE: 05/27/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
12/08/10	MDS10		LUMP SUM SETTLEMENT WHERE							
12/08/10	T1013		SIGN LANGUAGE/ORAL INTEPR	15.00	156.50	156.50	N/A	0.00	156.50	150 Z652
05/23/11	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	32.36	32.36	N/A	0.00	32.36	Z473 Z473

TOTAL CHARGES:	188.86
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	188.86
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	188.86

EXPLANATION CODE DESCRIPTIONS:
Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)
Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)
Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Helmsman Management Services LLC

BLOCK NUMBER
026846

OSN: MM0801053107-001282
BANK: 298
CHECK REF: 0081496253 DATE: 05/31/11 AMT: 188.86
INTERNAL BILL NO: 088673592 MSR: N0160347
CUST/EXTERNAL BILL NO: 26110670349002
BR PROVIDER #: 00833095671 3A0

CLAIM NO. WC 648-433728 HOD
CONTRACT NO: WC8-64A-004219-199-92
DOCUMENT NO: 1R0601105450006

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 40850
SSN:
DOI: 02/20/08
PATIENT:

:55

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: SARA LEE CORPORATION (R)
ADDRESS: 5200 SOUTH ALAMEDA
VERNON, CA 90058

LOCATION CODE: 06105101

AGENCY CLAIM#(BOARD COMM#): 2009122119110993491878
IDC-9 CODES: 799.8

DATES OF SERVICE: 12/08/10-05/23/11
AUDIT DATE: 05/27/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES
FOR APPEALS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. CORRECTED BILLS

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

*** INVOICE ***
Date NO#
01/21/11 33123

Claim # : 905439153
W.C.A.B.: [illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 1/26/59
Terms : 45 days

BILL TO:
WAUSAU/LIBERTY INS (BEAVERTON)
W.C. DEPARTMENT
ATTN: JOSH MCNEIL
P.O. BOX # 4025
BEAVERTON, OR 97076-4025

Case: vs DIAMOND CONTRACT SERVICES
Date Of Injury: 10/26/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
03/13/09	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
05/22/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
07/01/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
08/26/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
09/25/09	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
11/05/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
10/26/09	P AND S	DR KATTAR @ GARFIELD HEALTH*	230.00
03/02/10	PENALTIES	FOR DATE OF SERVICE 02/10/09	34.50
12/29/10	INTEREST	FOR DATE OF SERVICE 02/10/09	51.23
03/02/10	PENALTIES	FOR DATE OF SERVICE 03/13/09	34.50
12/29/10	INTEREST	FOR DATE OF SERVICE 03/13/09	48.99
03/02/10	PENALTIES	FOR DATE OF SERVICE 11/05/09	37.50
12/29/10	INTEREST	FOR DATE OF SERVICE 11/05/09	34.58
03/02/10	PENALTIES	FOR DATE OF SERVICE 10/26/09	34.50
12/29/10	INTEREST	FOR DATE OF SERVICE 10/26/09	32.54
10/04/10	PENALTIES	FOR DATE OF SERVICE 5/22/09	27.00
12/29/10	INTEREST	FOR DATE OF SERVICE 5/22/09	34.37
10/04/10	PENALTIES	FOR DATE OF SERVICE 7/1/09	27.00
12/29/10	INTEREST	FOR DATE OF SERVICE 7/1/09	32.10
10/04/10	PENALTIES	FOR DATE OF SERVICE 8/26/09	27.00
12/29/10	INTEREST	FOR DATE OF SERVICE 8/26/09	28.92
10/04/10	PENALTIES	FOR DATE OF SERVICE 9/25/09	27.00
12/29/10	INTEREST	FOR DATE OF SERVICE 9/25/09	27.22
01/14/11	PMT BY CHECK	DOS 2/10/09 THRU 12/29/10 # 0022621334	-1660.00
01/17/11	PMT BY CHECK	DOS 2/10/09 THRU 12/29/10 # 0022628945	-240.00
01/21/11	BLCE OFF SET	BALANCE OFF SET	-298.95

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

*** INVOICE ***
Date NO#
01/21/11 33123

Claim # : 905439153
W.C.A.B.: [redacted]
ADJ # : [redacted]
S.S.N. :
D.O.B. : 1/26/59
Terms : 45 days

BILL TO:
WAUSAU/LIBERTY INS (BEAVERTON)
W.C. DEPARTMENT
ATTN: JOSH MCNEIL
P.O. BOX # 4025
BEAVERTON, OR 97076-4025

Case: [redacted] vs DIAMOND CONTRACT SERVICES
Date Of Injury: 10/26/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

B. CODE	CHECK REFERENCE	CHECK DATE
288	0022621334	01/14/11
	CHECK AMOUNT ***$1660.00	BLOCK NUMBER 026408

12/22

CLAIM NO. WC 905-439153 HOD
CONTRACT NO: WCJ-Y91-441171-017-92
DOCUMENT NO: 3L3410906280003

OSN: MM0801011407-000933
BANK: 288
CHECK REF: 0022621334 DATE: 01/14/11 AMT: 1,660.00
INTERNAL BILL NO: 082180898 MSR: N0153716
CUST/EXTERNAL BILL NO: 26093440618402
BR PROVIDER #: 00833095671 3A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 3312?
SSN:
DOI: 10/26/07
PATIENT:

F.F.
CA

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

PAID

EMPLOYER: DIAMOND CONTRACT SERVICES, INC
ADDRESS: DIAMOND CONTRACT SERVICES, INC
2819 BURTON AVENUE
BURBANK, CA 91504
LOCATION CODE: 000123

AGENCY CLAIM#(BOARD COMM#): 2007111917040815952204
IDC-9 CODES: 799.8

DATES OF SERVICE: 02/10/09-11/05/09
AUDIT DATE: 01/13/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
02/10/09	MDS10		LUMP SUM SETTLEMENT WHERE							
2/10/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	230.00	N/A	0.00	230.00 150	Z652
3/13/09	MDS10		LUMP SUM SETTLEMENT WHERE							
3/13/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	230.00	N/A	0.00	230.00 150	Z652
5/22/09	MDS10		LUMP SUM SETTLEMENT WHERE							
5/22/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.01	180.00	N/A	0.00	180.00 42	Z560
									150	Z652
7/01/09	MDS10		LUMP SUM SETTLEMENT WHERE							
7/01/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	180.00	N/A	0.00	180.00 150	Z652
3/26/09	MDS10		LUMP SUM SETTLEMENT WHERE							
3/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	180.00	N/A	0.00	180.00 150	Z652
9/25/09	MDS10		LUMP SUM SETTLEMENT WHERE							
9/25/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	180.00	180.00	N/A	0.00	180.00 150	Z652
1/26/09	MDS10		LUMP SUM SETTLEMENT WHERE							
1/26/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	230.00	230.00	N/A	0.00	230.00 150	Z652
/05/09	MDS10		LUMP SUM SETTLEMENT WHERE							
/05/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	250.00	250.00	N/A	0.00	250.00 150	Z652

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

[redacted]

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
026409

OSN: MM0801011407-000933
BANK: 288
CHECK REF: 0022621334 DATE: 01/14/11 AMT: 1,660.00
INTERNAL BILL NO: 082180898 MSR: N0153716
CUST/EXTERNAL BILL NO: 26093440618402
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-439153 HOD
CONTRACT NO: WCJ-Y91-441171-017-92
DOCUMENT NO: 3L3410906280003

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33127
SSN:
DOI: 10/26/07
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: DIAMOND CONTRACT SERVICES, INC
ADDRESS: DIAMOND CONTRACT SERVICES, INC
2819 BURTON AVENUE
BURBANK, CA 91504
LOCATION CODE: 000123

AGENCY CLAIM#(BOARD COMM#): 200711191704081595220 4
IDC-9 CODES: 799.8

DATES OF SERVICE: 02/10/09-11/05/09
AUDIT DATE: 01/13/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
			TOTAL CHARGES:		1660.01					
			TOTAL PREVIOUSLY PAID:		0.00					
			TOTAL CURRENT PAYABLE:		1660.00					
			TOTAL WITHHOLDING:		0.00					
			TOTAL AMOUNT PAID:		1660.00					

XPLANATION CODE DESCRIPTIONS:

652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)

400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

TES

FOR APPEALS AND IF YOUR QUESTIONS PERTAIN TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. (Z212)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

B. CODE	CHECK REFERENCE	CHECK DATE
288	0022628945	01/17/11
	CHECK AMOUNT ****$240.00	BLOCK NUMBER 020824

CLAIM NO. WC 905-439153 HOD
CONTRACT NO: WCJ-Y91-441171-017-92
DOCUMENT NO:

OSN: MM0801011706-002134
BANK: 288
CHECK REF: 0022628945 DATE: 01/17/11 AMT: 240.00
INTERNAL BILL NO: 087827023 MSR: N0153716
CUST/EXTERNAL BILL NO: 06110130522500
BR PROVIDER #: 008330956713A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 33123
SSN:
DOI: 10/26/07
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: DIAMOND CONTRACT SERVICES, INC
ADDRESS: DIAMOND CONTRACT SERVICES, INC
2819 BURTON AVENUE
BURBANK, CA 91504
LOCATION CODE: 000123

AGENCY CLAIM#(BOARD COMM#): 20071119170408159522O4
IDC-9 CODES: 799.8

DATES OF SERVICE: 02/10/09-11/05/09
AUDIT DATE: 01/13/11

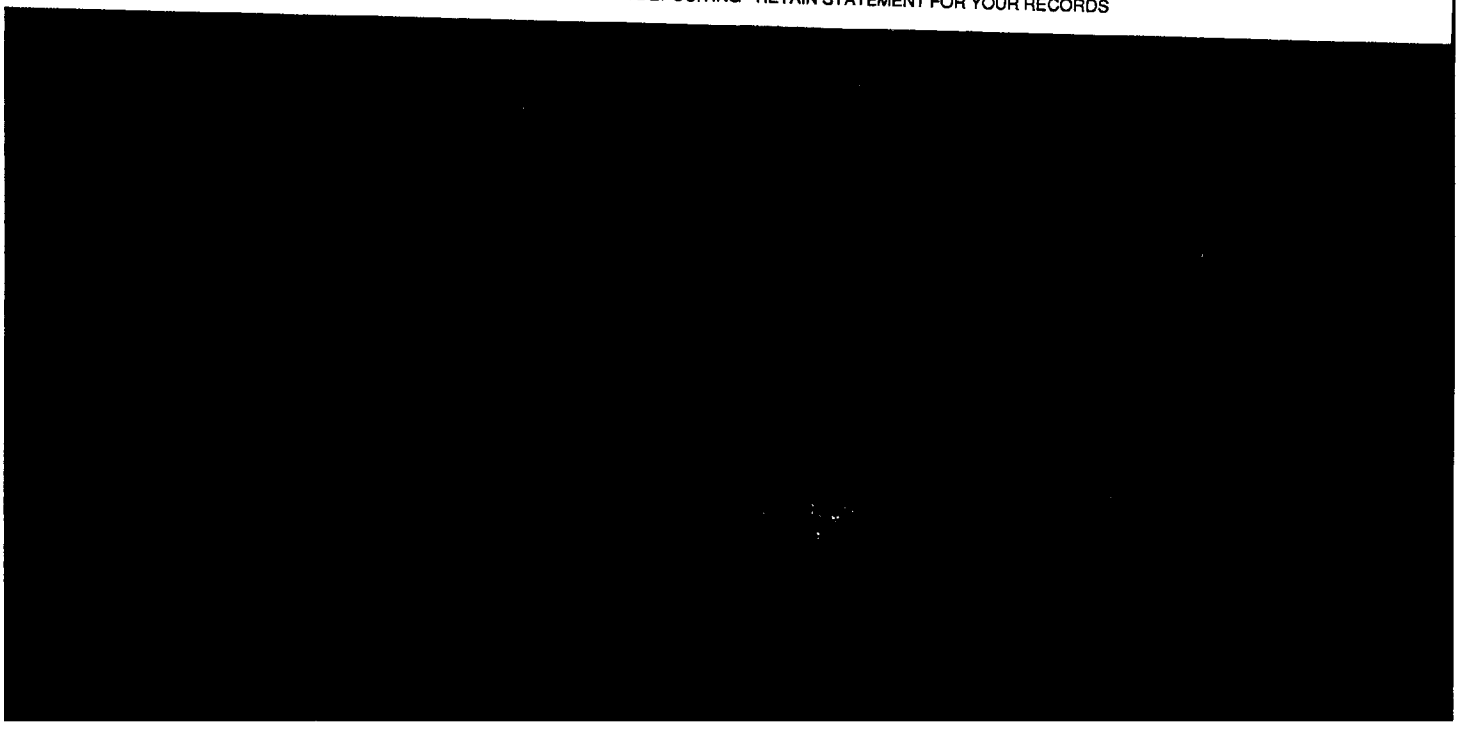
DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
2/10/09	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	240.00	240.00	N/A	0.00	240.00	Z473 Z473

TOTAL CHARGES:	240.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	240.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	240.00

PAID

EXPLANATION CODE DESCRIPTIONS:
Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)
500 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS



PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
020825

OSN: MM0801011706-002134
BANK: 288
CHECK REF: 0022628945 DATE: 01/17/11 AMT: 240.00
INTERNAL BILL NO: 087827023 MSR: N0153716
CUST/EXTERNAL BILL NO: 06110130522500
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-439153 HOD
CONTRACT NO: WCJ-Y91-441171-017-92
DOCUMENT NO:

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #:
SSN:
DOI: 10/26/07
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: DIAMOND CONTRACT SERVICES, INC
ADDRESS: DIAMOND CONTRACT SERVICES, INC
2819 BURTON AVENUE
BURBANK, CA 91504
LOCATION CODE: 000123

AGENCY CLAIM#(BOARD COMM#): 2007111917040815952204
IDC-9 CODES: 799.8

DATES OF SERVICE: 02/10/09-11/05/09
AUDIT DATE: 01/13/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
			PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)							
8849			DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)							
8850			MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)							

OTES
FOR APPEALS AND IF YOUR QUESTIONS PERTAIN TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP. (Z212)

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

*** INVOICE ***

Date	NO#
01/11/11	40170

Claim # : 05159330
W.C.A.B.: [redacted]
ADJ # :
S.S.N. :
D.O.B. : 11/10/60
Terms : 45 days

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

Case: vs OSCAR RUIZ
Date Of Injury: 8/31/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/10/10	WCAB LB	MSC - FULL DAY - CARMEN GUZMAN # 100585	313.00
11/12/10	PENALTIES	FOR DATE OF SERVICE 8/10/10	46.95
12/28/10	INTEREST	FOR DATE OF SERVICE 8/10/10	15.78
01/07/11	PMT BY CHECK	DOS 8/10/10 THRU 12/28/10 # CU-742818	-375.73

BALANCE 0.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92627
Los Angeles CA 90009-2627
(818)291-7000

Provider Number: 330956713

Check #: **CU-742818**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/07/11
Doc #: 022039810

41070 32362

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	05570454	**Date of Injury:**	05/08/09	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
1	SF1-SFCA-7703137	10/11/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
2	SF1-SFCA-7703137	11/08/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
								Subtotal:	**360.00**
		Patient Name:			**Claim #:**	SA645276	**Date of Injury:**	05/05/06	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
3	SF1-SFCA-7703284	09/20/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
4	SF1-SFCA-7703284	11/29/10	999Q2	Interpreter Treatmen	1	180.00	.00	723	180.00
								Subtotal:	**360.00**
		Patient Name:			**Claim #:**	05159330	**Date of Injury:**	08/31/07	
		ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS							
5	SF1-SFCA-7716892	08/10/10	MDO10	Payment By Order	1	.00	.00	790	.00
6	SF1-SFCA-7716892	08/31/07	MDO10	Payment By Order	1	375.73	.00	790 961	375.73
								Subtotal:	**375.73**

Total Allowances: **$1,095.73**

PAID

F.F.
CA

01357361022039810012

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(818)991-7000

Provider Number: 330956713

Check #: **CU-742818**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/07/11
Doc #: 022039810

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-7716892	05159330	LS 40170	375.73	.00	375.73	.00	375.73
SF1-SFCA-7703284	SA645276	40225	360.00	.00	360.00	.00	360.00
SF1-SFCA-7703137	05570454	40260	360.00	.00	360.00	.00	360.00

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

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

EOR Reduction Code Explanation:

723 : PAID PER AMOUNT PREVIOUSLY AGREED TO BY PROVIDER REPRESENTATIVE AND STATE FUND REPRESENTATIVE.
790 : THIS BILL WAS REVIEWED USING THE OFFICIAL MEDICAL FEE SCHEDULE OF CA.
961 : Allowance reflects the lump sum settlement amount

Reviewer's Comments:

SF1-SFCA-7703137 Other charges have been addressed previously.
SF1-SFCA-7703284 THE OTHER DATE(S) OF SERVICE HAVE BEEN PREVIOUSLY CONSIDERED.

0135736102203981O012

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

*** INVOICE ***
Date NO#
11/29/10 25601

Claim # : 67783450000275
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/27/78
Terms : 45 days

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

Case: vs VALLEY CREST LANDSCAPE MAINTEN
Date Of Injury: 12/8/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/07	INITIAL EXAM	DR PAYANDEH*	230.00
05/16/07	EMG TESTING	BY DR SCHILLING: L/E*	125.00
05/16/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
05/30/07	FOLLOW-UP	DR PAYANDEH*	180.00
06/18/07	PMT BY CHECK	DOS 4/25/07 THRU 5/16/07 # 42019256	-480.00
06/20/07	FOLLOW-UP	DR PAYANDEH*	180.00
07/05/07	PMT BY CHECK	DOS 5/30/07 # 42241436	-180.00
07/11/07	FOLLOW-UP	DR PAYANDEH*	180.00
08/01/07	FOLLOW-UP	DR PAYANDEH*	180.00
07/03/07	DEPO PREP	@ THE L/O OF DENNIS FUSI (REVISED)	147.00
08/22/07	PR2/REEVAL	DR PAYANDEH*	180.00
08/16/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/12/07	P AND S	DR PAYANDEH*	230.00
03/18/09	WCAB LB	MSC	156.50
02/12/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/16/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/26/10	PENALTIES	FOR DATE OF SERVICE 07/03/07	22.05
11/17/10	INTEREST	FOR DATE OF SERVICE 07/03/07	58.03
08/26/10	PENALTIES	FOR DATE OF SERVICE 08/16/07	37.50
11/17/10	INTEREST	FOR DATE OF SERVICE 08/16/07	95.23
08/26/10	PENALTIES	FOR DATE OF SERVICE 09/12/07	34.50
11/17/10	INTEREST	FOR DATE OF SERVICE 09/12/07	85.65
08/26/10	PENALTIES	FOR DATE OF SERVICE 03/18/09	23.48
11/17/10	INTEREST	FOR DATE OF SERVICE 03/18/09	31.01
08/26/10	PENALTIES	FOR DATE OF SERVICE 02/12/10	37.50
11/17/10	INTEREST	FOR DATE OF SERVICE 02/12/10	23.47
08/26/10	PENALTIES	FOR DATE OF SERVICE 02/16/10	23.48
11/17/10	INTEREST	FOR DATE OF SERVICE 02/16/10	14.50

[redacted]

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

*** INVOICE ***

Date	NO#
11/29/10	25601

Claim # : 67783450000275
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/27/78
Terms : 45 days

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

Case: vs VALLEY CREST LANDSCAPE MAINTEN
Date Of Injury: 12/8/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/10	PENALTIES	FOR DATE OF SERVICE 6/20/07	27.00
11/17/10	INTEREST	FOR DATE OF SERVICE 6/20/07	71.80
11/17/10	PENALTIES	FOR DATE OF SERVICE 7/11/07	27.00
11/17/10	INTEREST	FOR DATE OF SERVICE 7/11/07	70.61
11/17/10	PENALTIES	FOR DATE OF SERVICE 8/1/07	27.00
11/17/10	INTEREST	FOR DATE OF SERVICE 8/1/07	69.42
11/17/10	PENALTIES	FOR DATE OF SERVICE 8/22/07	27.00
11/17/10	INTEREST	FOR DATE OF SERVICE 8/22/07	68.22
11/23/10	PMT BY CHECK	DOS 4/25/07 THRU 2/16/10 # FE42250313	-2350.00
11/29/10	BLCE OFF SET	BALANCE OFF SET	-434.45

BALANCE 0.00

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

[redacted]

00004482 673099 A 1 0010 01 01204010-0001 04190 A

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

673099 A 1 0010 01 01204010-0001 04190 A

002460 PAGE 1 OF 1 000726

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

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

GALLAGHER BASSETT SERVICES, INC
FOR AMERICAN HOME ASSURANCE

CLAIM NO: 000726 008625 WC 01 (32090)

CLAIMANT:

DESCRIPTION: INVOICE # 25601

DATES OF SERVICE: 25Apr2007 THRU 16May2007

BENEFIT PERIOD: THRU

BRANCH NO.: 165

ACC. DATE: 08Dec06

NO. 0057051795

VN. 0000401858

DATE 18Jun07

######480.00

PAID

42019256

00000045 673378 A 1 0010 01 01204010-0001 00042 A

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

673378 A 1 0010 01 01204010-0001 00042 A

002401 PAGE 1 OF 1 000726

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

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

GALLAGHER BASSETT SERVICES, INC
FOR AMERICAN HOME ASSURANCE

CLAIM NO: 000726 008625 WC 01 (32090)

BRANCH NO.: 165

NO. 0057384094

CLAIMANT:

ACC. DATE: 08Dec06

VN. 0000402919

DESCRIPTION: INVOICE # 25601

DATE 05Jul07
######180.00

DATES OF SERVICE: 30May2007 THRU 30May2007

PAID

BENEFIT PERIOD: THRU

42241436

PDWLDMCD-002105-01-01-00
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 11/23/10

CHECK NO. **FE42250313**

STATEMENT **ESIS** 25601

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00583 FE42250313
JOYCE ALTMAN INTEPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
6778345000027

DOLLARS
$*******2,350.00

* NOT NEGOTIABLE *

FOR
04/25/07 THRU 02/16/10 F&F

CLAIMANT

DATE OF EVENT
12/08/06

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

PDWLDMCD-002105-01-01-00

PAID

F-F, OP, Oy.
IG

BOA108 (07/2009)

DETACH THIS PORTION BEFORE CASHING

[redacted]

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

*** INVOICE ***
Date NO#
10/26/10 33827

Claim # : 00747-096529-WC-01
W.C.A.B.:
ADJ # : 1
S.S.N. :
D.O.B. : 6/19/57
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W.C. DEPARTMENT
ATTN: ERIN TUTER
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: vs ARTISTREE INC.
Date Of Injury: 3/21/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/08/09	INITIAL EXAM	DR ZARGARAFF @ AMERI CHIRO*	230.00
05/12/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/11/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/29/09	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
07/22/09	DEPO PREP	@ THE L/O OF DENNIS FUSI (VOL II)	156.50
08/07/09	PMT BY CHECK	DOS 4/8/09 THRU 6/29/09 # 0072843536	-816.50
08/20/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL II)	250.00
10/22/09	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
12/23/09	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
12/07/09	+DEPO PREP	@ L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/06/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/02/10	P AND S	DR RAHIMIAN* CLARA BONILLA # 500320	230.00
03/01/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
05/03/10	C&R READING	@ THE L/O OF DENNIS FUSI BLOCK SETTLEMENT	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/06/10	PENALTIES	/OR DATE OF SERVICE 8/20/09	37.50
10/06/10	INTEREST	FOR DATE OF SERVICE 8/20/09	33.87
10/06/10	PENALTIES	FOR DATE OF SERVICE 10/22/09	27.00
10/06/10	INTEREST	FOR DATE OF SERVICE 10/22/09	20.81
10/06/10	PENALTIES	FOR DATE OF SERVICE 12/23/09	23.48
10/06/10	INTEREST	FOR DATE OF SERVICE 12/23/09	15.04
10/06/10	PENALTIES	FOR DATE OF SERVICE 12/07/09	23.48
10/06/10	INTEREST	FOR DATE OF SERVICE 12/07/09	15.83

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

*** INVOICE ***

Date	NO#
10/26/10	33827

Claim # : 00747-096529-WC-01
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 6/19/57
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SAC-255397)
W.C. DEPARTMENT
ATTN: ERIN TUTER
P.O. BOX # 255397
SACRAMENTO, CA 95865

Case: vs ARTISTREE INC.
Date Of Injury: 3/21/09

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/10	PENALTIES	FOR DATE OF SERVICE 1/6/10	23.48
10/06/10	INTEREST	FOR DATE OF SERVICE 1/6/10	14.45
10/06/10	PENALTIES	FOR DATE OF SERVICE 2/2/10	34.50
10/06/10	INTEREST	FOR DATE OF SERVICE 2/2/10	19.28
10/06/10	PENALTIES	FOR DATE OF SERVICE 3/01/10	37.50
10/06/10	INTEREST	FOR DATE OF SERVICE 3/01/10	18.83
10/06/10	PENALTIES	FOR DATE OF SERVICE 5/3/10	23.48
10/06/10	INTEREST	FOR DATE OF SERVICE 5/3/10	13.86
10/19/10	PMT BY CHECK	DOS 4/8/09 THRU 5/3/10 # 0081551036	-1883.70
10/26/10	BLCE OFF SET	BALANCE OFF SET	-191.19

BALANCE 0.00

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

[redacted]

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

000747 PAGE 1 OF 1 009734

MDG2009 00006109 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 000747 096529 WC 01 (1301)
CLAIMANT:
DESCRIPTION: INV# 33827 DOS 04/08/09-06/29/09

DATES OF SERVICE: 08Apr2009 **THRU** 29Jun2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 176
ACC DATE: 21Mar09

NO.: 0072843536
VN: 0000275562
DATE: 07Aug09
AMOUNT: 816.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0006109 006887 001 001

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

000747 PAGE 1 OF 1 007918

33827

MDG2009 00004616 1 MB 0382 1

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

F. F. on Iggy.

GALLAGHER BASSETT SERVICES INC
FOR ARCH INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

**

CLAIM NO.: 000747 096113 WC 01 (6610)
CLAIMANT:
DESCRIPTION: FULL AND FINAL RESOLUTION OF LIENS

DATES OF SERVICE: 04Feb2009 **THRU** 25May2010
BENEFIT PERIOD: **THRU**

BRANCH NO.: 176
ACC DATE: 04Feb09

NO.: 0081551036
VN: 0000341270
DATE: 19Oct10
AMOUNT: 1883.70

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004616 005295 001 001

[redacted]

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

*** INVOICE ***

Date	NO#
10/26/10	31790

Claim # : 2080183263-001
W.C.A.B.: [redacted]
ADJ # :
S.S.N. :
D.O.B. : 8/28/79
Terms : 45 days

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

Case: vs ELAN HOTEL MODERN
Date Of Injury: 9/06 - 2/27/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/20/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/24/08	PMT BY CHECK	DOS 10/20/08 # 1080891094	-250.00
11/24/08	PMT BY CHECK	DOS 9/25/08 # 1080891076	-156.50
11/10/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
02/08/10	PENALTIES	FOR DATE OF SERVICE 11/10/09	37.50
10/12/10	INTEREST	FOR DATE OF SERVICE 11/10/09	28.04
10/12/10	COSTS & SANC	SANCT	1415.46
10/19/10	PMT BY CHECK	DOS 9/25/08 THRU 10/12/10 # 1101004300	-1700.00
10/26/10	BLCE OFF SET	BALANCE OFF SET	-31.00

BALANCE 0.00

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

PO BOX 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 INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00276

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0183263 001 SG	WC 9140251	31790		02/27/08	10/20/08-10/20/08

Check Number	1080891094	Date Issued	11/24/08	Amount	$****250.00
Insured	Elan ML Company, LLC				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Samantha Laubacher				
File Supervisor	Sharon Gochoel	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	250.00		
TOTAL	$250.00		

PAID

PO BOX 92586
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 INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00259

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0183263 001 SG	WC 9140251	31790		02/27/08	09/25/08-09/25/08

Check Number	1080891076	Date Issued	11/24/08	Amount	$*****156.50
Insured	Elan ML Company, LLC				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Samantha Laubacher				
File Supervisor	Sharon Gochoel	Phone Number	818 227-1700		

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

PAID

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

31790

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781

PAID 01512

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0183263 001 SC	WC 9140251			02/27/08	09/25/08-11/01/09

Check Number	1101004300	**Date Issued**	10/19/10	**Amount**	$**1,700.00
Insured	Elan ML Company, LLC				
Claimant					
Nature of Payment	As full satisfaction				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Ajay CG-Umesh				
File Supervisor	Susan Cruz	**Phone Number**	818 227-1700		

F-F. ab
OYCA

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	1,700.00		
TOTAL	**$1,700.00**		

[redacted]

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

*** INVOICE ***

Date	NO#
10/01/10	27472

Claim # : 05140566
W.C.A.B.: LBO 0390851
ADJ # : AD[illegible]
S.S.N. :
D.O.B. : 7/26/50
Terms : 45 days

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

Case: vs K & C STIMSON, INC.
Date Of Injury: 9/13/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/28/07	INITIAL EXAM	DR PAYANDEH*	230.00
10/04/07	PR2/REEVAL	DR PAYANDEH*	180.00
11/13/07	PR2/REEVAL	DR PAYANDEH*	180.00
12/10/07	PMT BY CHECK	DOS 9/28 & 10/4/07 # CU118187	-180.00
12/27/07	WCAB LB	EXP. HEARING	156.50
01/03/08	PMT BY CHECK	DOS 11/13/07 # CU137231	-90.00
01/16/08	PMT BY CHECK	DOS 12/27/07 # CU147979	-156.56
01/30/08	PMT BY CHECK	DOS 12/27/07 # CU-156454	-90.00
01/31/08	WCAB LB	EXP. HEARING	156.50
02/27/08	PMT BY CHECK	DOS 1/31/08 # CU-173170	-66.50
03/24/08	PMT BY CHECK	DOS 9/28/07 # CU-184814	-230.00
05/05/08	PR2/REEVAL	DR PAYANDEH*	180.00
07/24/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
09/08/10	PENALTIES	FOR DATE OF SERVICE 5/5/08	27.00
09/08/10	INTEREST	FOR DATE OF SERVICE 5/5/08	49.68
09/08/10	PENALTIES	FOR DATE OF SERVICE 7/24/09	37.50
09/08/10	INTEREST	FOR DATE OF SERVICE 7/24/09	33.95
09/08/10	PENALTIES	FOR DATE OF SERVICE 11/13/07	13.50
09/08/10	INTEREST	FOR DATE OF SERVICE 11/13/07 \	29.77
09/08/10	PENALTIES	FOR DATE OF SERVICE 1/31/08	13.50
09/08/10	INTEREST	FOR DATE OF SERVICE 1/31/08	27.53
09/28/10	PMT BY CHECK	DOS 9/28/07 THRU 7/24/09 # CU-697186	-600.00
10/01/10	BLCE OFF SET	BALANCE OFF SET	-152.37

[redacted]

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

*** INVOICE ***

Date	NO#
10/01/10	27472

Claim # : 05140566
W.C.A.B.: LBO [illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 7/26/50
Terms : 45 days

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

Case: vs K & C STIMSON, INC.
Date Of Injury: 9/13/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

[redacted]

Explanation of Review (EOR)

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

Provider Number: 330956713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Check #: CU-118187

Issue Date: 12/10/07
Doc #: 014317271

Medical

27472

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC								
16	2007120711440616W15 00	08/25/07	TXI	Non Medical-Legal In	1	180.00	.00	S28	180.00
	Patient Name:				**Claim #:** 05053876		**Date of Injury:** 05/03/07		
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC								
17	2007120708583538W76 00	10/17/07	TXI	Non Medical-Legal In	1	180.00	.00	S28	180.00
	Patient Name:				**Claim #:** 05097716		**Date of Injury:** 07/09/07		
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC								
18	2007120713012414Y12 00	10/19/07	TXI	Non Medical Legal In	1	180.00	.00	S28	180.00
	Patient Name:				**Claim #:** 01460503		**Date of Injury:** 12/05/03		
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC								
19	2007120807435599JDW 00	08/02/07	TXI	Interpreter	1	180.00	.00	G32	180.00
	Patient Name				**Claim #:** 05095496		**Date of Injury:** 07/12/07		
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC								
20	2007120712013407PGD 00	10/05/07	TXI	Interpreting	1	150.00	.00	G32	150.00
21	2007120712013407PGD 00	10/11/07	TXI	Interpreting	1	180.00	.00	G32	180.00
	Patient Name: [redacted]							**Subtotal:**	330.00
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC				**Claim #:** 05140566		**Date of Injury:** 09/13/07		
22	2007120709005978W91 00	09/28/07	TXI	Non Medical Legal In	1	230.00	140.00	S28	90.00
23	2007120709005978W91 00	10/04/07	TXI	Non Medical Legal In	1	180.00	90.00	S28	90.00
	Patient Name:							**Subtotal:**	180.00
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC				**Claim #:** 05006008		**Date of Injury:** 01/04/07		
24	2007120410505493JDH 01U	09/07/07	TXI	Interpreting	1	180.00	.00	G32	180.00
25	2007120410505493JDH 01U	10/12/07	TXI	Interpreting	1	180.00	.00	G32	180.00
	Patient Name:							**Subtotal:**	360.00
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC				**Claim #:** 04751084		**Date of Injury:** 01/31/06		
26	2007120709291891S2A 00	08/27/07	TXI	Interpreting	1	230.00	140.00	INT1	90.00
27	2007120709291891S2A 00	10/15/07	TXI	Interpreting	1	180.00	180.00	E05	.00
								Subtotal:	90.00
							Total Allowances:		$3,575.00

PAID

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

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: CU-118187

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 12/10/07
Doc #: 01431727 1

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
20071208074355991DW 00	01460503	21422	180.00	.00	180.00	.00	180.00
20071207131526031W15 00	04654980	22566	180.00	.00	180.00	.00	180.00
20071207092918918S2A 00	04751084	22669	410.00	320.00	90.00	.00	90.00
20071207114406161W15 00	04786602	22189	180.00	.00	180.00	.00	180.00
20071207090727031W74 00	04890266	27277	710.00	350.00	360.00	.00	360.00
20071204105054931DH 01U	05006008	24500	360.00	.00	360.00	.00	360.00
20071207085835381W76 00	05053876	26281	180.00	.00	180.00	.00	180.00
20071207120134071PGD 00	05095496	26871	330.00	.00	330.00	.00	330.00
20071207130124141Y12 00	05097716	05097716	180.00	.00	180.00	.00	180.00
20071207090059941S4A 00	05114612	27369	630.00	.00	630.00	.00	630.00
20071207090059781W91 00	05140566	27472	410.00	230.00	180.00	.00	180.00
20071207120302571Y70 00	SA634433	SA634433	225.00	90.00	135.00	.00	135.00
20071207090100881W74 00	SA644534	27361	410.00	230.00	180.00	.00	180.00
20071207125248681N1M 00	SA644534	27361	590.00	180.00	410.00	.00	410.00

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

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

EOR Reduction Code Explanation:

E05 : There is no documentation in the medical record to substantiate the level of service charged or that in fact any Evaluation and Management service was performed. The billing is objected to in its entirety.

G32 : Allowed as charged.

INT1: No documentation of time was provided for interpretation services, to substantiate reimbursement greater than $90.00 for the 2 hour minimum. When we receive the documentation. we will review it for possible payment.

S28 : The reduction was made for reasons indicated in the note below or on the attached note or letter.

Reviewer's Comments:

20071207085835381W76 00 REIMBURSEMENT IS BEING MADE AT THE MARKET RATE THAT HAS BEEN PREVIOUSLY ESTABLISHED WITH STATE COMPENSATION INSURANCE FUND.

20071207090059781W91 00 STATE COMPENSATION INSURANCE FUNDS INTERPRETER POLICY PAYS A MINIMUM 2 HOUR CHARGE OF $90.00 ABD $11.25 PER QUATER HOUR AFTER THAT, PROVIDI

20071207090100881W74 00 GENERAL RATE STATE COMPENSATION INSURANCE FUND'S INTERPRETER POLICY PAYS A MINIMUM 2-HOUR CHARGE OF $90.00 AND $11.25 PER QUARTER HOUR AFTER THAT, PROVIDING THAT THE FACE-TO-FACE START AND END TIME IS DOCUMENTED.

20071207090727031W74 00 GENERAL RATE STATE COMPENSATION INSURANCE FUND'S INTERPRETER POLICY PAYS A MINIMUM 2-HOUR CHARGE OF $90.00 AND $11.25 PER QUARTER HOUR AFTER THAT, PROVIDING THAT THE FACE-TO-FACE START AND END TIME IS DOCUMENTED.

20071207120302571Y70 00 STATE COMPENSATION INSURANCE FUND'S INTERPRETER POLICY PAYS A MINIMUM 2-HOUR CHARGE OF $90.00 AND $11.25 PER QUARTER HOUR AFTER THAT, PROVIDING THAT THE FACE-TO-FACE START AND END TIME IS DOCU MENTED.

20071207125248681N1M 00 DATES OF SERVICE 9/10/07 AND 9/27/07 HAD BEEN PREVIOUSLY PAID ON A SEPARATE BILL ACCORDING TO STATE FUND'S GUIDELINES FOR INTERPRETING AT THE $90 MINIMUM. WE HAVE NOW PAID THE DIFFERENCE ACCORDING TO YOUR MARKET RATE AGREEMENT FOR THESE DATES OF SERVICE AND NO FURTHER PAYMENT IS DUE.

20071207131526031W15 00 REIMBURSEMENT IS BEING MADE AT THE MARKET RATE THAT HAS BEEN PREVIOUSLY ESTABLISHED WITH STATE COMPENSATION INSURANCE FUND.

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: CU-137231

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 01/03/08
Doc #: 014499037

Medical

20472

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:			**Claim #:** 05095496	**Date of Injury:** 07/12/07		
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC								
1	20071119083048 58YRS 03A	08/14/07	TXI	Interpreting	8	150.00	.00	E05	150.00
2	20071119083048 58YRS 03A	08/17/07	TXI	Interpreting	1	230.00	.00	E05	230.00
3	20071119083048 58YRS 03A	08/21/07	TXI	Interpreting	1	150.00	.00	E05	150.00
				Sub-Totals:		530.00	.00		530.00
				Adjustment:		-530.00	-530.00		.00
				Totals:		.00	-530.00		530.00
4	20080102084255 49SLO 00	11/07/07	TXI	Interpreter	1	230.00	140.00	INT1	90.00
5	20080102084255 49SLO 00	11/13/07	TXI	Interpreter	1	180.00	90.00	INT1	90.00
								Subtotal:	**710.00**
			Patient Name:			**Claim #:** 05140566	**Date of Injury:** 09/13/07		
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC								
6	20080102081812 99W92 00	11/13/07	TXI	Non Medical-Legal In	1	180.00	90.00	S28	90.00
								Total Allowances:	**$800.00**

PAID

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.

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: CU-137231

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 01/03/08
Doc #: 014499037

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
20071119083048 58YRS 03A	05095496	26871	530.00	.00	530.00	.00	530.00
20080102084255 49SLO 00	05095496	26871	410.00	230.00	180.00	.00	180.00
20080102081812 99W92 00	05140566	27472	180.00	90.00	90.00	.00	90.00

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

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

EOR Reduction Code Explanation:

E05 : There is no documentation in the medical record to substantiate the level of service charged or that in fact any Evaluation and Management service was performed. The billing is objected to in its entirety.

INT1: No documentation of time was provided for interpretation services, to substantiate reimbursement greater than $90.00 for the 2 hour minimum. When we receive the documentation, we will review it for possible payment.

S28 : The reduction was made for reasons indicated in the note below or on the attached note or letter.

Reviewer's Comments:

20080102081812 99W92 00 STATE COMPENSATION INSURANCE FUND'S INTERPRETER POLICY PAYS A MINIMUM 2-HOUR CHARGE OF $90.00 AND $11.25 PER QUARTER HOUR AFTER THAT, PROVIDING THAT THE FACE-TO-FACE START AND END TIME IS DOCUMENTED.

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-147979**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/16/08
Doc #: 014614464

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05140566			
1	27472	12/27/07	12/27/07	Interpreter fees	1		156.56
						Total Allowances:	**$156.56**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05140566	156.56	.00	156.56

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

Notations:

05140566 NEW RATE APPLIED;

PAID

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

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

Provider Number: 330956713

Check #: CU-156454

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 01/30/08
Doc #: 014723903

20472

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
								Subtotal:	**810.00**
	Patient Name:				**Claim #:** 01154033		**Date of Injury:** 09/11/02		
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC								
19	20080129120410 78M3S 00	01/29/07	TXI	Interpreting	1	180.00	90.00	S28	90.00
20	20080129120410 78M3S 00	03/28/07	TXI	Interpreting	1	180.00	90.00	S28	90.00
21	20080129120410 78M3S 00	05/30/07	TXI	Interpreting	1	180.00	90.00	S28	90.00
22	20080129120410 78M3S 00	07/23/07	TXI	Interpreting	1	180.00	90.00	S28	90.00
23	20080129120410 78M3S 00	09/17/07	TXI	Interpreting	1	180.00	90.00	S28	90.00
24	20080129120410 78M3S 00	10/09/06	TXI	Interpreting	1	180.00	90.00	S28	90.00
25	20080129120410 78M3S 00	12/10/07	TXI	Interpreting	1	180.00	180.00	S28	.00
								Subtotal:	**540.00**
	Patient Name: Montano, Francisco				**Claim #:** 01398305		**Date of Injury:** 09/30/03		
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC								
26	20080129151407 09DGJ 00	05/07/07	99203	Initial Visit	1	230.00	.00		230.00
27	20080129151407 09DGJ 00	05/09/07	DIAGNSTUDY	Polysonography	1	150.00	.00	G32	150.00
								Subtotal:	**380.00**
	Patient Name: P				**Claim #:** 05140566		**Date of Injury:** 09/13/07		
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC								
28	20080130064359 14ERM 00	12/27/07	TXI/NON ML	Interp/Wcab	1	156.50	66.50	INT1	90.00

Total Allowances: **$2,810.00**

PAID

Explanation of Review (EOR)

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

Provider Number: 330956713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Check #: CU-156454

Issue Date: 01/30/08
Doc #: 0014723903

Summary

Bill ID	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
20080129120410 78M3S 00	01154033		1,260.00	720.00	540.00	.00	540.00
20080129151407 09DGJ 00	01398305	330956713	380.00	.00	380.00	.00	380.00
20080130062824 27ERM 00	03062400	28374	180.00	90.00	90.00	.00	90.00
20080129111059 88S2V 00	05040492	25443	1,100.00	560.00	540.00	.00	540.00
20080129111357 31PGD 00	05078704	26412	180.00	.00	180.00	.00	180.00
20080130064359 14ERM 00	05140566	27472	156.50	66.50	90.00	.00	90.00
20080125161354 63A3A 02U	05161358	28100	180.00	.00	180.00	.00	180.00
20080129081230 13H2C 00	SA456989	10254	1,347.00	537.00	810.00	.00	810.00

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

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

EOR Reduction Code Explanation:

60 : The provider has billed for the exact services on a previous bill.
G23 : We cannot review this service without the report. Please submit a report as soon as possible.
G32 : Allowed as charged.
INT1: No documentation of time was provided for interpretation services, to substantiate reimbursement greater than $90.00 for the 2 hour minimum. When we receive the documentation, we will review it for possible payment.
S28 : The reduction was made for reasons indicated in the note below or on the attached note or letter.

Reviewer's Comments:

20080129111059 88S2V 00 05/23/07 DATE OF SERVICE 05/23/07 WAS ALREADY PAID $180.00 AND WE STILL HAVE NO RECORDS THAT IT WAS MEDICAL EVALUATION ON THIS DATE. 07/03/07 AND 07/18/07 WE ARE UNABLE TO PROCESS THIS DATE OF SERVICE BECAUSE THERE IS NO MEDICAL DOCUMENTATION TO SUBSTANTIATE THE CHARGE OR EVIDENCE OF MEDICAL APPOINTMENT ON THIS DATE.

20080129120410 78M3S 00 FOR DOS 10/09/06 TO 09/17/07 - WE HAVE ADJUSTED THE PAYMENTS FOR THESE DATES OF SERVICE AS PER THE MARKET RATE AGREEMENT. HOWEVER, PREVIOUS DOS WERE NOT ADJUSTED SINCE THE MARKET AGREEMENT WAS EFFECTIVE 08/24/06. FOR DOS 12/10/07 - WE ARE UNABLE TO PROCESS THIS DATE OF SERVICE BECAUSE THERE IS CURRENTLY NO MEDICAL DOCUMENTATION TO SUBSTANTIATE THE CHARGE OR EVIDENCE OF MEDICAL APPOINTMENT ON THIS DATE.

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: CU-173170

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 02/27/08
Doc #: 014952381

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name		**Claim #:** 05140566		
1	27472	01/31/08	01/31/08	Interpreter fees	1		66.50
					Total Allowances:		**$66.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05140566	66.50	.00	66.50

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

Notations:

05140566 ONLY PAID $66.50 FOR THIS; DOS BECAUSE WE DOUBLE; PAID DOS 12/27/07;

PAID

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

Explanation of Review (EOR)

[redacted]

Provider Number: 330956713

Check #: **CU-184814**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 03/24/08
Doc #: 015146147

Medical

27472

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	05140566	**Date of Injury:**	09/13/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-1143939	09/28/07	99911	Interpreting Service	1	230.00	0	790	230.00
2	SF1-SFCA-1143939	10/04/07	99911	Interpreting Service	1	180.00	0	790	180.00
				Sub-Totals:		410.00	.00		410.00
				Adjustment:		-410.00	-230.00		-180.00
				Totals:		.00	-230.00		230.00

Additional Amount Due Per Our Review: $230.00

PAID

012935020151461470 12

[redacted]

Provider Number: 330956713

Check #: **CU-184814**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 03/24/08
Doc #: 015146147

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-1143939	05140566	27472	410.00	.00	410.00	.00	410.00
			Adjustment:				-180.00
			Totals:				230.00

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

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

EOR Reduction Code Explanation:

790 : THIS BILL WAS REVIEWED USING THE OFFICIAL MEDICAL FEE SCHEDULE OF CA.

Adjustment Explanations:

P4 : 09/28/2007 99911 INTERPRETING SERVICE
Due to an error on the original analysis, we are recommending further payment be made for the above noted procedure code.

P4 : 10/04/2007 99911 INTERPRETING SERVICE
Due to an error on the original analysis, we are recommending further payment be made for the above noted procedure code.

0129390201514614701Z

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-697186**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 09/28/10
Doc #: 021398005

27472

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	01351171	**Date of Injury:**	07/28/03	
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-7148194	02/21/07	MDO10	Payment By Order	1	.00	.00	790	.00
2	SF1-SFCA-7148194	06/23/04	MDO10	Payment By Order	1	845.25	345.25	961	500.00
3	SF1-SFCA-7148194			Medical Interest					5.75
								Subtotal:	**505.75**
	Patient Name:				**Claim #:**	05140566	**Date of Injury:**	09/13/07	
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
4	SF1-SFCA-7147314	07/24/09	MDO10	Payment By Order	1	.00	.00		.00
5	SF1-SFCA-7147314	09/28/07	MDO10	Payment By Order	1	752.37	152.37	961	600.00
								Subtotal:	**600.00**

Total Allowances: **$1,105.75**

PAID

F. F.

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

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

0135109502139800S012

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

*** INVOICE ***
Date NO#
10/11/10 34447

Claim # : 2080211802
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/28/52
Terms : 45 days

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

Case: vs INTERNATIONAL EXTRUSITION CORP
Date Of Injury: 6/10/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
07/16/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
09/22/09	PMT BY CHECK	DOS 6/25/09 # 1020016638	-230.00
11/13/09	DEPO PREP	@ THE L/O OF PRINDEL, AMARO, & HILLYARD	156.50
12/22/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
01/13/10	DEPO PREP	@ THE L/O OF PRINDLE, DECKER & AMARO (VOL II)	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
01/27/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
02/03/10	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA # 100755	180.00
02/24/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
04/01/10	PR2/REEVAL	DR JARCHI* ELIZABETH HERRERA # 301231	180.00
05/12/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
06/09/10	WCAB LB	MSC - FULL DAY CARMEN GUZMAN # 100585	313.00
09/20/10	PENALTIES	FOR DATE OF SERVICE 7/16/09	27.00
09/20/10	INTEREST	FOR DATE OF SERVICE 7/16/09	25.58
09/20/10	PENALTIES	FOR DATE OF SERVICE 11/13/09	23.48
09/20/10	INTEREST	FOR DATE OF SERVICE 11/13/09	16.32
09/20/10	PENALTIES	FOR DATE OF SERVICE 12/22/09	37.50
09/20/10	INTEREST	FOR DATE OF SERVICE 12/22/09	23.00
09/20/10	PENALTIES	FOR DATE OF SERVICE 1/13/10	23.48
09/20/10	INTEREST	FOR DATE OF SERVICE 1/13/10	13.31
09/20/10	PENALTIES	FOR DATE OF SERVICE 1/27/10	27.00

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#
10/11/10 34447

Claim # : 2080211802
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/28/52
Terms : 45 days

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

Case: vs INTERNATIONAL EXTRUSITION CORP
Date Of Injury: 6/10/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/20/10	INTEREST	FOR DATE OF SERVICE 1/27/10	14.52
09/20/10	PENALTIES	FOR DATE OF SERVICE 2/3/10	27.00
09/20/10	INTEREST	FOR DATE OF SERVICE 2/3/10	14.12
09/20/10	PENALTIES	FOR DATE OF SERVICE 2/24/10	37.50
09/20/10	INTEREST	FOR DATE OF SERVICE 2/24/10	17.96
09/20/10	PENALTIES	FOR DATE OF SERVICE 4/1/10	27.00
09/20/10	INTEREST	FOR DATE OF SERVICE 4/1/10	10.89
09/20/10	PENALTIES	FOR DATE OF SERVICE 5/12/10	27.00
09/20/10	INTEREST	FOR DATE OF SERVICE 5/12/10	8.56
09/20/10	PENALTIES	FOR DATE OF SERVICE 6/9/10	46.95
09/20/10	INTEREST	FOR DATE OF SERVICE 6/9/10	12.13
10/06/10	PMT BY CHECK	DOS 6/25/09 THRU 9/20/10 # 1100077456	-2486.30

BALANCE 0.00

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORPORATION

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

06984

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0211802 001 RZ	WC 9305018	34447		06/10/09	06/25/09-06/25/09

Check Number	1620016638	**Date Issued**	09/22/09	**Amount**	$****230.00
Customer	International Aluminum Corporation				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Roxanne Ervin				
File Supervisor	Rita Thomassian	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	230.00		
TOTAL	**$230.00**		

PAID

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORPORATION

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781 4165

05805

34447

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0209626 001 RZ	WC 9305018			05/20/09	09/20/10-09/20/10

Check Number	1100077456	Date Issued	10/06/10	Amount	$**2,486.30
Customer	International Aluminum Corporation				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS				
Requested By	Kumaradoss CG-Somasundara				
File Supervisor	Rita Thomassian	Phone Number	818 227-1700		

PAID

F-F-

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,486.30		
TOTAL	$2,486.30		

[redacted]

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

*** INVOICE ***

Date	NO#
08/31/10	36286

Claim # : SCA900050030
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/13/79
Terms : 45 days

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

Case: vs URTH CAFE
Date Of Injury: 5/27/09

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/28/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
08/17/10	PENALTIES	FOR DATE OF SERVICE 12/17/09	37.50
08/17/10	INTEREST	FOR DATE OF SERVICE 12/17/09	14.02
08/23/10	PMT BY CHECK	DOS 12/17/09 THRU 8/17/10 # 92457	-458.02

BALANCE 0.00

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

[redacted]

36286

FIRST COMP
Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: SCA900050030
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 92457
Check Date: 08/23/2010
Check Amount: ✓ 458.02

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WSI0012421
CLAIMS TYPE: ME EXPENSE TYPE: 15

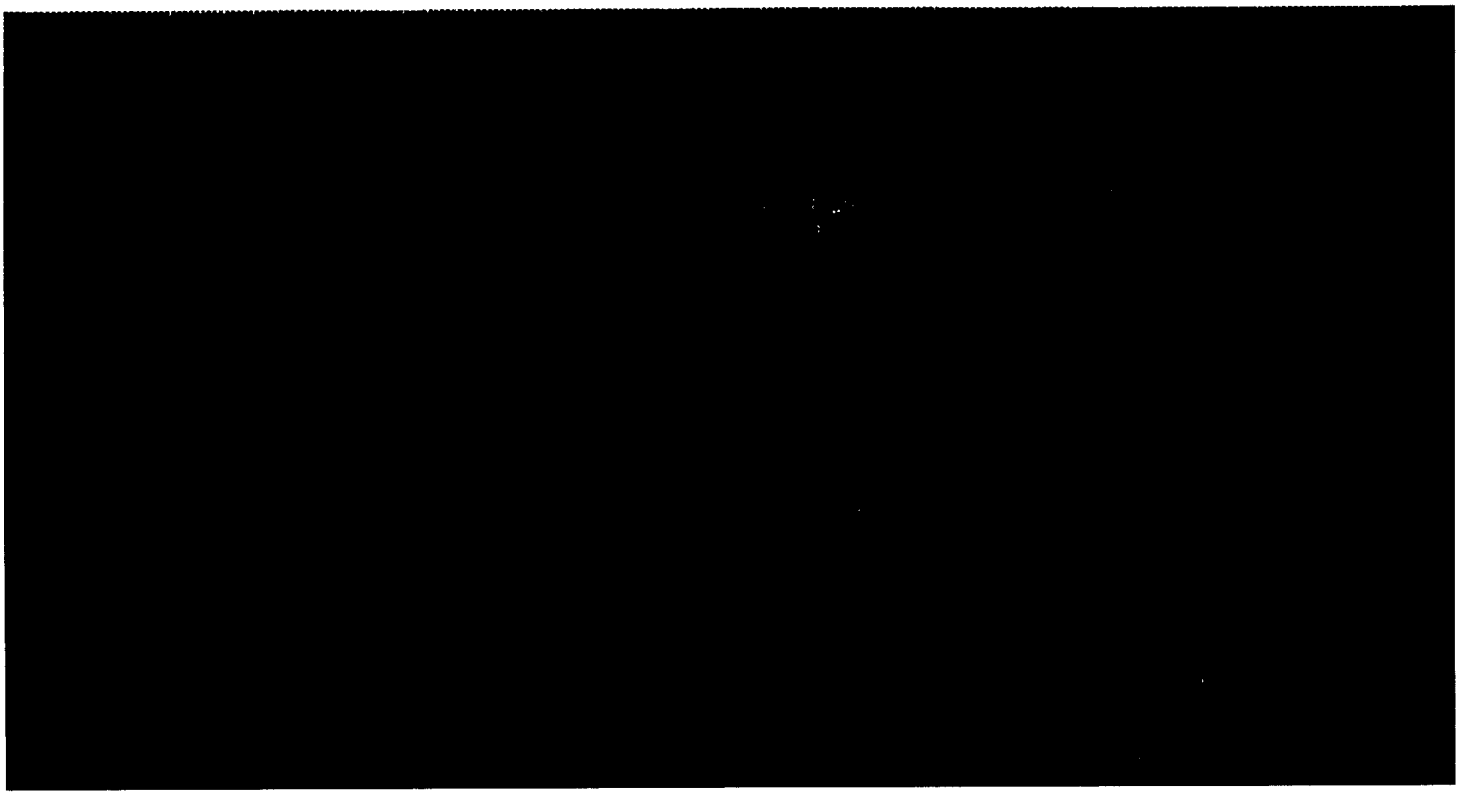
Invoice Number:
Invoice Date:

Service From: 12/17/2009 **Service To:** 04/28/2010 PAID

Claimant First Name:
Claimant Last Name:

Additional Information: 12/17/2009 04/28/2010 full and final settlement of lien

FF&R CA



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

*** INVOICE ***

Date	NO#
08/17/10	29552

Claim # : 710-207-364
W.C.A.B.: [redacted]
ADJ # : [redacted]
S.S.N. :
D.O.B. : 5/31/77
Terms : 45 days

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

Case: vs GENERAL AVIATION TERMINAL
Date Of Injury: 12/29/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/08	INITIAL EXAM	DR CHAN*	230.00
03/28/08	INITIAL EXAM	DR AFLATOON*	230.00
04/29/08	PR2/REEVAL	DR AFLATOON*	180.00
05/06/08	PMT BY CHECK	DOS 2/22-3/28/08 #27068794	-460.00
08/04/10	PENALTIES	FOR DATE OF SERVICE 4/29/08	27.00
08/04/10	INTEREST	FOR DATE OF SERVICE 4/29/08	48.04
08/12/10	PMT BY CHECK	DOS 2/22/08 THRU 4/29/08 # 14554230	-200.00
08/17/10	BLCE OFF SET	BALANCE OFF SET	-55.04

BALANCE 0.00

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

[redacted]

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 7 7102706879400344804

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

PAID

Remittance -
COMMERCE AND INDUSTRY INSURANCE CO.

No.: 27068794
RFP No.: 00344804
05/06/2008

Insured: GENERAL AVIATION TERMINAL INC
Claimant:
Producer:
ACT: 29552

Claim Office: 710

022208-032808

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000008847071	00207364	01	12/29/2005	MED	O	$460.00	$12,768.88

Use file # 710-00207364 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 3 71014554230000484282

29552

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

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

No.: 14554230
RFP No.: 00484282
08/12/2010

Insured: GENERAL AVIATION TERMINAL INC
Claimant:
Producer:

Claim Office: 710

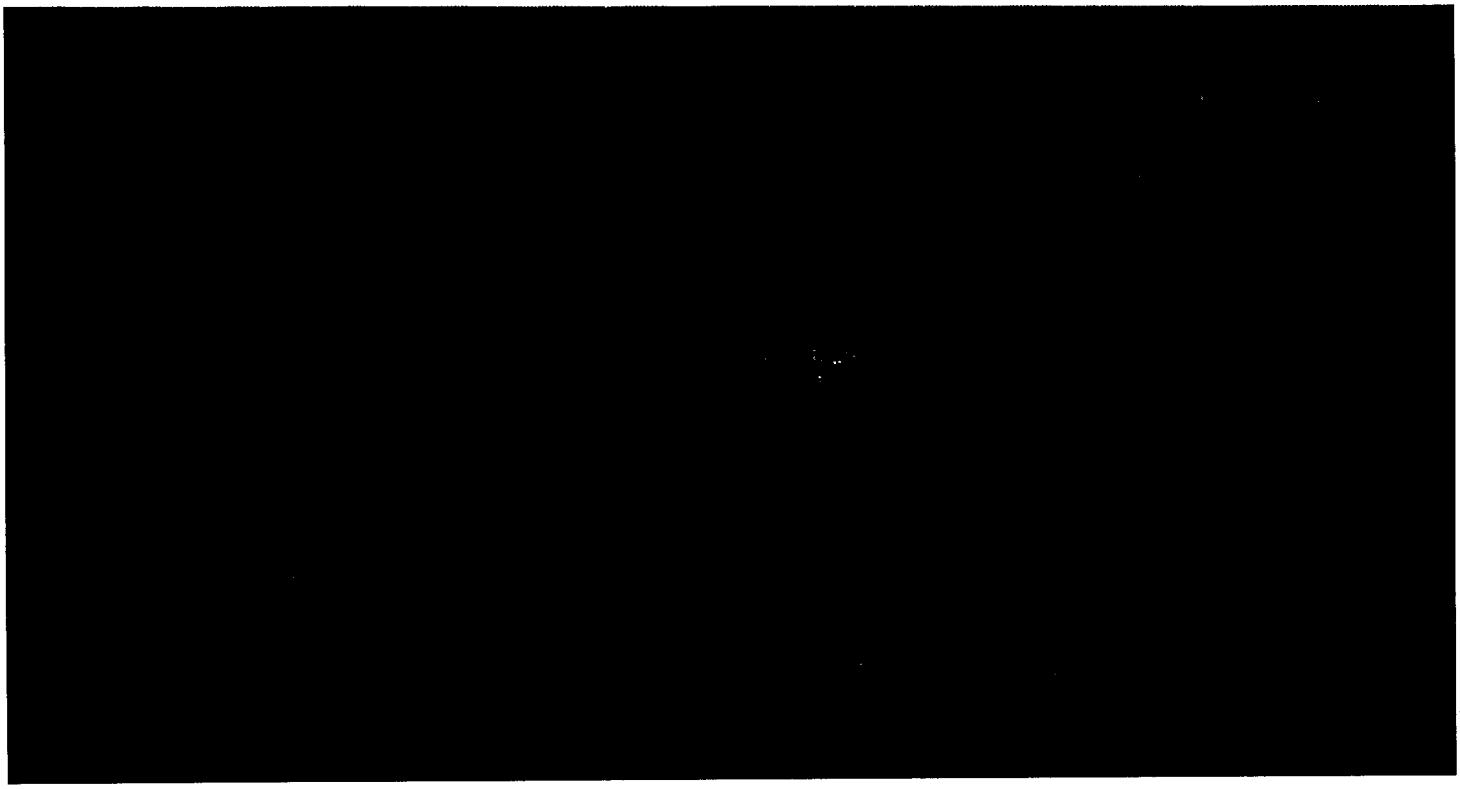
080410-080410 FULL/FINAL P

Policy	Claim	Sym.	DOL	Typ	S	Amount
000008847071	00207364	01	12/29/2005	MED	O	$200.00

F.F.
IGOV

PAID

Use file # 710-00207364 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671



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

*** INVOICE ***
Date NO#
07/22/10 23958

Claim # : YME09919C
W.C.A.B.: [redacted]
ADJ # :
S.S.N. :
D.O.B. : 11/29/48
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (RIVERS)
W.C. DEPARTMENT
ATTN: ROSALIE HARMON
P.O. BOX # 59907
RIVERSIDE, CA 92517

Case: vs CALIFORNIA INSTITUTE OF TECH.
Date Of Injury: 5/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/01/06	INITIAL EXAM	-DR DOMARACKI*	230.00
		AMENDED	
12/22/06	RE-EVAL	-DR DOMARACKI*	180.00
01/12/07	RE-EVAL	-DR DOMARACKI*	180.00
01/26/07	RE-EVAL	-DR DOMARACKI*	180.00
02/14/07	PMT BY CHECK	DOS 11/1/06 THRU 1/12/07	-590.00
		# 33275210-3	
02/16/07	RE-EVAL	-DR DOMARACKI*	180.00
03/16/07	RE-EVAL	-DR DOMARACKI*	180.00
03/19/07	PMT BY CHECK	DOS 1/26/07 # 33382298-5	-180.00
04/02/07	PMT BY CHECK	DOS 2/16/07 THRU 3/16/07	-360.00
		# 33427682-1	
04/13/07	RE-EVAL	-DR DOMARACKI*	180.00
05/04/07	RE-EVAL	-DR DOMARACKI*	180.00
05/25/07	RE-EVAL	-DR DOMARACKI*	180.00
05/31/07	PMT BY CHECK	DOS 4/13/07 # 33596864-0	-180.00
06/04/07	RE-EVAL	-DR DOMARACKI*	180.00
06/15/07	PMT BY CHECK	DOS 11/1/06 THRU 5/1/07	-360.00
		# 100010424 9	
07/06/07	RE-EVAL	-DR DOMARACKI*	180.00
08/17/07	PR2/REEVAL	-DR DOMARACKI*	180.00
09/07/07	PR2/REEVAL	-DR DOMARACKI*	180.00
09/21/07	PR2/REEVAL	-DR DOMARACKI*	180.00
10/12/07	PR2/REEVAL	DR DOMARACKI*	180.00
11/02/07	PR2/REEVAL	-DR DOMARACKI*	180.00
01/16/08	PR2/REEVAL	-DR DOMARACKI*	180.00
02/29/08	PR2/REEVAL	-DR DOMARACKI*	180.00
04/11/08	PR2/REEVAL	-DR DOMARACKI*	180.00
05/12/08	PR2/REEVAL	-DR DOMARACKI*	180.00
06/12/08	INITIAL EXAM	ACUPUNTURE W/STEVE HING*	230.00
08/28/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00

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

*** INVOICE ***
Date NO#
07/22/10 23958

Claim # : YME09919C
W.C.A.B.: LBO0[illegible]
ADJ # :
S.S.N. :
D.O.B. : 11/29/48
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (RIVERS)
W.C. DEPARTMENT
ATTN: ROSALIE HARMON
P.O. BOX # 59907
RIVERSIDE, CA 92517

Case: vs CALIFORNIA INSTITUTE OF TECH.
Date Of Injury: 5/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
10/27/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
11/13/08	PR2/REEVAL	-DR SAMIMI @ WILLOW MED*	180.00
12/10/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
01/13/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
02/04/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
04/21/09	PENALTIES	FOR DATE OF SERVICE 6/12/08	34.50
07/13/10	INTEREST	FOR DATE OF SERVICE 6/12/08	56.60
08/11/09	WCAB LB	MSC	156.50
09/01/09	C&R READING	@ THE L/O OF JON WOODS	250.00
04/27/10	PENALTIES	FOR DATE OF SERVICE 6/4/07	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 6/4/07	65.50
04/27/10	PENALTIES	FOR DATE OF SERVICE 7/6/07	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 7/6/07	63.69
04/27/10	PENALTIES	FOR DATE OF SERVICE 8/17/07	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 8/17/07	61.31
04/27/10	PENALTIES	FOR DATE OF SERVICE 9/7/07	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 9/7/07	60.12
04/27/10	PENALTIES	FOR DATE OF SERVICE 9/21/07	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 9/21/07	59.32
04/27/10	PENALTIES	FOR DATE OF SERVICE 10/12/07	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 10/12/07	58.13
04/27/10	PENALTIES	FOR DATE OF SERVICE 11/2/07	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 11/2/07	56.94
04/27/10	PENALTIES	FOR DATE OF SERVICE 1/16/08	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 1/16/08	52.69
04/27/10	PENALTIES	FOR DATE OF SERVICE 2/29/08	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 2/29/08	50.19
04/27/10	PENALTIES	FOR DATE OF SERVICE 4/11/08	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 4/11/08	47.81
04/27/10	PENALTIES	FOR DATE OF SERVICE 5/12/08	27.00

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

*** INVOICE ***
Date NO#
07/22/10 23958

Claim # : YME09919C
W.C.A.B.: [illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 11/29/48
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (RIVERS)
W.C. DEPARTMENT
ATTN: ROSALIE HARMON
P.O. BOX # 59907
RIVERSIDE, CA 92517

Case: vs CALIFORNIA INSTITUTE OF TECH.
Date Of Injury: 5/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/10	INTEREST	FOR DATE OF SERVICE 5/12/08	46.05
04/27/10	PENALTIES	FOR DATE OF SERVICE 8/28/08	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 8/28/08	39.93
04/27/10	PENALTIES	FOR DATE OF SERVICE 9/29/08	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 9/29/08	38.11
04/27/10	PENALTIES	FOR DATE OF SERVICE 10/27/08	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 10/27/08	36.52
04/27/10	PENALTIES	FOR DATE OF SERVICE 11/13/08	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 11/13/08	35.56
04/27/10	PENALTIES	FOR DATE OF SERVICE 12/10/08	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 12/10/08	34.03
04/27/10	PENALTIES	FOR DATE OF SERVICE 1/13/09	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 1/13/09	32.10
04/27/10	PENALTIES	FOR DATE OF SERVICE 2/4/09	27.00
07/13/10	INTEREST	FOR DATE OF SERVICE 2/4/09	30.85
04/27/10	PENALTIES	FOR DATE OF SERVICE 8/11/09	23.48
07/13/10	INTEREST	FOR DATE OF SERVICE 8/11/09	17.55
04/27/10	PENALTIES	FOR DATE OF SERVICE 9/1/09	37.50
07/13/10	INTEREST	FOR DATE OF SERVICE 9/1/09	26.39
07/15/10	PMT BY CHECK	DOS 12/6/06 THRU 7/13/10 # 106868758 4	-4500.00
07/22/10	BLCE OFF SET	BALANCE OFF SET	-927.37

[redacted]

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

*** INVOICE ***

Date	NO#
07/22/10	23958

Claim # : YME09919C
W.C.A.B.: T
ADJ # :
S.S.N. :
D.O.B. : 11/29/48
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (RIVERS)
W.C. DEPARTMENT
ATTN: ROSALIE HARMON
P.O. BOX # 59907
RIVERSIDE, CA 92517

Case: vs CALIFORNIA INSTITUTE OF TECH.
Date Of Injury: 5/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

[redacted]

INLAND EMPIRE SPECIALTY RISK SERVICES
PO BOX 59907
RIVERSIDE, CA 92517

888-737-7726

HIGCSR

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

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
GEORGE YBARRA
951-715-2746 EXT 52746

Payee Name:	JOYCE ALTMAN INTERPRETERS INC
Claim Number:	YME C 09919
Issue Date:	02/14/2007
Payment Narrative:	ASSOCIATED LEGAL/TRIAL EXP 11/01/06-01/1
Check Amount:	$ 590.00
Check Number:	33275210-3

PAID

Invoice Number:	23958
Batch Number:	8852

067801125

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

SPECIALTY RISK SERVICES
P.O. BOX 59907
RIVERSIDE, CA 92517

888-737-7726

HIGCSR

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

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
GEORGE YBARRA
951-715-2746 EXT 52746

Payee Name:	JOYCE ALTMAN INTERPRETERS INC
Claim Number:	YME C 09919
Issue Date:	03/19/2007
Payment Narrative:	ASSOCIATED LEGAL/TRIAL EXP 11/01/06-02/1
Check Amount:	$ 180.00
Check Number:	33382298-5

PAID

Invoice Number: 23958
Batch Number: 7761

067816579

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

INLAND EMPIRE SPECIALTY RISK SERVICES
PO BOX 59907
RIVERSIDE, CA 92517

888-737-7726

HIGCSR

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

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
GEORGE YBARRA
951-715-2746 EXT 52746

Payee Name:	JOYCE ALTMAN INTERPRETERS INC
Claim Number:	YME C 09919
Issue Date:	04/02/2007
Payment Narrative:	ASSOCIATED LEGAL/TRIAL EXP 11/01/06-02/1
Check Amount:	$ 360.00
Check Number:	33427682-1

PAID

Invoice Number:	23958
Batch Number:	8852

067826928

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

INLAND EMPIRE SPECIALTY RISK SERVICES
PO BOX 59907
RIVERSIDE, CA 92517

888-737-7726

HIGCSR

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

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
GEORGE YBARRA
951-715-2746 EXT 52746

Payee Name:	JOYCE ALTMAN INTERPRETERS INC
Claim Number:	YME C 09919
Issue Date:	05/31/2007
Payment Narrative:	DOCTOR D/O/S 11/01/06-04/13/07 23958
Check Amount:	$ 180.00
Check Number:	33596864-0

PAID

Invoice Number:	23958
Batch Number:	2707

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

069821462

SO California SRS Claim Office
P.O. Box 5068
Syracuse, NY 13220-5068
888-737-7726

SRS
SPECIALTY RISK SERVICES

01958
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01965

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
23958 05-05-06	72HMC TP0033 YMEC 09919	CALIFORNIA INSTITUTE		$360.00
Nature of Payment: Other Medical		Service Dates 11-01-2006 05-04-2007		$360.00
Claim Handler: George A. Ybarra 888-737-7726 SO California SRS Claim Office P.O. Box 5068 Syracuse, NY 13220-5068		Additional Comments: PAID		

Issue Date	06-15-2007	Check Number	1000104249	Total Amount of Check	$360.00

Please keep the above information for your records.

*200012 1000104249

07000A1007

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
888/737-7726

SRS
SPECIALTY RISK SERVICES

002581
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

02592

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*000012 1068687584

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
23958 05-05-06	72HMC TP0033 YMEC 09919	CALIFORNIA INSTITUTE OF TECHNOLO	~~$4,590.00~~
Nature of Payment: Other Medical		Service Dates 07-14-2010 07-14-2010 12-1-06 -	$4,500.00
Claim Handler: Tammy M. Phipps 888/737-7726 SO California SRS Claim Office P.O. Box 59907 Riverside, CA 92517-1907	PAID	Additional Comments: Full & Final Settlement per Stip & Order.	

Issue Date	07-15-2010	Check Number	106868758 4	Total Amount of Check	$4,500.00

Please keep the above information for your records.

089013328

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***
Date NO#
07/22/10 20296

Claim # : 39058868
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 9/28/62
Terms : 45 days

BILL TO:
ACCA (SAN DIEGO)
W.C. DEPARTMENT
ATTN: JIM ANAPLE
P.O. BOX # 85479
SAN DIEGO, CA 92186

Case: vs CONTAINER CONNECTION OF SO.CA.
Date Of Injury: 12/17/04;CT 11/14/05

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/05	INITIAL EXAM	-DR DOMARACKI*	230.00
12/14/05	RE-EVAL	DR DOMARACKI*	180.00
01/04/06	RE-EVAL	-DR DOMARACKI*	180.00
05/24/06	RE-EVAL	DR DOMARACKI*	180.00
08/21/06	PENALTIES	FOR DATE OF SERVICE 12/7/05	34.50
07/07/10	INTEREST	FOR DATE OF SERVICE 12/7/05	122.68
11/28/06	RE-EVAL	-DR DOMARACKI*	180.00
06/18/08	WCAB LB	MSC	156.50
01/23/09	PENALTIES	FOR DATE OF SERVICE 06/18/08	23.48
07/07/10	INTEREST	FOR DATE OF SERVICE 06/18/08	37.92
08/19/09	WCAB LB	MSC	156.50
10/28/09	WCAB LB	MSC (C&R)	156.50
12/08/09	PENALTIES	FOR DATE OF SERVICE 8/19/09	23.48
07/07/10	INTEREST	FOR DATE OF SERVICE 8/19/09	16.86
12/08/09	PENALTIES	FOR DATE OF SERVICE 10/28/09	23.48
07/07/10	INTEREST	FOR DATE OF SERVICE 10/28/09	13.41
04/14/10	PENALTIES	FOR DATE OF SERVICE 12/14/05	27.00
07/07/10	INTEREST	FOR DATE OF SERVICE 12/14/05	95.62
04/14/10	PENALTIES	FOR DATE OF SERVICE 1/4/06	27.00
07/07/10	INTEREST	FOR DATE OF SERVICE 1/4/06	94.43
04/14/10	PENALTIES	FOR DATE OF SERVICE 5/24/05	27.00
07/07/10	INTEREST	FOR DATE OF SERVICE 5/24/05	83.49
04/14/10	PENALTIES	FOR DATE OF SERVICE 11/28/06	27.00
07/07/10	INTEREST	FOR DATE OF SERVICE 11/28/06	75.82
07/07/10	MISC	COST & SANCTIONS	500.00
07/11/10	PMT BY CHECK	DOS 12/7/05 THRU 7/7/10 # 000170889	-2600.00
07/22/10	BLCE OFF SET	BALANCE OFF SET	-72.67

[redacted]

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

*** INVOICE ***

Date	NO#
07/22/10	20296

Claim # : 39058868
W.C.A.B.: L)
ADJ # : [illegible]
S.S.N. :
D.O.B. : 9/28/62
Terms : 45 days

BILL TO:
ACCA (SAN DIEGO)
W.C. DEPARTMENT
ATTN: JIM ANAPLE
P.O. BOX # 85479
SAN DIEGO, CA 92186

Case: vs CONTAINER CONNECTION OF SO.CA.
Date Of Injury: 12/17/04;C[illegible] 11/14/05

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

[redacted]

Transguard Insurance Company of America,
Kansas City Claims Account
P.O. Box 2148
Warrenville

20296

Check No. 000170889
Check Date 07/11/2010

Claim Number
81694

Date of Loss
11/14/2005

Adjuster ID

Alias

Payee/Mail To
Joyce Altman Interpreters, Inc.

P.O. Box 4165

Tustin CA 92781--416

F.F.
CA
ok pay.

PAID

In payment of

Reference

Service Dates From 07/07/2010 To 07/07/2010

Payment Type Medical

Claimant Name
Gerardo Munoz

Insured Name
CONTAINER CONNECTION OF SOUTHERN CA

Policy No. TWC315399-00

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Transguard Insurance Company of America, Inc.
Kansas City Claims Account
P.O. Box 2148
Warrenville

Bank of America
Raleigh, NC

Check No. 000170889
Check Date 07/11/2010
Check Amount $********2,600.00
VOID AFTER 180 DAYS

PAY Two Thousand Six Hundred Dollars

TO THE ORDER OF Joyce Altman Interpreters, Inc.

BY Laurence A. Wittl
AUTHORIZED SIGNATURE

BY
AUTHORIZED SIGNATURE

Claim No. 81694

⑈000170889⑈ ⑆053000196⑆ 2370173361901⑈

[redacted]

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

*** INVOICE ***

Date	NO#
06/29/10	01769

Claim # : 20816758-C3
W.C.A.B.: [illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 3/13/44
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (CHICAGO)
W.C. DEPARTMENT
ATTN: ANGELICA MARIN-MOTA
P.O. BOX # 8317
CHICAGO, IL 60680

Case: [illegible] vs TELEDYNE ELECTRONICS
Date Of Injury: 9/19/02-10/7/02

DOS	SERVICE	DESCRIPTION	AMOUNT
05/29/03	RE-EVAL	DR GROMIS*	120.00
06/05/03	DEPO PREP	@ THE LAW OFFICES OF KALCHEIM & SALAH	147.00
06/11/03	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
07/22/03	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
09/17/03	PMT BY CHECK	DOS 6-5-2003 THRU 7-22-2003 # 101830248	-441.00
09/17/03	PMT BY CHECK	DOS 5-29-2003 # 101830247	-120.00
05/25/05	WCAB LB	MSC	147.00
08/31/05	WCAB LB	MSC	147.00
11/07/05	PENALTIES	FOR DATE OF SERVICE 8/31/05	22.05
01/08/06	INTEREST	FOR DATE OF SERVICE 8/31/05	7.41
11/07/05	WCAB LB	MSC	147.00
12/14/05	PMT BY CHECK	DOS 8/31/05 # 103338398	-147.00
01/18/06	PMT BY CHECK	DOS 12/7/05 # 103371996	-147.00
03/27/06	PENALTIES	FOR DATE OF SERVICE 5/25/05	22.05
06/07/10	INTEREST	FOR DATE OF SERVICE 5/25/05	86.10
01/31/07	WCAB LB	MSC	147.00
02/22/07	PMT BY CHECK	DOS 1/31/07 # 103722902	-147.00
07/11/07	WCAB LB	MSC	147.00
10/10/07	WCAB LB	MSC	156.50
11/14/07	WCAB LB	MSC	156.50
12/19/07	WCAB LB	MSC	156.50
02/20/08	WCAB LB	MSC	156.50
04/02/08	PENALTIES	FOR DATE OF SERVICE 7/11/07	22.05
06/07/10	INTEREST	FOR DATE OF SERVICE 7/11/07	50.11
04/02/08	PENALTIES	FOR DATE OF SERVICE 10/10/07	23.48
10/08/10	INTEREST	FOR DATE OF SERVICE 10/10/07	36.93
04/02/08	PENALTIES	FOR DATE OF SERVICE 11/14/07	23.48
06/07/10	INTEREST	FOR DATE OF SERVICE 11/14/07	47.14
04/02/08	PENALTIES	FOR DATE OF SERVICE 12/19/07	23.48

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

*** INVOICE ***

Date	NO#
06/29/10	01769

Claim # : 2C816758-C3
W.C.A.B.: ---
ADJ # :
S.S.N. :
D.O.B. : 3/13/44
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (CHICAGO)
W.C. DEPARTMENT
ATTN: ANGELICA MARIN-MOTA
P.O. BOX # 8317
CHICAGO, IL 60680

Case: _ vs TELEDYNE ELECTRONICS
Date Of Injury: 9/19/02-10/7/02

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/10	INTEREST	FOR DATE OF SERVICE 12/19/07	45.41
04/04/08	PMT BY CHECK	DOS 2/20/08 # 103992471	-156.50
06/18/08	WCAB LB	MSC	156.50
12/17/08	WCAB LB	MSC	156.50
08/12/09	WCAB LB	MSC	156.50
09/02/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
10/08/09	PMT BY CHECK	DOS 10/10/07 # 104267003	-156.50
06/07/10	PENALTIES	FOR DATE OF SERVICE 6/18/08	23.48
06/07/10	INTEREST	FOR DATE OF SERVICE 6/18/08	36.44
06/07/10	PENALTIES	FOR DATE OF SERVICE 12/17/08	23.48
06/07/10	INTEREST	FOR DATE OF SERVICE 12/17/08	27.46
06/07/10	PENALTIES	FOR DATE OF SERVICE 8/12/09	23.48
06/07/10	INTEREST	FOR DATE OF SERVICE 8/12/09	15.73
06/07/10	PENALTIES	FOR DATE OF SERVICE 9/2/09	37.50
06/07/10	INTEREST	FOR DATE OF SERVICE 9/2/09	23.47
06/23/10	PMT BY CHECK	DOS 5/29/03 THRU 9/2/09 # 104372764	-1500.00
06/29/10	BLCE OFF SET	BALANCE OFF SET	-447.23

BALANCE 0.00

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

CNA
3075 E. IMPERIAL HIGHWAY
BREA CA 92821

CNA

JOYCE ALTMAN INTERPRETERS

PO BOX 1460
TUSTIN CA 92781-1460

1018302488

* To expedite handling of your claim, please include our claim number on all future correspondence to us.							Claim Number * 2C 816758R5	
Insured/Client TET (RELAYS, HAWTHORNE)		Claimant					ATT	09/17/03
Date of Loss 09/19/02	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount	
		06/05/03-07/22/03	IND	26	TR		$441.00	
							$441.00	

PAID

Reason
INV#01769 DEPO/LO OF KALCHEIM

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

CNA
3075 E. IMPERIAL HIGHWAY
BREA CA 92821

CNA

JOYCE ALTMAN INTERPRETERS

PO BOX 1460
TUSTIN CA 92781-1460

#1018302417

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

Claim Number * 2C 816758R5

Insured/Client	Claimant	ATT
TET (RELAYS, HAWTHORNE)		09/17/03

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
09/19/02		05/29/03-05/29/03	MED	26	TR		$120.00
							$120.00

PAID

Reason
INV#1769 DR GROMIS

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

0000020200816758101830247000000001646

CNA
PO BOX 6500
BREA CA 92822

CNA

JOYCE ALTMAN INTERPRETERS

PO BOX 4165
TUSTIN CA 92781-4165

Ck# 103338398

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

Claim Number * 2C 816758C3

Insured/Client: TET (RELAYS, HAWTHORNE)

Claimant*

ATT

12/14/05

Date of Loss	Total WC Ind to Date	From - thru Dates	Summary	TRAN Code#	EXP	Pay Code#	Amount
09/19/02		08/31/05-08/31/05	IND	26	TR		$147.00
							$147.00

Reason
INV 01769 WCAB

POSTED

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

0000020200081675810333839600000001317

CNA
PO BOX 6500
BREA CA 92822

CNA

0000020202C0081675810337199600000000883

JOYCE ALTMAN INTERPRETERS

PO BOX 4165
TUSTIN CA 92781-4165

Ck# 03371996

* To expedite handling of your claim, please include our claim number on all future correspondence to us.						Claim Number * 2C 816758C3	
Insured/Client TET (RELAYS, HAWTHORNE)		Claimant				ATT	01/18/06
Date of Loss 09/19/02	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
		12/07/05-12/07/05	IND	26	TR		$147.00
							$147.00

Reason
INV O1769 WCAB LB

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

POSTED

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

CNA
PO BOX 6500
BREA CA 92822

CNA

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

Ck# 103722902

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

Claim Number * 2C 816758E4

Insured/Client	Claimant		ATT
TET (RELAYS, HAWTHORNE)			02/22/07

Date of Loss	Total WC Ind to Date	From - thru Dates	Sum/Ot	TRAN Code#	EXP	Pay Code#	Amount
09/19/02		01/31/07-01/31/07	IND	26	TR		$147.00
							$147.00

PAID

Reason
INV 01769 WCAB

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

2000202C0081675810372290200000000851

CNA
PO BOX 6500
BREA CA 92822

CNA

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

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

Claim Number * 2C 81675805

Insured/Client: TET (RELAYS, HAWTHORNE)

Claimant:

ATT: 04/04/08

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/D	TRAN Code#	EXP	Pay Code#	Amount
09/19/02		02/20/08-02/20/08	IND	26	TR		$156.50
							$156.50

PAID

Reason: WCAB MSC INV 01769

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

103992471
4-4-08

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

0000020200816758103992471000000000826

JOYCE ALTMAN INTERPRETERS INC

ISSUE DATE 10/08/09

CHECK NO 104267003 ALC 02C VENDOR NO 06374

CLAIM NO/ REASON	DT/ SFX	DATE OF LOSS	POLICY NUMBER	INSURED/ CLAIMANT	
E3 190609 WM		06/01/07	2074968907	WEST COAST PAINTING 27492	$200.00
FULL/FINAL LIEN SETTLEMENT					
2C 816758 WI		09/19/02	211358829	TET (RELAYS, HAWTHORNE)	$156.50
INV 01769 WCAB LB/ WCAB					

SUBTOTAL $356.50
TOTAL $356.50

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

PAID

0000020010428703068174000000000002921

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

0000020010426700306374000000000002826

001247

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

CK-1042670O3

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

Claim Number *

Insured/Client	Claimant	ATT
VARIOUS	VARIOUS	10/08/09

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

Reason

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

01769

CNA

000444

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

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

Claim Number *
2C 816758FT

Insured/Client

Claimant

ATT 06/~~23~~/10

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DI	TRAN Code#	EXP	Pay Code#	Amount
09/19/02		06/07/10-06/07/10	IND	26	TR		$1,500.00
							$1,500.00 ✓

Reason
FULL AND FINAL PER LIEN ORDER/ ROSA LOPEZ

F-F. JG

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

PAID

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

CNA

UNDERWRITTEN BY:
CONTINENTAL CASUALTY COMPANY

104372764
Date Issued
06/23/10

67-1
532
Bank Acct.
207997106028

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
2C 816758	FT		2C
Prefix & Contract No. WC -211358829		Claimant	Date of Loss 09/19/02
From-thru (Dates) 06/07/10	In Payment of 06/07/10	FULL AND FINAL PER LIEN ORDER/ ROSA LOPEZ	

PAY ONE THOUSAND FIVE HUNDRED AND NO/100THS ---------- Dollars

******$1,500.00

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

IN COOPERATION WITH AND PAYABLE IF DESIRED BY WELLS FARGO BANK, N.A. #4759-628183

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

Wachovia Bank, N.A. Greenville, South Carolina

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

*** INVOICE ***

Date	NO#
06/14/10	26563

Claim # : 2006710865
W.C.A.B. : ____
ADJ # :
S.S.N. :
D.O.B. : 7/17/60
Terms : 45 days

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

Case: vs AIR INDUSTRIES
Date Of Injury: 6/23/06

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/07	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
08/21/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/28/07	PMT BY CHECK	DOS 7/17-8/21/07 # 0014957829	-397.00
06/18/08	WCAB LB	MSC	156.50
07/09/08	PMT BY CHECK	DOS 6/18/08 # 0017747259	-156.50
07/15/09	WCAB LB	MSC	156.50
08/05/09	PMT BY CHECK	DOS 7/15/09 # 0021471300	-156.50
07/27/09	STIPULATION	@ THE L/O OF DENNIS FUSI	156.50
05/24/10	PENALTIES	FOR DATE OF SERVICE 7/27/09	23.48
05/24/10	INTEREST	FOR DATE OF SERVICE 7/27/09	15.83
06/10/10	PMT BY CHECK	DOS 7/17/07 THRU 5/24/10 # 0024656541	-195.81

BALANCE 0.00

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

FM #8000080 082506

Sedgwick Claims Management Services, Inc
P.O. Box 619066
Roseville, CA 95661-9066

DATE	CHECK AMT	CHECK NO.
9/28/2007	397.00	0014957829

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
225 Sedgwick Claims Management Services	1

3964

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

Claimant Name	Loss Date	Claim Number	SSN
	06/23/2006	20060710865-0001	

Amt Paid: 397.00 Description:
Amt Billed: 397.00 Invoice: 26563 ICN: 200607108650001
Dates: 07/17/2007 - 08/21/2007 Comment:

VOID

Roseville, CA
PO Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
07/09/2008	156.50	0017747259

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
225 Sedgwick Claims Management Services	001

*010699 0017747259 00001 OF 00001 OAM 080709 1017

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

Claimant Name	Loss Date	Claim Number	SSN
D	06/23/2006	20060710865-0001	

156.50 Description:
Amt Billed: 156.50 Invoice: 26563 ICN: 200607108650001
Dates: 06/30/2008 - 06/30/2008 Comment:

PAID

Roseville, CA
PO Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
08/05/2009	156.50	0021471300

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

SCMS UNIT	PAGE
225 Sedgwick Claims Management Services	001

*009219 0021471300 00001 OF 00001 OAM 090805 1101

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

Claimant Name	Loss Date	Claim Number	SSN
	06/23/2006	20060710865-0001	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 26563 ICN: 20060710865001
Dates: 07/15/2009 - 07/15/2009 Comment:

PAID

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

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

DATE	CHECK AMT	CHECK NO.
06/10/2010	195.81	0024656541

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

SCMS UNIT	PAGE
225 Sedgwick Claims Management Services	001

*002990 0024656541 00001 OF 00001 0PM 100609 1434

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

Claimant Name	Loss Date	Claim Number	SSN
	06/23/2006	20060710865-0001	

Amt Paid: 195.81
Amt Billed: 195.81
Dates: 05/24/2010 - 05/24/2010

Description:
Invoice: 26263
Comment:

ICN: 20060710865O001

PAID

F.F
JG on bf

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

*** INVOICE ***

Date	NO#
07/07/10	34401

Claim # : WC905454354
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/23/65
Terms : 45 days

BILL TO:
WAUSAU INS/LIBERTY (BEAVERTON)
W.C. DEPARTMENT
ATTN: DAWN TORRES
P.O. BOX # 4025
BEAVERTON, OR 97076-4025

Case: vs MARIETTA CORP.
Date Of Injury: 7/25/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/09	DEPO PREP	@ THE L/O OF RIJENBARK	156.50
08/11/09	DEPO PREP	@ THE L/O OF RIFENBARK & WOLF	156.50
08/18/09	PMT BY CHECK	DOS 6/23/09 # 0020032158	-90.00
09/22/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/04/09	C&R READING	@ THE L/O OF DENNIS FUSI (BLOCK SETTLEMENT)	156.50
05/18/10	PENALTIES	FOR DATE OF SERVICE 6/23/09	9.98
05/18/10	INTEREST	FOR DATE OF SERVICE 6/23/09	7.31
05/18/10	PENALTIES	FOR DATE OF SERVICE 8/11/09	23.48
05/18/10	INTEREST	FOR DATE OF SERVICE 8/11/09	14.79
05/18/10	PENALTIES	FOR DATE OF SERVICE 9/22/09	37.50
05/18/10	INTEREST	FOR DATE OF SERVICE 9/22/09	20.32
05/18/10	PENALTIES	FOR DATE OF SERVICE 12/4/09	23.48
05/18/10	INTEREST	FOR DATE OF SERVICE 12/4/09	9.12
06/30/10	PMT BY CHECK	DOS 6/23/09 THRU 5/18/10 # 0021656124	-775.48

BALANCE 0.00

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

[redacted]

Liberty Mutual.

B. CODE	CHECK REFERENCE	CHECK DATE
288	0020032158	08/18/09
	CHECK AMOUNT ****$90.00	BLOCK NUMBER 026498

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
PO BOX 4025
12725 SW MILLIKANWY STE500
BEAVERTON, OR 97076

CLAIM NO. WC 905-454354 HOD
CONTRACT NO: WCK-Z91-530929-038-92
DOCUMENT NO: 3P2090903860004

OSN: MM0801081807-000930
BANK: 288
CHECK REF: 0020032158 DATE: 08/18/09 AMT: 90.00
INTERNAL BILL NO: 080119484 MSR: E570G02
CUST/EXTERNAL BILL NO: 26092131234100
BR PROVIDER #: 00833095671 3A0

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 34401
SSN: [redacted]
DOI: 07/25/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: MARIETTA CORPORATION
ADDRESS: 4633 S DOWNEY RD
LOS ANGELES, CA 90058-2590

LOCATION CODE: 200000

AGENCY CLAIM#(BOARD COMM#): 2008080817331939523749
IDC-9 CODES: 799.8

DATES OF SERVICE: 06/23/09-06/23/09
AUDIT DATE: 08/17/09

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
06/23/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	156.50	90.00	N/A	0.00	90.00	42 Z560

TOTAL CHARGES:	156.50
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	90.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	90.00

EXPLANATION CODE DESCRIPTIONS:
Z560 THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)
Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
026499

SEND ORIGINAL BILLS TO:
PO BOX 4025
12725 SW MILLIKANWY STE500
BEAVERTON, OR 97076

OSN: MM0801081807-000930
BANK: 288
CHECK REF: 0020032158 DATE: 08/18/09 AMT: 90.0
INTERNAL BILL NO: 080119484 MSR: E570G02
CUST/EXTERNAL BILL NO: 26092131234100
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-454354 HOD
CONTRACT NO: WCK-Z91-530929-038-92
DOCUMENT NO: 3P2090903860004

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 34401
SSN:
DOI: 07/25/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: MARIETTA CORPORATION
ADDRESS: 4633 S DOWNEY RD
LOS ANGELES, CA 90058-2590

LOCATION CODE: 200000

AGENCY CLAIM#(BOARD COMM#): 200808081733193952374 9
IDC-9 CODES: 799.8

DATES OF SERVICE: 06/23/09-06/23/09
AUDIT DATE: 08/17/09

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES
IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE UPPERMOST LEFT CORNER OF THE EOP. (Z212)

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

B. CODE
288

CHECK REFERENCE	CHECK DATE
0021656124	06/30/10
CHECK AMOUNT	BLOCK NUMBER
***$2375.48	026183

OSN:MM0801063011-003378

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	06/23/09-06/23/09	WC 905-454354 HOD	865.48	775.48
	05/17/07-10/22/07	WC 905-469661 HOD	636.50	636.50
	05/17/07-04/01/08	WC 905-469661 HOD	1,600.00	963.50

34401

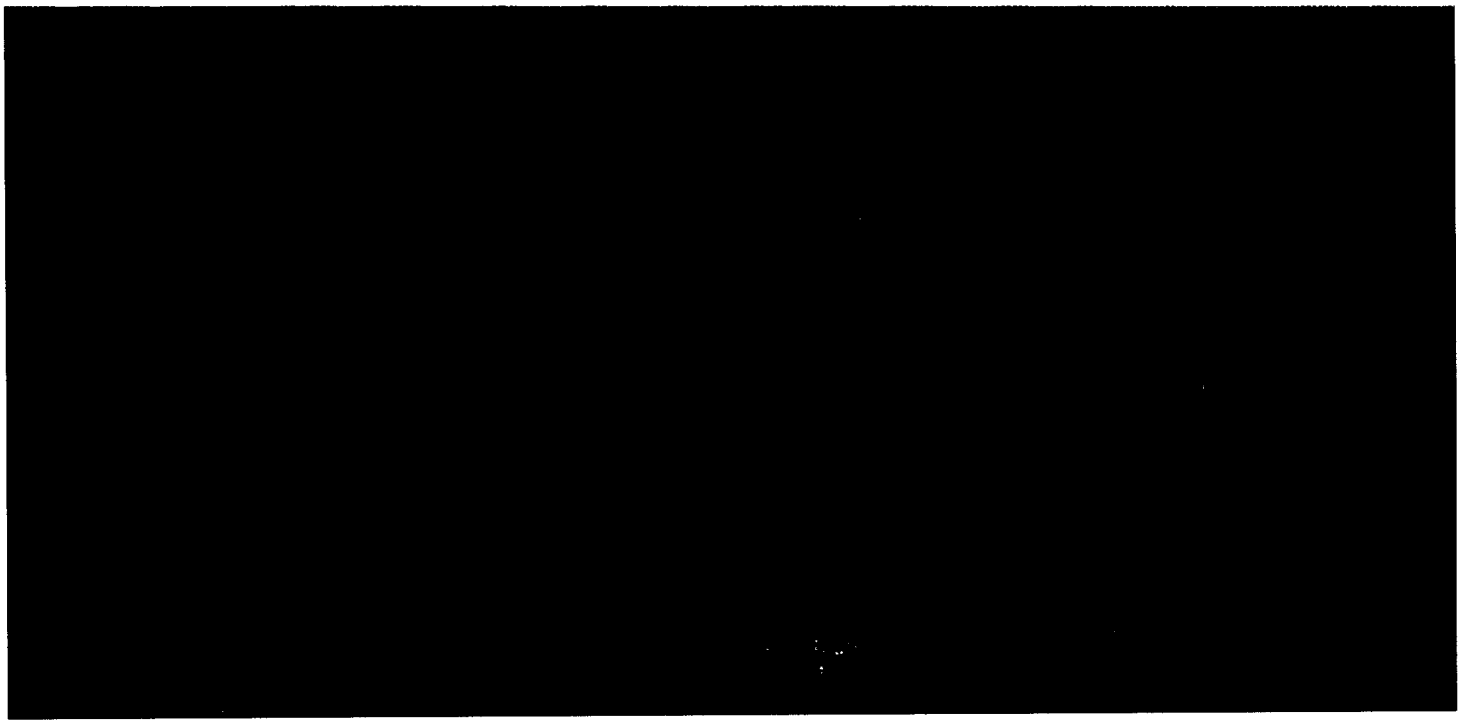
F-I.

IG of QB

PAID

TOTAL BILLS COMBINED: 3 2,375.48

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS



PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
026184

OSN: MM0801063011-003378
BANK: 288
CHECK REF: 0021656124 DATE: 06/30/10 AMT: 775.48
INTERNAL BILL NO: 080119484 MSR: N0153716
CUST/EXTERNAL BILL NO: 26092131234102
BR PROVIDER #: 00833095671 3A0

CLAIM NO. WC 905-454354 HOD
CONTRACT NO: WCK-Z91-530929-038-92
DOCUMENT NO: 3P2090903860004

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 36601
SSN:
DOI: 07/25/08
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: MARIETTA CORPORATION
ADDRESS: 4633 S DOWNEY RD
LOS ANGELES, CA 90058-2590

LOCATION CODE: 200000

AGENCY CLAIM#(BOARD COMM#): 200808081733193952374 9
IDC-9 CODES: 799.8

DATES OF SERVICE: 06/23/09-06/23/09
AUDIT DATE: 06/29/10

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
06/23/09	MDS10		LUMP SUM SETTLEMENT WHERE							
06/23/09	T1013		SIGN LANGUAGE/ORAL INTEPR	8.00	156.50	156.50	N/A	90.00	66.50	150 Z652
06/23/09	MDS10		LUMP SUM SETTLEMENT WHERE							
06/23/09	99199		SPECIAL SERVICE/PROC/REPO	1.00	708.98	708.98	N/A	0.00	708.98	150 Z652

TOTAL CHARGES:	865.48
TOTAL PREVIOUSLY PAID:	90.00
TOTAL CURRENT PAYABLE:	775.48
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	775.48

EXPLANATION CODE DESCRIPTIONS:

Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD N ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

Z989 THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)

NOTES

IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, AND YOUR QUESTIONS PERTAIN TO THE AMOUNT SHOWN IN THE REVIEW ALLOW COLUMN ON THIS EOP, THEN PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATIO

[redacted]

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

*** INVOICE ***

Date	NO#
04/27/10	11444

Claim # : B04014251
W.C.A.B.: [illegible]
ADJ # [illegible]
S.S.N. :
D.O.B. : 11/19/73
Terms : 45 days

BILL TO:
TIG INSURANCE CO (BREA)
W.C. DEPARTMENT
ATTN: HOMA HARIRI
P.O. BOX # 2314
BREA, CA 92822

Case: vs MESHIN FIRE CONTROL
Date Of Injury: 8/29/04

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/04	INITIAL EXAM	DR WANG*	150.00
09/03/04	MEDS	INSTRUCTION ON MEDICATIONS*	120.00
09/07/04	INITIAL EXAM	DR ANDALIB*	150.00
09/09/04	MRI	REF BY DR WANG:L KNEE,R FOOT*	150.00
10/08/04	EMG TESTING	DR ANDALIB: L/E*	150.00
04/15/05	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
05/19/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
07/19/05	PMT BY CHECK	DOS 04/15/05 THRU 05/19/05 #613617694	-180.00
11/03/04	PEN & INT	PER LABOR CODE Ï4622 DOS 9/3/04	25.50
11/07/04	PEN & INT	PER LABOR CODE Ï4622 DOS 9/7/04	25.50
10/06/05	PMT BY CHECK	DOS 9/3/04 THRU 10/08/04 # 613656284	-720.00
03/17/06	C&R READING	@ THE L/O OF DENNIS FUSI	270.00
05/25/06	PENALTIES	FOR DATE OF SERVICE 3/17/06	40.50
04/14/10	INTEREST	FOR DATE OF SERVICE 3/17/06	128.37
02/11/10	PENALTIES	FOR DATE OF SERVICE 4/15/05	8.55
04/14/10	INTEREST	FOR DATE OF SERVICE 4/15/05	33.13
02/11/10	PENALTIES	FOR DATE OF SERVICE 5/19/05	8.55
04/14/10	INTEREST	FOR DATE OF SERVICE 5/19/05	32.52
04/20/10	PMT BY CHECK	DOS 9/3/04 THRU 3/17/06 # 84972946	-500.00
04/27/10	BLCE OFF SET	BALANCE OFF SET	-186.62

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

*** INVOICE ***

Date	NO#
04/27/10	11444

Claim # : B04014251
W.C.A.B.: [illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 11/19/73
Terms : 45 days

BILL TO:
TIG INSURANCE CO (BREA)
W.C. DEPARTMENT
ATTN: HOMA HARIRI
P.O. BOX # 2314
BREA, CA 92822

Case: vs MESHIN FIRE CONTROL
Date Of Injury: 8/29/04

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

00331

TIG INSURANCE COMPANY

TIG INSURANCE COMPANY

Check Number	Date of Check	Reference Number
613617694	07/19/05	6110719220083

Policy Number	Claim Number	Region - Agent
80650330	00B04014251	41-632

Name of Insured
MESHIN FIRE CONTROL

Location
87A

Employee/Claimant Name

Claims Office
MARTINEZ -WC

Date of Loss	Check Amount	Office Telephone Number
08/24/04	$180.00	925-335-5000

Payee Name
JOYCE ALTMAN INTERPRETERS INC

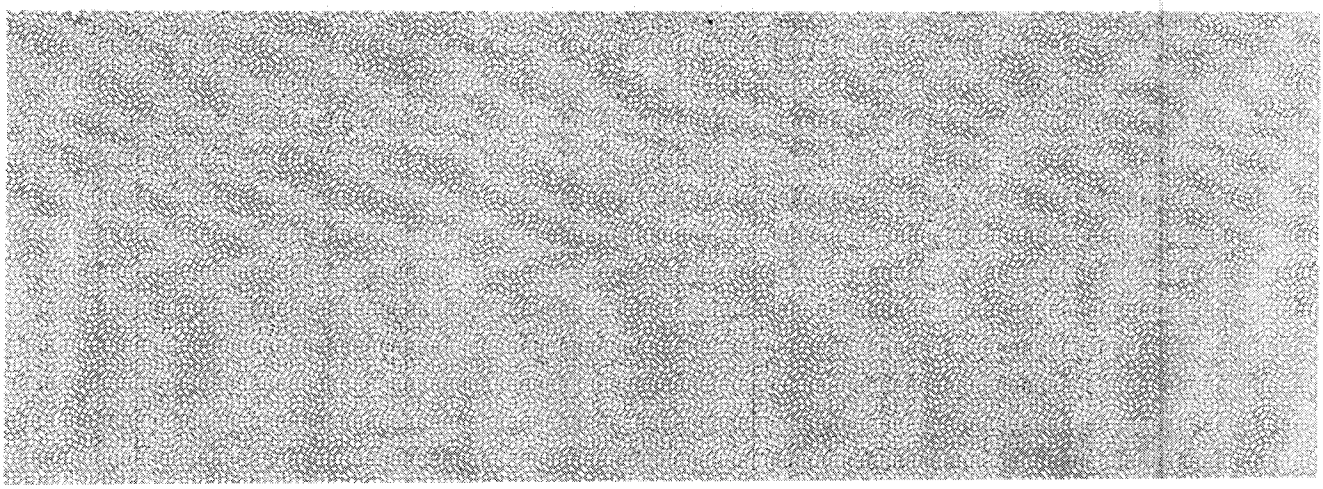
Payee Address
PO BOX 4165 TUSTIN CA 92781

In Payment of
INV. NO. 11444

PAID

From Date	Through Date
04/15/05	05/19/05

REMOVE DOCUMENT ALONG THIS PERFORATION



00366

TIG INSURANCE COMPANY

TIG INSURANCE COMPANY

Check Number	Date of Check	Reference Number
613656284	10/06/05	6111006220095

Policy Number	Claim Number	Region - Agent
80650330	00B04014251	41-632

Name of Insured
MESHIN FIRE CONTROL

Location
87A

Employee/Claimant Name

Claims Office
MARTINEZ -WC

Date of Loss	Check Amount	Office Telephone Number
08/24/04	$720.00	925-335-5000

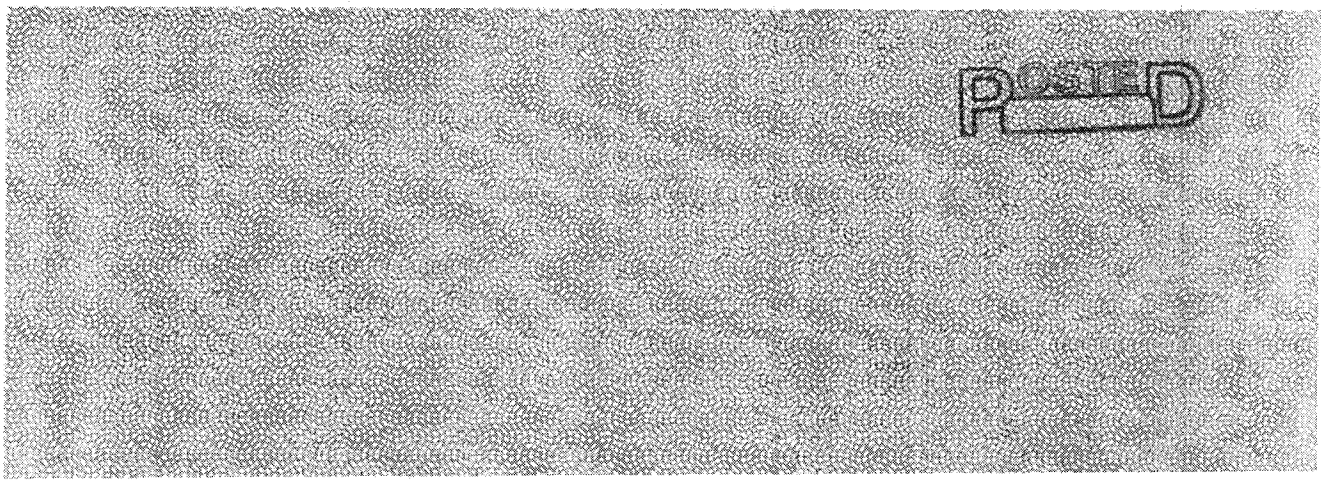
Payee Name
JOYCE ALTMAN INTERPRETERS INC

Payee Address
PO BOX 4165 TUSTIN CA 92781

In Payment of
INV. NO. 11444

From Date	Through Date
09/03/04	10/08/04

REMOVE DOCUMENT ALONG THIS PERFORATION



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

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

6
1138

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

Name	Homa Hariri	**Telephone#**	714-579-2620
Check#	84972946	**Claim Number**	719-0203735-306
Check Date	~~04/20/2010~~	**Date of Loss**	08/24/2004
Check amount	$ 500.00	**Claimant**	
Invoice		**Client/Insured**	
Services/period	~~From~~ 04/14/2010	**To**	04/14/2010
Payee	Joyce Altman Interpreters, Inc		

For FULL & FINAL SATISFACTION OF LIEN

PAID

11644

F. F.

IS

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

*** INVOICE ***

Date	NO#
05/11/10	23336

Claim # : 558976513015
W.C.A.B.:
ADJ # :
S.S.N.
D.O.B. :
Terms : 45 days

BILL TO:
SAFECO INSURANCE (L.A. 515097)
W.C. DEPARTMENT
ATTN: Patty Bland
P.O. BOX # 515097
LOS ANGELES, CA 90051

Case: [redacted] vs WAGNER RUBBER PRODUCTS INC
Date Of Injury: 9/25/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/06	INITIAL EXAM	-DR DOMARACKI*	230.00
10/31/06	RE-EVAL	-DR DOMARACKI*	180.00
11/22/06	RE-EVAL	-DR DOMARACKI*	180.00
02/26/07	PENALTIES	FOR DATE OF SERVICE 10/13/06	34.50
04/06/10	INTEREST	FOR DATE OF SERVICE 10/13/06	93.55
03/09/07	RE-EVAL	-DR DOMARACKI*	180.00
05/03/07	P AND S	-DR DOMRARCKI*	230.00
02/01/08	PENALTIES	FOR DATE OF SERVICE 5/3/07	34.50
04/06/10	INTEREST	FOR DATE OF SERVICE 5/3/07	78.92
11/16/09	PENALTIES	FOR DATE OF SERVICE 10/31/06	27.00
04/06/10	INTEREST	FOR DATE OF SERVICE 10/31/06	72.19
11/16/09	PENALTIES	FOR DATE OF SERVICE 11/22/06	27.00
04/06/10	INTEREST	FOR DATE OF SERVICE 11/22/06	70.95
11/16/09	PENALTIES	FOR DATE OF SERVICE 03/09/07	27.00
04/06/10	INTEREST	FOR DATE OF SERVICE 03/09/07	64.88
04/08/10	PMT BY CHECK	DOS 10/13/06 THRU 5/3/07 # 833815	-1300.00
05/11/10	BLCE OFF SET	BALANCE OFF SET	-230.49

BALANCE 0.00

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

Golden Eagle Insurance
Member of Liberty Mutual Group

CLAIMS ACCOUNTING
P.O. BOX 461
ST. LOUIS, MO 63166-0461

Check No. 833815
ISSUE DATE APR 8, 2010

CLAIM NO. 558976513015
ACS REF NO. 19W062690768
POLICY NO. 25WC005896

LOSS DATE 09-25-06

ADJUSTER:
PATTY BLAND
PHONE NO: 1-800-332-3226

AGENT: 16-0245
BOLTON AND COMPANY

JOYCE ALTMAN INTERPRETERS
PO BOX 4065
TUSTIN CA 92781-4065

PAYMENT PERIOD:
04-08-10 TO 04-08-10

COVERAGES PAID THIS CHECK:

1,300.00 WC MED

23336

**1,300.00 TOTAL PAID THIS CHECK
INSURED: WAGNER RUBBER PRODUCTS, INC.
CLAIMANT: CECILIO-ROSAS, ELISEO-
IN PAYMENT OF: FULL/FINAL LIEN.

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#
04/05/10 06104

Claim # : 0A-01-KT-1029
W.C.A.B.:
ADJ # :
S.S.N.
D.O.B. : 5/30/69
Terms : 45 days

BILL TO:
CLAIMS MGMT CORP (MISSOURI)
W.C. DEPARTMENT
ATTN: TO WHOM IT MAY CONCERN
P.O. BOX # 419797
KANSAS CITY, MO 64141

Case: vs MEDIC COURIERS
Date Of Injury: 12/18/00

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/01	INITIAL EXAM	-DR MEEKS*	150.00
04/09/01	RE-EVAL	-DR MEEK*	120.00
04/16/01	RE-EVAL	DR MEEKS*	120.00
04/26/01	MRI	-REFERRED BY DR MEEKS*	150.00
05/07/01	RE-EVAL	-DR MEEKS*	120.00
08/27/02	QME EVAL	DR CHAN*	150.00
04/18/03	DEPO PREP	@ THE LAW OFFICES OF GEORGE THEOFANIS	147.00
12/02/03	P AND S	DR CHAN*	150.00
11/22/04	WCAB LB	MSC	147.00
01/16/06	PENALTIES	FOR DATE OF SERVICE 4/2/01	22.50
03/15/10	INTEREST	FOR DATE OF SERVICE 4/2/01	155.44
01/16/06	PENALTIES	FOR DATE OF SERVICE 4/26/01	22.50
03/15/10	INTEREST	FOR DATE OF SERVICE 4/26/01	154.30
01/16/06	PENALTIES	FOR DATE OF SERVICE 8/27/02	22.50
03/15/10	INTEREST	FOR DATE OF SERVICE 8/27/02	131.24
01/16/06	PENALTIES	FOR DATE OF SERVICE 4/18/03	22.05
03/15/10	INTEREST	FOR DATE OF SERVICE 4/18/03	117.78
01/16/06	PENALTIES	FOR DATE OF SERVICE 12/2/03	22.50
03/15/10	INTEREST	FOR DATE OF SERVICE 12/2/03	109.41
01/16/06	PENALTIES	FOR DATE OF SERVICE 11/22/04	22.05
03/15/10	INTEREST	FOR DATE OF SERVICE 11/22/04	90.73
11/16/09	PENALTIES	FOR DATE OF SERVICE 4/9/01	18.00
03/15/10	INTEREST	FOR DATE OF SERVICE 4/9/01	124.09
11/16/09	PENALTIES	FOR DATE OF SERVICE 4/16/01	18.00
03/15/10	INTEREST	FOR DATE OF SERVICE 4/16/01	123.82
11/16/09	PENALTIES	FOR DATE OF SERVICE 5/7/01	18.00
03/15/10	INTEREST	FOR DATE OF SERVICE 5/7/01	123.03
03/29/10	PMT BY CHECK	DOS 4/2/01 THRU 3/15/10 # 4420002117	-2571.94

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

*** INVOICE ***

Date	NO#
04/05/10	06104

Claim # : 0A-01-KT-1029
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/30/69
Terms : 45 days

BILL TO:
CLAIMS MGMT CORP (MISSOURI)
W.C. DEPARTMENT
ATTN: TO WHOM IT MAY CONCERN
P.O. BOX # 419797
KANSAS CITY, MO 64141

Case: vs MEDIC COURIERS
Date Of Injury: 12/18/00

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

CLARENDON AMERICA INSURANCE COMPANY

No. 4420002117

29-MAR-10 Joyce Altman Interpret 9552

DATE: CUST. ACCT. # VENDOR NAME VENDOR NO:

INVOICE NO.	INVOICE DATE	DESCRIPTION	DISCOUNT AMOUNT	NET AMOUNT
06104	18-AUG-08	CL # OA01KT1029	0.00	2,571.94
		PAID	F.F. CA	
			0.00	2,571.94

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

*** INVOICE ***

Date	NO#
04/23/10	12316

Claim # : WC608-52-6091
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/1/71
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: ROBERT NIELTEN
PO BOX 4025
BEAVERTON, OR 97076

Case: _ _ _ vs NEIMAN MARCUS
Date Of Injury: 10/21/04

DOS	SERVICE	DESCRIPTION	AMOUNT
11/24/04	INITIAL EXAM	-DR DOMARACKI*	150.00
10/25/05	PENALTIES	FOR DATE OF SERVICE 11/24/04	22.50
03/29/10	INTEREST	FOR DATE OF SERVICE 11/24/04	93.15
04/19/10	PMT BY CHECK	DOS 11/24/04 THRU 3/29/10 # 0021293907	-235.65
04/23/10	BLCE OFF SET	BALANCE OFF SET	-30.00

BALANCE 0.00

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Liberty Mutual

B CODE	CHECK REFERENCE	CHECK DATE
288	0021293907	04/19/10
	CHECK AMOUNT ****$235.65	BLOCK NUMBER 021770

OSN: MM0801041906-001235
BANK: 288
CHECK REF: 0021293907 DATE: 04/19/10 AMT: 235.65
INTERNAL BILL NO: 055821372 MSR: N0153716
CUST/EXTERNAL BILL NO: 26053131780602
BR PROVIDER #: 0083309571 3A0

CLAIM NO. WC 608-526091 HOD
CONTRACT NO: WA7-61D-004216-324-54
DOCUMENT NO: 430820051833000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 12316
SSN:
DOI: 11/24/04
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: NEIMAN MARCUS GROUP, INC.
ADDRESS: 9700 WILSHIRE BLVD
BEVERLY HILLS, CA 90212

LOCATION CODE: 040010

AGENCY CLAIM#(BOARD COMM#): 20041217163409103058 10
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/24/04-11/24/04
AUDIT DATE: 04/16/10

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
11/24/04	MDS10		LUMP SUM SETTLEMENT WHERE							
11/24/04	T1013		SIGN LANGUAGE/ORAL INTEPR	1.00	150.00	150.00	N/A	0.00	150.00 150	Z652
11/24/04	MDS10		LUMP SUM SETTLEMENT WHERE							
11/24/04	99199		SPECIAL SERVICE/PROC/REPO	1.00	85.65	85.65	N/A	0.00	85.65 150	Z652

TOTAL CHARGES:	235.65
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	235.65
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	235.65

PAID

EXPLANATION CODE DESCRIPTIONS:
Z652 RECOMMENDATION OF PAYMENT HAS BEEN BASED ON A PROCEDURE CODE WHICH BEST DESCRIBES SERVICES RENDERED. (Z652)
Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
P.O. BOX 7203
LONDON, KY 40742

Liberty Mutual

BLOCK NUMBER
021771

OSN: MM0801041906-001235
BANK: 288
CHECK REF: 0021293907 DATE: 04/19/10 AMT: 235.65
INTERNAL BILL NO: 055821372 MSR: N0153716
CUST/EXTERNAL BILL NO: 26053131780602
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 608-526091 HOD
CONTRACT NO: WA7-61D-004216-324-54
DOCUMENT NO: 430820051833000

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #: 12316
SSN:
DOI: 11/21/04
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: NEIMAN MARCUS GROUP, INC.
ADDRESS: 9700 WILSHIRE BLVD
BEVERLY HILLS, CA 90212

LOCATION CODE: 040010

AGENCY CLAIM#(BOARD COMM#): 20041217163409103058l0
IDC-9 CODES: 799.8

DATES OF SERVICE: 11/24/04-11/24/04
AUDIT DATE: 04/16/10

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
			DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD N ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)							
Z849			DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)							
Z850			MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)							
Z989			THE AMOUNT PAID PREVIOUSLY WAS LESS THAN IS DUE. THE CURRENT RECOMMENDED AMOUNT IS THE RESULT OF SUPPLEMENTAL PAYMENT. (Z989)							

NOTES
IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, AND YOUR QUESTIONS PERTAIN TO THE AMOUNT SHOWN IN THE REVIEW ALLOW COLUMN ON THIS EOP, THEN PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATIO

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

*** INVOICE ***
Date NO#
03/09/10 23736

Claim # : 16004
W.C.A.B.: LI
ADJ # : AI
S.S.N. : ...
D.O.B. : 10/28/75
Terms : 45 days

BILL TO:
PACIFICCOMP INS. COMPANY
W.C. DEPARTMENT
ATTN: LORI DOMINGUEZ
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs OVERHILL FARMS INC
Date Of Injury: 10/20/05;8/23/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
11/22/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
03/30/07	PENALTIES	FOR DATE OF SERVICE 11/1/06	22.05
05/01/07	INTEREST	FOR DATE OF SERVICE 11/1/06	9.31
03/30/07	PENALTIES	FOR DATE OF SERVICE 11/22/06	22.05
05/01/07	INTEREST	FOR DATE OF SERVICE 11/22/06	8.34
04/05/07	WCAB LB	EXPEDITED HEARING	147.00
05/01/07	PMT BY CHECK	DOS 11/1/06 THRU 4/5/07 # 00216354	-270.00
11/03/08	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
03/11/09	WCAB LB	MSC	156.50
03/30/09	PMT BY CHECK	DOS 11/3/08 THRU 3/11/09 # 00359637	-246.50
11/16/09	PENALTIES	FOR DATE OF SERVICE 4/5/07	8.55
02/16/10	INTEREST	FOR DATE OF SERVICE 4/5/07	19.18
11/16/09	PENALTIES	FOR DATE OF SERVICE 11/3/08	4.99
02/16/10	INTEREST	FOR DATE OF SERVICE 11/3/08	5.13
11/16/09	PENALTIES	FOR DATE OF SERVICE 3/11/09	4.99
02/16/10	INTEREST	FOR DATE OF SERVICE 3/11/09	3.79
11/16/09	INTEREST	FOR DATE OF SERVICE 11/1/06	18.70
11/16/09	INTEREST	FOR DATE OF SERVICE 11/22/06	18.70
03/04/10	PMT BY CHECK	DOS 11/1/06 THRU 11/16/09 # 00428631	-383.28

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

*** INVOICE ***

Date	NO#
03/09/10	23736

Claim # : 16004
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/28/75
Terms : 45 days

BILL TO:
PACIFICCOMP INS. COMPANY
W.C. DEPARTMENT
ATTN: LORI DOMINGUEZ
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: vs OVERHILL FARMS INC
Date Of Injury: 10/20/05;8/23/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

EMPLOYERS DIRECT INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

000115-00001-000115 EDC1 1378678
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Amount of this check: $270.00

Claimant:
Claim: 00016004
Policy #: WC 00017702
Date of Injury: 08-21-2006
Description: 11-01-06 - 04-05-07 23736
Payment For: DEPO INTERPRETER FEES

Payment Amount: $270.00 Ck# 00246354 5/1/07

DIRECT INQUIRIES TO: EMPLOYERS DIRECT INSURANCE COMPANY

PAID

EMPLOYERS DIRECT INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

Temporary Return Service Requested

000079-00001-000079 ESC1 1467763
Joyce Altman Interpreters
P.O.Box 4165
Tustin CA 92781-4165

Insured: MARCO'S AUTO BODY, INC.
Amount of this check: $336.50

Claimant: G
Claim: 00030618
Policy #: WC 00023103
Date of Injury: 02-26-2008
Description: 01-02-09 - 01-02-09 30819
Payment For: INTERPRETER FOR MEDICAL

Payment Amount: $90.00

Claimant: [redacted]
Claim: 00016004
Policy #: WC 00017702
Date of Injury: 08-21-2006
Description: 11-03-08 - 03-11-09 23736
Payment For: INTERPRETER FOR NON-MEDICAL

Payment Amount: $246.50

Claimant:
Claim:
Policy #:
Date of Injury: - -
Description:
Payment For:

Payment Amount: $.00

PAID

CK-00359637

3/30/09

- CONTINUED ON REVERSE -

EMPLOYERS DIRECT INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

Anthem Blue Cross

Temporary Return Service Requested

000127-000001-000127 2049604 2320EDC 1

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

23736

Explanation of Review
Page: 1 of 2
Case: UN1-EDIC-1590284
Post Date: 03/01/2010
Adjustor: KDEEDS
File: 00000000010.00 / 00000000000.00 / 00000000
Reviewer: RDU/ KDEEDS
Check No.: 00428631 Bulk $383.28

3/4/10

Provider: JOYCE ALTMAN INTERPRETERS
P.O.BOX 4165
TUSTIN, CA 927814165

Claim 00012146
Policy: WC 00017701

Doi: 10/27/2006
Claimant:

Tax ID: 330966713 Int
DOS: 11/01/2006 TO 03/11/2009
Ext ID: 33095671301 0100

DX 1: 9599 INJURY OTHER AND UNSPECIF

PAID

Date of Service	PS	TS	Code	Mod Service Description	DX No.	Units	Charges	Bill Review	Reductions PPO	UM	Allowance	Expl. Code(s)
11/01/2006	11	1	MDO10	Jurisdiction ordered pymt	1	1	191.64				191.64	AAD
03/11/2009	11	1	MDO10	Jurisdiction ordered pymt	1	1	191.64				191.64	AAD
				Total Charges:			383.28					
				Bill Review Reductions:				0.00				
				Recommended Allowance							383.28	

FULL

AAD FULL and FINAL SETTLEMENT.

If you have any questions regarding the aplicability of your PPO contract to this claim, please contact Anthem Blue Cross at 1 (800) 422-7334.

Unless otherwise noted, all reductions were due to charges exceeding the Official Medical Fee Schedule of the state of California. Amounts billed above this payment or the recommended allowances as shown, are hereby objected to as being in excess of amounts authorized under Labor Code 4600(B), 4603.2, 4600.4, 4620 through 4626 and 5307.1 and 5307.3 of the California Labor Code. Remedies available for contesting this determination include filing a lien and/or application for adjudication with the Workers' Compensation Appeals Board or requesting that this disputed amount be determined by the Binding Arbitration. You may also contact an attorney or uti

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

*** INVOICE ***

Date	NO#
03/23/10	12984

Claim # : 000688-001274-WC-01
W.C.A.B.: L
ADJ # : A
S.S.N. :
D.O.B. : 8/23/53
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (LAG HILLS)
W.C. DEPARTMENT
ATTN: JOYCE O'BRYAN
P.O. BOX # 30840
LAGUNA HILLS, CA 92654

Case: vs SALVATION ARMY
Date Of Injury: 3/17/01

DOS	SERVICE	DESCRIPTION	AMOUNT
01/03/05	MRI	REF BY DR MARSHAK:L/S,RT KNEE	150.00
11/16/05	PENALTIES	FOR DATE OF SERVICE 1/3/05	22.50
01/21/10	INTEREST	FOR DATE OF SERVICE 1/3/05	88.09
03/15/10	PMT BY CHECK	DOS 1/3/05 # 106008955 6	-230.00
03/23/10	BLCE OFF SET	BALANCE OFF SET	-30.59

BALANCE 0.00

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

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

SRS
SPECIALTY RISK SERVICES
12984

004178
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

F-F-
JG

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*9000312 1060089556

HAR-100-2

PAID

086820011

FOLD AT DOTTED LINE AND DETACH

SRS
SPECIALTY RISK SERVICES

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

56 -1544
441

Check Number: 106008955 6
Issue Date: 03-15-2010

$**********230.00

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

Pay

TWO HUNDRED THIRTY DOLLARS AND 00/100

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

Authorized Signature

⑈106008955⑈ ⑆044000152⑆ 637559753⑈

Bunch & Associates Inc

P.O. Box 32045
Lakeland, FL 33802
Phone: 888-853-4735

B U N C H

EXPLANATION OF REVIEW

Provider:	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165	Process Date:	03/11/2010
Provider ID:	622012	Bill ID:	2444-H-373341-0
NPI:	-	Claim #:	YDY65683.C
Provider TIN:	330956713	DOI:	03/17/2009
Group:	JOYCE ALTMAN INTERPRETERS INC	Adjustor:	SOUTHWEST, SRS
Group ID:	622012	UDF3:	-
NPI:	n/a	BODY PART:	53
Group TIN:	330956713	Patient:	
Patient Account #:		Patient ID:	
Network:		Carrier/Employer:	TSA - SI CALIFORNIA
Network Plan:	-		
Network Plan #:	-	Audit Account:	THE SALVATION ARMY 180 EAST OCEAN BLVD LONG BEACH, CA 90802
Dates of Service:	01/29/2010-01/29/2010	Audit Account ID:	#12477
EOB Action:	AUTH Req Phys: -	Report Account:	TSA - SI California
Indication:	DAB Intake ID: -	Report Account ID:	#12477
CE #:	- CE DATE: -		

Rec Dt: 01/29/2010

UDF2: CTH: 02/04/2010
UDF4: -
CAUSE: 99

ICD-9-DX:
959.9 INJURY OTHER AND UNSPECIFIED UNSPECIFIED SITE

DATE OF SERVICE	DOS	CODE	MOD	TOS	SERVICE DESCRIPTION	UNITS	CHARGES	BILL REVIEW REDUCTION	NETWORK REDUCTION	OTHER REDUCTION	ALLOWANCE	EXPLANATION CODE
01/29/2010	33	M0033		9	FINAL ORDER OF BOARD OF INDUSTRIAL WORKERS COMPENSATION APPEALS BOARD REQUIRES A 1200 SUM PAYMENT FOR A DOCTOR MEDICAL BILL. WHERE THE AMOUNT OF REIMBURSEMENT IS IN DISPUTE BETWEEN THE CLAIMS PAYER AND THE HEALTHCARE PROVIDER	1	230.00	-	-	-	230.00	080 (085, 871)

TOTAL CHARGES:	230.00
BILL REVIEW REDUCTION:	0.00
NETWORK REDUCTION:	0.00
OTHER REDUCTION:	0.00
TOTAL RECOMMENDED ALLOWANCE:	230.00

*EXPLANATION CODES
080 -
085 REVIEW OF THIS BILL HAS RESULTED IN AN ADJUSTED REIMBURSEMENT OF $230.00

Direct inquiries regarding this review to: Bunch & Associates, Inc., PO Box 32045, Lakeland, FL 33802, phone: 888-853-4735.
Note to Provider regarding appeals process: Please send appeal requests to Bunch & Associates, Inc., along with this EOR, the medical bill and all supporting documentation.

Unless otherwise noted, all reductions are in accordance with the medical fee schedule as per the rules and regulations authorized by California Labor Code Section 4600.5 and 5307.1. The treating physician or authorized provider may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board. this is a test for mak

Bill ID: 2444-H-373341-0
CPT only ©1996-2006 American Medical Association. All Rights Reserved Applicable FARS/DFARS Restrictions Apply to Government Use.
CDT-4 and CDT-2005: Current Dental Terminology is copyright © 2003-2006 American Dental Association. All Rights Reserved

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

*** INVOICE ***
Date NO#
02/01/10 21479

Claim # : 280409
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/28/55
Terms : 45 days

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

Case: vs MARRZ OIL, LLC dba AM PM
Date Of Injury: 3/15/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/05/06	RE-EVAL	-DR DOMARACKI*	180.00
05/30/06	RE-EVAL	-DR DOMARACKI*	180.00
06/19/06	RE-EVAL	-DR DOMARACKI*	180.00
07/17/06	RE-EVAL	-DR DOMARACKI*	180.00
08/01/06	PMT BY CHECK	DOS 7/17/06 # 755513	-90.00
03/24/06	INITIAL EXAM	-DR DOMARACKI* revised	230.00
08/08/06	RE-EVAL	-DR DOMARACKI*	180.00
08/30/06	RE-EVAL	-DR DOMARACKI*	180.00
09/08/06	RE-EVAL	-DR DOMARACKI*	180.00
10/02/06	RE-EVAL	-DR DOMARACKI*	180.00
10/30/06	RE-EVAL	-DR DOMARACKI*	180.00
12/05/06	RE-EVAL	-DR DOMARACKI*	180.00
01/09/07	RE-EVAL	-DR DOMARACKI*	180.00
02/22/07	P AND S	-DR DOMARACKI*	230.00
05/14/07	PENALTIES	FOR DATE OF SERVICE 3/24/06	34.50
05/14/09	INTEREST	FOR DATE OF SERVICE 3/24/06	84.57
05/14/07	PENALTIES	FOR DATE OF SERVICE 2/22/07	34.50
05/14/09	INTEREST	FOR DATE OF SERVICE 2/22/07	60.29
10/02/07	PR2/REEVAL	-DR DOMARACKI*	180.00
11/12/07	PR2/REEVAL	-DR DOMARACKI*	180.00
01/08/08	PR2/REEVAL	-DR DOMARACKI* (AMENDED)	180.00
01/29/08	PR2/REEVAL	-DR DOMARACKI*	180.00
03/05/08	PMT BY CHECK	DOS 1/9/08 THRU 1/29/08 # 735392	-180.00
07/02/08	WCAB LB	MSC	156.50
07/29/08	PMT BY CHECK	DOS 7/2/08 # 938212	-90.00
03/18/09	WCAB LB	STATUS CONFERNCE	156.50
04/17/09	PMT BY CHECK	DOS 3/18/09 # 448894	-90.00
05/14/09	PMT BY CHECK	DOS 4/5/06 THRU 11/12/07 # 484087	-1260.00

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

*** INVOICE ***
Date NO#
02/01/10 21479

Claim # : 280409
W.C.A.B.: [illegible]
ADJ # :
S.S.N. :
D.O.B. : 12/28/55
Terms : 45 days

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

Case: vs MARRZ OIL, LLC dba AM PM
Date Of Injury: 3/15/06

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/09	WCAB LB	MSC	156.50
10/16/09	PMT BY CHECK	DOS 7/1/09 # 683797	-90.00
01/04/10	INTEREST	FOR DATE OF SERVICE 3/24/06	11.20
01/04/10	INTEREST	FOR DATE OF SERVICE 2/22/07	11.20
01/04/10	PENALTIES	FOR DATE OF SERVICE 4/5/06	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 4/5/06	39.42
01/04/10	PENALTIES	FOR DATE OF SERVICE 5/30/06	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 5/30/06	37.86
01/04/10	PENALTIES	FOR DATE OF SERVICE 6/19/06	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 6/19/06	37.29
01/04/10	PENALTIES	FOR DATE OF SERVICE 7/17/06	27.00
01/04/10	INTEREST	FOR DATE OF SERVICE 7/17/06	72.99
01/04/10	PENALTIES	FOR DATE OF SERVICE 8/8/06	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 8/8/06	35.87
01/04/10	PENALTIES	FOR DATE OF SERVICE 8/30/06	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 8/30/06	35.25
01/04/10	PENALTIES	FOR DATE OF SERVICE 9/8/06	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 9/8/06	34.99
01/04/10	PENALTIES	FOR DATE OF SERVICE 10/2/06	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 10/2/06	34.31
01/04/10	PENALTIES	FOR DATE OF SERVICE 10/30/06	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 10/30/06	33.52
01/04/10	PENALTIES	FOR DATE OF SERVICE 12/5/06	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 12/5/06	32.50
01/04/10	PENALTIES	FOR DATE OF SERVICE 1/9/07	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 1/9/07	31.50
01/04/10	PENALTIES	FOR DATE OF SERVICE 10/2/07	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 10/2/07	23.96
01/04/10	PENALTIES	FOR DATE OF SERVICE 11/12/07	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 11/12/07	22.80
01/04/10	PENALTIES	FOR DATE OF SERVICE 1/9/08	13.50

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

*** INVOICE ***
Date NO#
02/01/10 21479

Claim # : 280409
W.C.A.B.: -
ADJ #
S.S.N. :
D.O.B. : 12/28/55
Terms : 45 days

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

Case: vs MARRZ OIL, LLC dba AM PM
Date Of Injury: 3/15/06

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/10	INTEREST	FOR DATE OF SERVICE 1/9/08	21.15
01/04/10	PENALTIES	FOR DATE OF SERVICE 1/29/08	13.50
01/04/10	INTEREST	FOR DATE OF SERVICE 1/29/08	20.59
01/04/10	PENALTIES	FOR DATE OF SERVICE 3/18/09	9.98
01/04/10	INTEREST	FOR DATE OF SERVICE 3/18/09	6.54
01/04/10	PENALTIES	FOR DATE OF SERVICE 7/1/09	9.98
01/04/10	INTEREST	FOR DATE OF SERVICE 7/1/09	4.34
01/26/10	PMT BY CHECK	DOS 3/8/06 THRU 7/1/09 # 798866	-2300.00
02/01/10	BLCE OFF SET	BALANCE OFF SET	-526.60

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), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

EXPLANATION OF PAYMENT

Zenith Insurance Company
GLENDALE OFFICE
700 N. BRAND BLVD. SUITE 700
GLENDALE, CA 91203
(800) 625-5435

Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781
TAX ID: 330956713

Patient Information

SSN: On file
DATE OF INJURY: 01/22/06
Patient Acct No: 21479

Diagnosis Information
780. GENERAL SYMPTOM

Zenith Claim Information
Claim Number: 280409
Check Date: 08/01/06
Check Number: 755513
Date Of Review: 07/28/06
Case Number: 999H44917100

Employer Information
MARRZ OIL, LLC
8505 S. PIONEER BLVD.
WHITTIER, CA 90606

DATES OF SERVICE: 04/05/06 TO 07/17/06

Date Of Service	Procedure Code	Pos	Mod	Service Description	Units	Charges	Review Reduction	UR Reduction	PPO or Prompt Pay Reduction	Allowed	Reduction Codes
04/05/06	Q0014	11		INTERPRETATION	0001	180.00	180.00	0.00	0.00	0.00	ADD
05/30/06	Q0014	11		INTERPRETATION	0001	180.00	180.00	0.00	0.00	0.00	ADD
06/19/06	Q0014	11		INTERPRETATION	0001	180.00	180.00	0.00	0.00	0.00	ADD
07/17/06	Q0014	11		INTERPRETATION	0001	180.00	90.00	0.00	0.00	90.00	A28

TOTAL CHARGES:	720.00			
TOTAL REVIEW REDUCTIONS:		630.00		
TOTAL UR REDUCTIONS:			0.00	
TOTAL PPO OR Prompt Pay DISCOUNT:			0.00	
PAID AMOUNT:				90.00

Modifier Code Description:
A28 781 PROVIDER CHARGES HAVE BEEN REIMBURSED ACCORDING TO A PRE-DETERMINED SC HEDULE.
ADD 850 THIS CHARGE REPRESENTS SERVICES THAT WERE PREVIOUSLY DENIED BY THE CLA IMS EXAMINER. RECOMMENDED REIMBURSEMENT FOR THIS CHARGE IS

Previously denied by examiner, under bill Id# 416165.

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKER'S COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

For any questions please call Zenith Insurance Company at (800) 625-5435

EXPLANATION OF PAYMENT

Carrier/Audit Reviewer
Zenith Insurance Company
GLENDALE OFFICE
700 N. BRAND BLVD. SUITE 700
GLENDALE, CA 91203
(800) 625-5435

Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

Patient Information

SSN: On file
DATE OF INJURY: 01/22/06
Patient Acct No: 21479

Diagnosis Information
780. GENERAL SYMPTOM

Zenith Claim Information
Claim Number: 280409
Check Date: 03/05/08
Check Number: 735392
Date Of Review: 03/03/08
Case Number: 999H128408400

Employer Information
MARRZ OIL, LLC
8505 S. PIONEER BLVD.
WHITTIER, CA 90606

DATES OF SERVICE: 01/09/08 TO 01/29/08

Date Of Service	Procedure Code	Pos	Mod	Service Description	Units	Charges	Review Reduction	PPO or Prompt Pay Reduction	Other Reduction	Allowed	Reduction Codes
01/09/08	T1013	11		SIGN LANGUAGE/	0008	180.00	90.00	0.00	0.00	90.00	A28 AF2
01/29/08	T1013	11		SIGN LANGUAGE/	0008	180.00	90.00	0.00	0.00	90.00	A28

TOTAL CHARGES:	360.00			
TOTAL REVIEW REDUCTIONS:		180.00		
TOTAL PPO OR Prompt Pay DISCOUNT:			0.00	
TOTAL OTHER REDUCTIONS:				0.00
PAID AMOUNT:	PAID			180.00

Carrier Reduction Code & Description:
A28 781 PROVIDER CHARGES HAVE BEEN REIMBURSED ACCORDING TO A PRE-DETERMINED SC HEDULE.
AF2 ANY CHARGES SUBMITTED ON THIS BILL THAT WERE PREVIOUSLY REVIEWED FOR P AYMENT WILL NOT APPEAR ON THIS EOP.

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKER'S COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

To check the status of your bill, use our convenient Automated Service line 24 hours a day, seven days a week by calling 1-800-625-5435. For security purposes you will be prompted to create a Personal Identification Number (PIN).

For any questions, please call Zenith Insurance Company at (800) 226-2324.

All requests for reconsideration should be submitted in writing. Please include the bill clearly labeled as a request for reconsideration, the Explanation of Payment, the reason for the request and any supporting documentation. Reconsideration requests will be handled in accordance with your state's guidelines.

EXPLANATION OF PAYMENT

Carrier/Audit Reviewer
Zenith Insurance Company
GLENDALE OFFICE
700 N. BRAND BLVD. SUITE 700
GLENDALE, CA 91203
(800) 625-5435

Patient Information

SSN: On file
DATE OF INJURY: 01/22/06
Patient Acct No: 21479

Zenith Claim Information
Claim Number: 280409
Check Date: 07/29/08
Check Number: 938212
Date Of Review: 07/25/08
Case Number: 999H149246300

Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

Diagnosis Information
780. GENERAL SYMPTOM

Employer Information
MARRZ OIL, LLC
8505 S. PIONEER BLVD.
WHITTIER, CA 90606

DATES OF SERVICE: 07/02/08 TO 07/02/08

Date Of Service	Procedure Code	Pos	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Allowed	Reduction Codes
07/02/08	T1013	11		SIGN LANGUAGE/	0001	156.50	66.50	0.00	0.00	90.00	A28 AF2
				TOTAL SUMMARY:		156.50	66.50	0.00	0.00	90.00	

Carrier Reduction Code & Description:

A28 781 PROVIDER CHARGES HAVE BEEN REIMBURSED ACCORDING TO A PRE-DETERMINED SC HEDULE.
AF2 ANY CHARGES SUBMITTED ON THIS BILL THAT WERE PREVIOUSLY REVIEWED FOR P AYMENT WILL NOT APPEAR ON THIS EOP.

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKER'S COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

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EXPLANATION OF PAYMENT

Carrier/Audit Reviewer
Zenith Insurance Company
GLENDALE OFFICE
700 N. BRAND BLVD. SUITE 700
GLENDALE, CA 91203
(800) 625-5435

Patient Information

SSN: On file
DATE OF INJURY: 01/22/06
Patient Acct No: 21479

Diagnosis Information
780. GENERAL SYMPTOM

Zenith Claim Information
Claim Number: 280409
Check Date: 04/17/09
Check Number: 448894
Date Of Review: 04/15/09
Case Number: 999H185345100

Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

Employer Information
MARRZ OIL, LLC
8505 S. PIONEER BLVD.
WHITTIER, CA 90606

DATES OF SERVICE: 04/05/06 TO 03/18/09

Date Of Service	Procedure Code	Pos	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Allowed	Reduction Codes
04/05/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
05/30/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
06/19/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
07/17/06	T1013	11		SIGN LANGUAGE/	0008	230.00	230.00	0.00	0.00	0.00	ADD
08/08/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
08/30/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
09/08/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
10/02/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
10/30/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
12/05/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
01/09/07	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
02/22/07	T1013	11		SIGN LANGUAGE/	0008	230.00	230.00	0.00	0.00	0.00	ADD
10/02/07	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
11/12/07	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
01/09/08	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
01/29/08	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
07/02/08	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	ADD
03/18/09	T1013	11		SIGN LANGUAGE/	0008	156.50	156.50	0.00	0.00	0.00	ADD
				TOTAL SUMMARY:		156.50	66.50	0.00	0.00	90.00	A28
						3,293.00	3,203.00	0.00	0.00	90.00	

Carrier Reduction Code & Description:
A28 781 PROVIDER CHARGES HAVE BEEN REIMBURSED ACCORDING TO A PRE-DETERMINED SC HEDULE.
ADD 850 THIS IS A DUPLICATE BILLING OF A CHARGE THAT WAS PREVIOUSLY DENIED BY THE CLAIMS EXAMINER. PLEASE ~~CONTACT THE CLAIMS EXAMINER DIRECTLY OR CALL OUR CUSTOMER SERVICE DEPT AT 1-800-625-5435 FOR~~ ASSISTANCE.

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKER'S COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

To check the status of your bill, use our convenient Automated Service line 24 hours a day, seven days a week by calling 1-800-625-5435. For security purposes you will be prompted to create a Personal Identification Number (PIN).

(Explanation Of Payment Continued On Next Page)

PAID

EXPLANATION OF PAYMENT

For any questions, please call Zenith Insurance Company at 1-800-440-5020

ZENITH INSURANCE COMPANY NOW HAS THE ABILITY TO RECEIVE MEDICAL BILLS ELECTRONICALLY. IF INTERE PLEASE CONTACT THE ZENITH PROVIDER CALL CENTER PROVIDED BY JOPARI SOLUTIONS AT 1-866-269-0544 FOR M INFORMATION.

All requests for reconsideration should be submitted in writing. Please include the bill clearly labeled as a request for reconsideration, the Explanation of Payment, the reason for the request and any supporting documentation. Reconsideration requests will be handled in accordance with your state's guidelines.

EXPLANATION OF PAYMENT

Carrier/Audit Reviewer
Zenith Insurance Company
GLENDALE OFFICE
700 N. BRAND BLVD. SUITE 700
GLENDALE, CA 91203
(800) 625-5435

Patient Information

SSN: On file
DATE OF INJURY: 01/22/06
Patient Acct No: 21479

Zenith Claim Information
Claim Number: 280409
Check Date: 05/14/09
Check Number: 484087
Date Of Review: 05/12/09
Case Number: 999H187532400

Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

Diagnosis Information
780. GENERAL SYMPTOM

Employer Information
MARRZ OIL, LLC
8505 S. PIONEER BLVD.
WHITTIER, CA 90606

DATES OF SERVICE: 03/24/06 TO 03/18/09

Date Of Service	Procedure Code	Pos	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Allowed	Reduction Codes
04/05/06	T1013	11		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
05/30/06	T1013	11		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
06/19/06	T1013	11		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
07/17/06	T1013	11		SIGN LANGUAGE/	0001	180.00	180.00	0.00	0.00	0.00	A26
03/24/06	T1013	11		SIGN LANGUAGE/	0001	230.00	140.00	0.00	0.00	90.00	A28
08/08/06	T1013	11		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
08/30/06	T1013	11		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
09/08/06	T1013	11		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
10/02/06	T1013	11		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
10/30/06	T1013	11		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
12/05/06	T1013	11		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
01/09/07	T1013	11		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
02/22/07	T1013	11		SIGN LANGUAGE/	0001	230.00	140.00	0.00	0.00	90.00	A28
10/02/07	T1013	11		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
11/12/07	T1013	11		SIGN LANGUAGE/	0001	180.00	90.00	0.00	0.00	90.00	A28
01/09/08	T1013	11		SIGN LANGUAGE/	0001	180.00	180.00	0.00	0.00	0.00	A26
01/29/08	T1013	11		SIGN LANGUAGE/	0001	180.00	180.00	0.00	0.00	0.00	A26
07/02/08	T1013	11		SIGN LANGUAGE/	0001	156.50	156.50	0.00	0.00	0.00	A26
03/18/09	T1013	11		SIGN LANGUAGE/	0001	156.50	156.50	0.00	0.00	0.00	A26
				TOTAL SUMMARY:		3,473.00	2,213.00	0.00	0.00	1,260.00	

Carrier Reduction Code & Description:
A26 888 THE SUBMITTED CHARGES ARE DUPLICATE OF PREVIOUSLY SUBMITTED BILLS.
A28 781 PROVIDER CHARGES HAVE BEEN REIMBURSED ACCORDING TO A PRE-DETERMINED SC HEDULE.

Upon receipt of additional information we are now recommending payment for the outstanding charges which were previously denied and now accepted, remaining charges have been paid on the following bill id #'s, 999 449171,999 1853451,999 1492463,999 1284084. Thank you

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKER'S COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

(Explanation Of Payment Continued On Next Page)

PAID

EXPLANATION OF PAYMENT

To check the status of your bill, use our convenient Automated Service line 24 hours a day, seven days a week by calling 1-800-625-5435. For security purposes you will be prompted to create a Personal Identification Number (PIN).

For any questions, please call Zenith Insurance Company at 1-800-440-5020

ZENITH INSURANCE COMPANY NOW HAS THE ABILITY TO RECEIVE MEDICAL BILLS ELECTRONICALLY. IF INTERESTED, PLEASE CONTACT THE ZENITH PROVIDER CALL CENTER PROVIDED BY JOPARI SOLUTIONS AT 1-866-269-0544 FOR MORE INFORMATION.

All requests for reconsideration should be submitted in writing. Please include the bill clearly labeled as a request for reconsideration, the Explanation of Payment, the reason for the request and any supporting documentation. Reconsideration requests will be handled in accordance with your state's guidelines.

EXPLANATION OF PAYMENT

Carrier/Audit Reviewer
Zenith Insurance Company
GLENDALE OFFICE
700 N. BRAND BLVD. SUITE 700
GLENDALE, CA 91203
(800) 625-5435

Patient Information

SSN: On file
DATE OF INJURY: 01/22/06
Patient Acct No: 21479

Diagnosis Information
959.9 INJURY OTHER AN UNSPECIFIED

Zenith Claim Information
Claim Number: 280409
Check Date: 10/16/09
Check Number: 683797
Date Of Review: 10/14/09
Case Number: 999H207738900

Employer Information
MARRZ OIL, LLC
8505 S. PIONEER BLVD.
WHITTIER, CA 90606

Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

DATES OF SERVICE: 03/24/06 TO 07/01/09

Date Of Service	Procedure Code	Pos	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Allowed	Reduction Codes
07/01/09	T1013	11		SIGN LANGUAGE/	0008	156.50	66.50	0.00	0.00	90.00	A5I AFW A28
07/17/06	T1013 Q0014	11		SIGN LANGUAGE/ INTERPRETATION	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
01/09/08	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
01/29/08	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
03/18/09	T1013	11		SIGN LANGUAGE/	0008	156.50	156.50	0.00	0.00	0.00	A5I A1O
07/02/08	T1013	11		SIGN LANGUAGE/	0008	156.50	156.50	0.00	0.00	0.00	A5I A1O
04/05/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
05/30/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
06/19/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
03/24/06	T1013	11		SIGN LANGUAGE/	0008	230.00	230.00	0.00	0.00	0.00	A5I A1O
08/08/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
08/30/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
09/08/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
10/02/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
10/30/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
12/05/06	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
01/09/07	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
02/22/07	T1013	11		SIGN LANGUAGE/	0008	230.00	230.00	0.00	0.00	0.00	A5I A1O
10/02/07	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
11/12/07	T1013	11		SIGN LANGUAGE/	0008	180.00	180.00	0.00	0.00	0.00	A5I A1O
				TOTAL SUMMARY:		3,629.50	3,539.50	0.00	0.00	90.00	

Carrier Reduction Code & Description:

A1O 999 THE SUBMITTED CHARGES ARE DUPLICATES OF PREVIOUSLY SUBMITTED BILLS IN THE AMOUNT OF $
A28 781 PROVIDER CHARGES HAVE BEEN REIMBURSED ACCORDING TO A PRE-DETERMINED SC HEDULE.
A5I 111 COVENTRY CONTRACT STATUS INDICATOR 02 - NON-CONTRACTED PROVIDER
AFW NETWORK IMPORT RE-PRICING - NON-CONTRACTED PROVIDER

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKER'S COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

(Explanation Of Payment Continued On Next Page)

EXPLANATION OF PAYMENT

To check the status of your bill, use our convenient Automated Service line 24 hours a day, seven days a week by calling 1-800-625-5435. For security purposes you will be prompted to create a Personal Identification Number (PIN).

For any questions, please call Zenith Insurance Company at 1-800-440-5020

ZENITH INSURANCE COMPANY NOW HAS THE ABILITY TO RECEIVE MEDICAL BILLS ELECTRONICALLY. IF INTERESTED, PLEASE CONTACT THE ZENITH PROVIDER CALL CENTER PROVIDED BY JOPARI SOLUTIONS AT 1-866-269-0544 FOR MORE INFORMATION.

All requests for reconsideration should be submitted in writing. Please include the bill clearly labeled as a request for reconsideration, the Explanation of Payment, the reason for the request and any supporting documentation. Reconsideration requests will be handled in accordance with your state's guidelines.

EXPLANATION OF PAYMENT

Carrier/Audit Reviewer
Zenith Insurance Company
GLENDALE OFFICE
700 N. BRAND BLVD. SUITE 700
GLENDALE, CA 91203
(800) 625-5435

Patient Information

DATE OF INJURY: 01/22/06
Patient Acct No: NA

Zenith Claim Information
Claim Number: 280409
Check Date: 01/26/10
Check Number: 798866
Date Of Review: 01/22/10
Case Number: 18H1155500

Provider Information
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165
TAX ID: 330956713

Diagnosis Information
959.9 INJURY OTHER AN UNSPECIFIED

Employer Information
MARRZ OIL, LLC
8505 S. PIONEER BLVD.
WHITTIER, CA 90606

21479

DATES OF SERVICE: 03/08/06 TO 07/01/09

Date Of Service	Procedure Code	Pos	Mod	Service Description	Units	Charges	Review Reduction	PPO Reduction	Other Reduction	Allowed	Reduction Codes
03/08/06	MDS10	11		LUMP SUM SETTL	0000	0.00	0.00	0.00	0.00	0.00	
07/01/09	MDS10	11		LUMP SUM SETTL	0000	2,826.00	526.00	0.00	0.00	2,300.00	A5J A6B
				TOTAL SUMMARY:		2,826.00	526.00	0.00	0.00	2,300.00	

Carrier Reduction Code & Description:
A5J 870 PAYMENT IN FULL AND FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVIC E AND ALL CHARGES.
A6B 989 PAYMENT IN FULL AND FINAL SATISFACTION OF LIEN FOR ALL DATES OF SERVIC E AND ALL CHARGES.

IN FULL AND FINAL SATISFACTION OF ANY AND ALL OUTSTANDING LIENS.

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9790 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKER'S COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. PURSUANT TO LABOR CODE 3751(B) A PROVIDER OF MEDICAL SERVICES IS PROHIBITED FROM COLLECTING COMPENSATION FROM THE INJURED EMPLOYEE.

To check the status of your bill, use our convenient Automated Service line 24 hours a day, seven days a week by calling 1-800-625-5435. For security purposes you will be prompted to create a Personal Identification Number (PIN).

For any questions, please call Zenith Insurance Company at 1-800-440-5020

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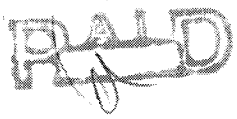
All requests for reconsideration should be submitted in writing. Please include the bill clearly labeled as a request for reconsideration, the Explanation of Payment, the reason for the request and any supporting documentation. Reconsideration requests will be handled in accordance with your state's guidelines.



F.F.

JG OK

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

*** INVOICE ***

Date	NO#
01/18/10	16682

Claim # : 00700599264
W.C.A.B. :
ADJ #
S.S.N. :
D.O.B. : 5/22/58
Terms : 45 days

BILL TO:
XCHANGING INS. (SAC-15901)
W.C. DEPARTMENT
ATTN: KATHLEEN PENTECOST
P.O. BOX # 15901
SACRAMENTO, CA 95852

Case: vs ATM GROUP INC.
Date Of Injury: 12/11/00

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/03	WCAB LB	TRIAL	294.00
02/08/06	PENALTIES	FOR DATE OF SERVICE 7/1/03	44.10
12/23/09	INTEREST	FOR DATE OF SERVICE 7/1/03	221.11
01/12/10	PMT BY CHECK	DOS 7/1/03 THRU 2/8/06 # 78150595	-400.00
01/18/10	BLCE OFF SET	BALANCE OFF SET	-159.21

BALANCE 0.00

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

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

16682

Address Service Requested

Page: 1 OF 2
Phone: (818) 844-4300

000357-00001-000357 CIG1 2046140
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN, CA 92781

1/12/10

CHECK NUMBER: 78150595

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Medical Other	full final paid 1/10	00700599264		12/22/09	12/22/09+	$400.00
TOTAL:						$400.00

F.F.
IG
ok

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#
01/11/10	15752

Claim # : 710079814
W.C.A.B.: LA[illegible]
ADJ # : A[illegible]
S.S.N. :
D.O.B. : 9/23/53
Terms : 45 days

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

Case: vs AVALON FOODS
Date Of Injury: 8/20/02

DOS	SERVICE	DESCRIPTION	AMOUNT
11/22/02	INITIAL EXAM	DR WILKERSON*	150.00
06/01/05	WCAB LB	MSC	147.00
09/07/05	WCAB LB	MSC	147.00
01/04/06	WCAB LB	MSC (FULL DAY)	294.00
03/14/06	PENALTIES	FOR DATE OF SERVICE 11/22/02	22.50
12/15/09	INTEREST	FOR DATE OF SERVICE 11/22/02	122.88
03/14/06	PENALTIES	FOR DATE OF SERVICE 6/1/05	22.05
12/15/09	INTEREST	FOR DATE OF SERVICE 6/1/05	77.72
03/14/06	PENALTIES	FOR DATE OF SERVICE 9/7/05	22.05
12/15/09	INTEREST	FOR DATE OF SERVICE 9/7/05	73.18
03/14/06	PENALTIES	FOR DATE OF SERVICE 1/4/06	44.10
12/15/09	INTEREST	FOR DATE OF SERVICE 1/4/06	135.33
01/07/10	PMT BY CHECK	DOS 11/22/02 THRU 1/4/06 # 12156139	-1214.00
01/11/10	BLCE OFF SET	BALANCE OFF SET	-43.81

BALANCE 0.00

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

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7101215613900971826

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

15752

Remittance - JOYCE ALTMAN INTERPRETERS INC
GRANITE STATE INSURANCE COMPANY

No.: 12156139
RFP No.: 00971826
01/07/2010

Insured: AVALON FOODS INC
Claimant:
Producer:
122109-122109

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000006416863	00079814	01	08/20/2002	MED	C	$1,214.00

PAID

FF
CA
OK

Use file # 710-00079814 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
12/10/09	18352

Claim # : 03027036
W.C.A.B.: LB
ADJ # : AD
S.S.N. :
D.O.B. : 7/15/51
Terms : 45 days

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

Case: [redacted] vs KRIER BUILDERS
Date Of Injury: 8/10/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/05	RE-EVAL	- DR DOMARACKI*	120.00
10/06/05	RE-EVAL	- DR DOMARACKI*	180.00
10/27/05	RE-EVAL	- DR DOMARACKI*	180.00
11/10/05	RE-EVAL	- DR DOMARACKI*	180.00
11/22/05	PMT BY CHECK	DOS 9/15/05 THRU 10/6/05 # CY-124182	-180.00
11/23/05	PMT BY CHECK	DOS 10/27/05 # CY-124434	-90.00
11/28/05	RE-EVAL	- DR DOMARACKI*	180.00
12/19/05	RE-EVAL	- DR DOMARACKI*	180.00
12/19/05	PMT BY CHECK	DOS 9/15/05 # CY-129083	-90.00
12/14/05	RE-EVAL	DR DOMARACKI*	180.00
01/20/06	RE-EVAL	- DR DOMARACKI*	180.00
01/27/06	PMT BY CHECK	DOS 11/28/05 THRU 12/19/05 # CY-136096	-180.00
02/21/06	RE-EVAL	- DR DOMARACKI*	180.00
03/27/06	RE-EVAL	- DR DOMARACKI*	180.00
04/24/06	RE-EVAL	- DR DOMARACKI*	180.00
06/05/06	RE-EVAL	- DR DOMARACKI*	180.00
07/17/06	RE-EVAL	- DR DOMARACKI*	180.00
02/28/06	RE-EVAL	DR DOMARACKI* (RVSD 8/16/06)	180.00
03/02/06	RE-EVAL	DR DOMARACKI* (RVSD 8/16/06)	180.00
08/28/06	RE-EVAL	- DR DOMARACKI*	180.00
09/21/06	P AND S	- DR DOMARACKI*	230.00
01/10/07	PENALTIES	FOR DATE OF SERVICE 9/21/06	34.50
11/23/09	INTEREST	FOR DATE OF SERVICE 9/21/06	85.44
06/06/07	RE-EVAL	- DR DOMARACKI*	180.00
06/22/07	RE-EVAL	- DR DOMARACKI*	180.00
03/12/08	PENALTIES	FOR DATE OF SERVICE 10/6/05	13.50
11/23/09	INTEREST	FOR DATE OF SERVICE 10/6/05	43.36
03/12/08	PENALTIES	FOR DATE OF SERVICE 10/27/05	13.50
11/23/09	INTEREST	FOR DATE OF SERVICE 10/27/05	42.76

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

*** INVOICE ***

Date	NO#
12/10/09	18352

Claim # : 03027036
W.C.A.B.: [redacted]
ADJ # : [redacted]
S.S.N. :
D.O.B. : 7/15/51
Terms : 45 days

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

Case: [redacted] vs KRIER BUILDERS
Date Of Injury: 8/10/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/08	PENALTIES	FOR DATE OF SERVICE 11/28/05	13.50
11/23/09	INTEREST	FOR DATE OF SERVICE 11/28/05	41.85
03/12/08	PENALTIES	FOR DATE OF SERVICE 12/19/05	13.50
11/23/09	INTEREST	FOR DATE OF SERVICE 12/19/05	41.26
05/11/09	PENALTIES	FOR DATE OF SERVICE 11/10/05	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 11/10/05	84.73
05/11/09	PENALTIES	FOR DATE OF SERVICE 12/14/05	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 12/14/05	82.80
05/11/09	PENALTIES	FOR DATE OF SERVICE 1/20/06	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 1/20/06	80.70
05/11/09	PENALTIES	FOR DATE OF SERVICE 2/21/06	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 2/21/06	78.89
05/11/09	PENALTIES	FOR DATE OF SERVICE 3/27/06	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 3/27/06	76.96
05/11/09	PENALTIES	FOR DATE OF SERVICE 4/24/06	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 4/24/06	75.37
05/11/09	PENALTIES	FOR DATE OF SERVICE 6/05/06	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 6/05/06	72.99
05/11/09	PENALTIES	FOR DATE OF SERVICE 7/17/06	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 7/17/06	70.61
05/11/09	PENALTIES	FOR DATE OF SERVICE 2/28/06	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 2/28/06	78.49
05/11/09	PENALTIES	FOR DATE OF SERVICE 3/02/06	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 3/02/06	78.38
05/11/09	PENALTIES	FOR DATE OF SERVICE 8/28/06	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 8/28/06	68.22
05/11/09	PENALTIES	FOR DATE OF SERVICE 6/06/07	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 6/06/07	52.23
05/11/09	PENALTIES	FOR DATE OF SERVICE 6/22/07	27.00
11/23/09	INTEREST	FOR DATE OF SERVICE 6/22/07	51.32
12/07/09	PMT BY CHECK	DOS 9/15/05 THRU 11/23/09	-3700.00

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#
12/10/09	18352

Claim # : 03027036
W.C.A.B.:
ADJ # :
S.S.N. : [illegible]
D.O.B. : 7/15/51
Terms : 45 days

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

Case: vs KRIER BUILDERS
Date Of Injury: 8/10/05

DOS	SERVICE	DESCRIPTION	AMOUNT
		# CY-381131	
12/10/09	BLCE OFF SET	BALANCE OFF SET	-815.86

BALANCE 0.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 1316
San Bernardino, CA 92402-1316
(909)384-4500

Provider Number: 330956713

Check #: **CY-124182**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 11/22/05
Doc #: 007961908

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	03027036	**Date of Injury:**	08/12/05	
1	2005111807370600VLL 01U	09/15/05	TX1	Non Med Legal	1	180.00	90.00	INT1	90.00
2	2005111807370600VLL 01U	10/06/05	TX1	Non Med Legal	1	180.00	90.00	INT1	90.00
								Subtotal:	**180.00**
		Patient Name:			**Claim #:**	SJ429353	**Date of Injury:**	02/26/04	
3	2005111814131906VLL 01U	09/08/05	TX1	Non Med Legal	1	180.00	90.00	INT1	90.00
		Patient Nam			**Claim #:**	SJ616354	**Date of Injury:**	05/17/05	
4	2005111808370526VLL 01U	08/26/05	TX1	Non Med Legal	1	120.00	30.00	INT1	90.00
								Total Allowances:	**$360.00**

POSTED

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.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 1316
San Bernardino, CA 92402-1316
(909)384-4500

Provider Number: 330956713

Check #: **CY-124434**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 11/23/05
Doc #: 007980301

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	03027036	**Date of Injury:**	08/12/05	
1	2005112114034317VLL.01U	10/27/05	TX1	Non Med Legal	1	180.00	90.00	G05	90.00
							Total Allowances:		**$90.00**

POSTED

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.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 1316
San Bernardino, CA 92402-1316
(909)384-4500

Provider Number: 330956713

Check #: **CY-129083**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 12/19/05
Doc #: 008229514

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	03027036	**Date of Injury:**	08/12/05	
1	2005121516440046KLH 01U	09/15/05	TXI	Non Med Legal	1	180.00	90.00	G05	90.00
		Patient Name			**Claim #:**	SJ608452	**Date of Injury:**	03/01/01	
2	2005121609293771VLL 01U	02/15/03	TXI	Non Med Legal	1	90.00	.00	G32	90.00
3	2005121609293771VLL 01U	09/28/02	TXI	Non Med Legal	1	90.00	.00	G32	90.00
4	2005121609293771VLL 01U	10/12/02	TXI	Non Med Legal	1	90.00	.00	G32	90.00
5	2005121609293771VLL 01U	10/26/02	TXI	Non Med Legal	1	90.00	.00	G32	90.00
6	2005121609293771VLL 01U	10/26/02	TXI	Non Med Legal	1	90.00	.00	G32	90.00
								Subtotal:	**450.00**
		Patient Name:		Francisco Rivera	**Claim #:**	01505836	**Date of Injury:**	07/20/04	
7	2005121608541369VLL 01U	09/03/05	TXI	Non Med Legal	1	150.00	60.00	INT1	90.00
							Total Allowances:		**$630.00**

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 1316
San Bernardino, CA 92402-1316
(909)384-4500

Provider Number: 330956713

Check #: **CY-129083**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 12/19/05
Doc #: 008229514

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
2005121608541369VLL 01U	01505836	17451	150.00	60.00	90.00	.00	90.00
2005121516440046KLH 01U	03027036	18352	180.00	90.00	90.00	.00	90.00
2005121609293771VLL 01U	SJ608452	19797	450.00	.00	450.00	.00	450.00

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

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

EOR Reduction Code Explanation:

G05 : We adjusted this charge for the reasons set forth in the attached letter.

G32 : Allowed as charged.

INT1: No documentation of time was provided for interpretation services, to substantiate reimbursement greater than $90.00 for the 2 hour minimum. When we receive the documentation, we will review it for possible payment.

Reviewer's Comments:

2005121516440046KLH 01U REIMBURSEMENT IS BASED ON THE INTERPRETER FEE SCHEDULE AT $11.25 PER QUARTER HOUR WITH A 2 HOUR MINIMUM.

POSTED

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 1316
San Bernardino, CA 92402-1316
(909)384-4500

Provider Number: 330956713

Check #: **CY-136096**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 01/27/06
Doc #: 008610053

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name			**Claim #:**	SJ614613	**Date of Injury:**	10/29/03	
1	2006012608462288RMB 01U	04/07/04	TX1	Non Med-Legal	1	120.00	30.00	INT1	90.00
2	2006012608462288RMB 01U	05/07/04	TX1	Non Med-Legal	1	120.00	30.00	INT1	90.00
3	2006012608462288RMB 01U	06/04/04	TX1	Non Med-Legal	1	120.00	30.00	INT1	90.00
4	2006012608462288RMB 01U	07/21/04	TX1	Non Med-Legal	1	120.00	30.00	INT1	90.00
5	2006012608462288RMB 01U	08/20/04	TX1	Non Med-Legal	1	120.00	30.00	INT1	90.00
6	2006012608462288RMB 01U	09/22/04	TX1	Non Med-Legal	1	120.00	30.00	INT1	90.00
7	2006012608462288RMB 01U	10/22/04	TX1	Non Med-Legal	1	120.00	30.00	INT1	90.00
8	2006012608462288RMB 01U	11/24/04	TX1	Non Med-Legal	1	120.00	30.00	INT1	90.00
								Subtotal:	**720.00**
		Patient Name:			**Claim #:**	03027036	**Date of Injury:**	08/12/05	
9	2006012510595087VLL 01U	11/28/05	TX1	Non Med Legal	1	180.00	90.00	INT1	90.00
10	2006012510595087VLL 01U	12/19/05	TX1	Non Med Legal	1	180.00	90.00	INT1	90.00
								Subtotal:	**180.00**
		Patient Name			**Claim #:**	SJ441915	**Date of Injury:**	04/28/05	
11	2006012609241626RMB 01U	12/22/05	TX1	Non Med-Legal	1	180.00	90.00	INT1	90.00
		Patient Nam			**Claim #:**	SJ609828	**Date of Injury:**	07/14/01	
12	2006012509031094MS1 01U	08/08/02	TXI	Interpreter Fee	1	90.00	.00	INT1	90.00
13	2006012509031094MS1 01U	09/09/02	TXI	Interpreter Fee	1	90.00	.00	INT1	90.00
								Subtotal:	**180.00**
		Patient Nan			**Claim #:**	SJ615042	**Date of Injury:**	12/18/03	
14	2006012508424120VLL 01U	02/27/04	TX1	Non Med Legal	1	150.00	60.00	G05	90.00
15	2006012508424120VLL 01U	03/12/04	TX1	Non Med Legal	1	120.00	30.00	G05	90.00
16	2006012508424120VLL 01U	03/18/04	TX1	Non Med Legal	1	125.00	35.00	G05	90.00
17	2006012508424120VLL 01U	03/18/04	TX1	Non Med Legal	1	125.00	35.00	G05	90.00
								Subtotal:	**360.00**
		Patient Name			**Claim #:**	02405738	**Date of Injury:**	06/28/04	
18	2006012511213332VLL 01U	11/02/05	TX1	Non Med Legal	1	180.00	90.00	INT1	90.00
								Total Allowances:	**$1,620.00**

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.

POSTED

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)656-8300

Provider Number: 330956713

Check #: **CY-381131**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/07/09
Doc #: 019420429

18352

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 03027036		
1		11/23/09	11/23/09	Medical Services	1		3,700.00
					Total Allowances:		**$3,700.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
03027036	3,700.00	.00	3,700.00

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

Notations:
03027036 FULL & FINAL;

F.F.

CA

PAID

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

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

*** INVOICE ***

Date	NO#
12/08/09	31868

Claim # : 22456
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 6/10/79
Terms : 45 days

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

Case: , vs ROYAL EMBROIDERY COMPANY INC
Date Of Injury: 4/19/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/08	C&R READING	@ THE L/O OF JON WOODS	156.50
03/12/09	PENALTIES	FOR DATE OF SERVICE 10/14/08	23.48
11/24/09	INTEREST	FOR DATE OF SERVICE 10/14/08	21.01
11/30/09	PMT BY CHECK	DOS 10/14/08 THRU 11/24/09 # 5000289560	-200.00
12/08/09	BLCE OFF SET	BALANCE OFF SET	-0.99

BALANCE 0.00

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

Preferred Employers
INSURANCE COMPANY

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

WELLS FARGO BANK
115 HOSPITAL DRIVE
VAN WERT, OH 45891

5000289560

56-382/412

Date of Check	Claim Number	Date of Injury	Payment From	Payment Thru
November 30,2009	See stub for detail	See stub for detail	December 02,2006	November 30,2009

Claimant
See Stub For Detail

Amount
$330.00

Pay EXACTLY Three Hundred Thirty DOLLARS and NO/100 CENTS **********

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

Linda R. Driscoll

Not Valid After 90 Days From Date of Issue

⑈5000289560⑈ ⑆041203824⑆9600111163⑈

RUB OR BREATHE ON THE PINK LOCK & KEY ICONS--COLOR WILL FADE AND THEN REAPPEAR ON AN AUTHENTIC CHECK--IF COLOR DOES NOT FADE DO NOT ACCEPT

Preferred Employers
INSURANCE COMPANY

November 30,2009
5000289560

PAID

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

Re: (S S M TEXTILE, INC.) D.O.I. 02/16/2006
Claim Number: 18236

From	To	Amount	Invoice Number	Payment Type 2396
12/02/06	12/02/06	130.00	See Enclosed EOR	INTERPRETER AT MEDICAL EXAM

Re: OYAL EMBROIDERY COMPANY, INC.) D.O.I. 04/19/2008
Claim Number: 22456

From	To	Amount	Invoice Number	Payment Type 3186
11/30/09	11/30/09	200.00	FULL AND FINAL	INTERPRETER AT MEDICAL EXAM

Check Amount: $330.00

JG
OK

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

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

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

*** INVOICE ***
Date NO#
12/11/09 30503

Claim # : 710366361
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/31/52
Terms : 45 days

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

Case: vs PACIFIC AQUASCAPE
Date Of Injury: 3/22/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/06/08	WCAB LB	MSC	156.50
06/11/08	PMT BY CHECK	DOS 5/6/08 # 27522706	-156.50
07/08/08	WCAB LB	MSC	156.50
10/30/08	PENALTIES	FOR DATE OF SERVICE 7/8/08	23.48
03/14/09	INTEREST	FOR DATE OF SERVICE 7/8/08	13.26
03/14/09	PMT BY CHECK	DOS 7/8/08 # 30946878	-156.50
08/10/09	WCAB LB	MSC	156.50
12/01/09	PENALTIES	FOR DATE OF SERVICE 8/10/09	23.48
12/01/09	INTEREST	FOR DATE OF SERVICE 8/10/09	6.56
12/08/09	PMT BY CHECK	DOS 5/6/08 THRU 12/1/09 # 11816860	-223.28

BALANCE 0.00

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

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7102752270600677853

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

Remittance -
AMERICAN HOME ASSURANCE COMPANY

No.: 27522706
RFP No.: 00677853
06/11/2008

Insured: PACIFIC AQUASCAPE, INC. (A COR
Claimant:
Producer:
ACT: 30503 050608-050608

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003424105	00366361	01	03/22/2007	EXP	O	$156.50	

PAID

Use file # 710-00366361 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7103094687800395881

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

Remittance - **No.:** 30946878
AMERICAN HOME ASSURANCE COMPANY **RFP No.:** 00395881
03/14/2009

Insured: PACIFIC AQUASCAPE, INC. (A COR
Claimant:
Producer. **Claim Office:** 710
ACT: 30503 070808-070808

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003424105	00366361	01	03/22/2007	EXP	O	$156.50	PAID

Use file # 710-00366361 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101181686000763185

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

30503

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 11816860
RFP No.: 00763185
12/08/2009

Insured: PACIFIC AQUASCAPE, INC. (A COR
Claimant:
Producer:

Claim Office: 710

120109-120109 FULL AND FINAL

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003424105	00366361	01	03/22/2007	MED	O	$223.28

PAID

Use file # 710-00366361 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
11/13/09	31131

Claim # : 44006279
W.C.A.B.: -
ADJ # :
S.S.N. :
D.O.B. : 1/19/53
Terms : 45 days

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

Case: vs SKY MFG., INC.
Date Of Injury: 10/18/07;12/1/06

DOS	SERVICE	DESCRIPTION	AMOUNT
07/07/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/22/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/29/08	WCAB LB	MSC	156.50
11/11/08	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
03/06/09	PENALTIES	FOR DATE OF SERVICE 7/7/08	23.48
11/04/09	INTEREST	FOR DATE OF SERVICE 7/7/08	24.90
03/06/09	PENALTIES	FOR DATE OF SERVICE 7/22/08	37.50
11/04/09	INTEREST	FOR DATE OF SERVICE 7/22/08	38.60
03/06/09	PENALTIES	FOR DATE OF SERVICE 9/29/08	23.48
11/04/09	INTEREST	FOR DATE OF SERVICE 9/29/09	20.76
03/06/09	PENALTIES	FOR DATE OF SERVICE 11/11/08	23.48
11/04/09	INTEREST	FOR DATE OF SERVICE 11/11/08	18.64
11/10/09	PMT BY CHECK	DOS 7/7/08 THRU 11/4/09 # 1985737	-930.34

BALANCE 0.00

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

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 11/10/2009
Check Number : 1985737
Check Amount : $930.34

JSX81G

3131

02 01
JOYCE ALTMAN INTERPRETERS INC
P.O. BOX 4165
TUSTIN, CA 927814165

pgv4a
00098

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
07322794		12/01/2006	full and final	Lien Payment - Medi	11/10/2009	11/10/2009	$930.34

Full Balance

CM

PAID

98-98

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

*** INVOICE ***

Date	NO#
11/02/09	08323

Claim # : 293116164; 293119495
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/25/48
Terms : 45 days

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

Case: vs IMPERIAL PIPE SERVICES LLC
Date Of Injury: 12/20/02; 5/5/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/04	RE-EVAL	DR VAZQUEZ*	120.00
06/01/04	RE-EVAL	DR VAZQUEZ*	120.00
07/07/04	RE-EVAL	DR VAZQUEZ*	120.00
08/24/04	P AND S	DR VAZQUEZ*	150.00
09/30/04	WCAB LB	EXPEDITED HEARING	147.00
03/16/05	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	147.00
05/12/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
12/23/05	PENALTIES	FOR DATE OF SERVICE 8/24/04	22.50
04/19/06	INTEREST	FOR DATE OF SERVICE 8/24/04	29.44
12/23/05	PENALTIES	FOR DATE OF SERVICE 9/30/04	22.05
04/19/06	INTEREST	FOR DATE OF SERVICE 9/30/04	27.14
12/23/05	PENALTIES	FOR DATE OF SERVICE 3/16/05	22.05
04/19/06	INTEREST	FOR DATE OF SERVICE 3/16/05	19.41
12/23/05	PENALTIES	FOR DATE OF SERVICE 5/12/05	22.05
10/08/09	INTEREST	FOR DATE OF SERVICE 5/12/05	75.49
04/19/06	PMT BY CHECK	DOS 3/30/04 THRU 3/16/05 # 36898785	-804.00
01/27/09	WCAB LB	MSC	156.50
10/24/09	PMT BY CHECK	DOS 3/30/04 THRU 1/27/09 # 32235746	-380.00
11/02/09	BLCE OFF SET	BALANCE OFF SET	-163.63

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

*** INVOICE ***

Date	NO#
11/02/09	08323

Claim # : 293116164; 293119495
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 8/25/48
Terms : 45 days

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

Case: vs IMPERIAL PIPE SERVICES LLC
Date Of Injury: 12/20/02; 5/5/03

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 7 2933689878500224832

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

Remittance -
COMMERCE AND INDUSTRY INSURANCE CO.

No.: 36898785
RFP No.: 00224832
04/19/2006

Insured: SHAPCO, INC. (A CORP)
Claimant:
Producer:
ACT: 08323 033004-031605

Claim Office: 293

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003280517	00119495	01	05/05/2003	MED	O	$804.00	$56,124.26

Use file # 293-00119495 on all correspondence, for prompt processing.
For check information call: 714-436-3970

PAID

08323

AIU HOLDINGS INC
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 7 2933223574600609659

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

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

No.: 32235746
RFP No.: 00609659
10/24/2009

Insured: SHAPCO, INC. (A CORP)
Claimant:
Producer:

Claim Office: 293

PAYMENT OF LIEN FULL/FINAL L

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003280517	00116164	01	12/20/2002	MED	C	$380.00

FF
M.G.

PAID

Use file # 293-00116164 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***
Date NO#
12/15/08 25567

Claim # : 710-263071
W.C.A.B.: T.B
ADJ # : -
S.S.N. : 6
D.O.B. : 7/15/79
Terms : 45 days

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

Case: vs KARCHER ENVIRONMENTAL INC.
Date Of Injury: 6/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/07	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
05/10/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/23/07	PENALTIES	FOR DATE OF SERVICE 4/18/07	22.05
12/01/08	INTEREST	FOR DATE OF SERVICE 4/18/07	28.39
07/23/07	PENALTIES	FOR DATE OF SERVICE 5/10/07	37.50
07/23/07	INTEREST	FOR DATE OF SERVICE 5/10/07	46.55
01/02/08	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
01/24/08	WCAB LB	MSC	156.50
12/01/08	PENALTIES	FOR DATE OF SERVICE 1/2/08	23.48
12/01/08	INTEREST	FOR DATE OF SERVICE 1/2/08	17.46
12/01/08	PENALTIES	FOR DATE OF SERVICE 1/24/08	23.48
12/01/08	INTEREST	FOR DATE OF SERVICE 1/24/08	16.37
12/12/08	PMT BY CHECK	DOS 4/18/07 THRU 1/24/08 # 29829939	-925.00
12/15/08	BLCE OFF SET	BALANCE OFF SET	-0.28

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

AIG004

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7102982993900503876

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

25567

Remittance - No.: 29829939
AMERICAN HOME ASSURANCE COMPANY RFP No.: 00503876
12/12/2008

Insured: KARCHER ENVIRONMENTAL
Claimant:
Producer:
FULL AND FINAL LIEN SATISFACTION

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003420440	00263071	01	06/05/2006	MED	O	$925.00	$39,935.75

PAID

FGF
1G
OK

Use file # 710-00263071 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***
Date NO#
10/02/09 30051

Claim # : 00068806201WC01
W.C.A.B.: [illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 10/26/63
Terms : 45 days

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

Case vs THE SALVATION ARMY
Date Of Injury: 1/29/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/08	DEPO PREP	0908@ THE L/O OF HAYFORD & FELCHIN	156.50
05/05/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/28/08	PENALTIES	FOR DATE OF SERVICE 3/31/08	23.48
04/16/09	INTEREST	FOR DATE OF SERVICE 3/31/08	19.77
07/28/08	PENALTIES	FOR DATE OF SERVICE 5/5/08	37.50
04/16/09	INTEREST	FOR DATE OF SERVICE 5/5/08	28.83
03/04/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
04/16/09	PMT BY CHECK	DOS 3/31/08 THRU 3/4/09 # 1010913921	-656.50
09/25/09	PMT BY CHECK	DOS 3/31/08 THRU 3/4/09 # 101352312 1	-100.00
10/02/09	BLCE OFF SET	BALANCE OFF SET	-9.58

BALANCE 0.00

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

Bunch & Associates Inc

P.O. Box 32045
Lakeland, FL 33802
Phone: 888-853-4735

B U N C H

EXPLANATION OF REVIEW

Provider:	JOYCE ALIMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165	Process Date:	09/21/2009	Rec Dt:	09/18/2009
		Bill ID:	2444-H-344321-0		
		Claim #:	YDY83523 C		
Provider ID:	622012	DOI:	01/29/2007		
NPI:	-	Adjuster:	OLAYINKA, JOSEP	CDE2:	GTH: 07/27/2009
Provider TIN:	330956713	EDE:	-	EDF4:	-
Group:	JOYCE ALIMAN INTERPRETERS INC	BODY PART:	90	CAUSE:	75
Group ID:	622012	Patient:			
NPI:	-	Patient ID:			
Group TIN:	330956713	Carrier/Insurer:	TSA -SI CALIFORNIA		
Patient Account #:					
Network:					
Network Plan:	-	Audit Account:	THE SALVATION ARMY		
Network Plan #:	-		180 EAST OCEAN BLVD		
Dates of Service:	09/18/2009-09/18/2009		LONG BEACH, CA 90802		
EOB Action:	AUTH Req Phy: -	Audit Account ID:	#12472		
Indicator:	AOB Insure ID: -	Report Account:	TSA -SI California		
CK #:	- CK DATE: -	Report Account ID:	#12472		

ICD-9-DX:
959.9 INJURY OTHER AND UNSPECIFIED UNSPECIFIED SITE

DATE OF SERVICE	POS	CPT/HCPCS	MOD	TOS	SERVICE DESCRIPTION	DIAG. PTR	UNITS/DAYS	CHARGES	BILL REVIEW REDUCTION	NETWORK REDUCTION	OTHER REDUCTION	ALLOWANCE	EXPLANATION CODE(S)
09/18/2009	11	W0021	-	9	FINAL ORDER ON BOARD OF THE WORKERS COMPENSATION APPEALS BOARD REQUIRES A LUMP SUM PAYMENT FOR A CERTAIN MEDICAL BILL WHERE THE AMOUNT OF REIMBURSEMENT IS IN DISPUTE BETWEEN THE CLAIMS PAYER AND THE HEALTHCARE PROVIDER.	1	+/-	100.00	-	-	-	100.00	45, 45 (080, W1)

TOTAL CHARGES:	100.00
BILL REVIEW REDUCTION:	0.00
NETWORK REDUCTION:	0.00
OTHER REDUCTION:	0.00
TOTAL RECOMMENDED ALLOWANCE:	100.00

*EXPLANATION CODES

W1	Workers Compensation State Fee Schedule Adjustment
080	REVIEW OF THIS BILL HAS RESULTED IN AN ADJUSTED REIMBURSEMENT OF $100.00
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).
821	REIMBURSEMENT REFLECTS NEGOTIATED RATE $100.00

Direct inquiries regarding this review to: Bunch & Associates, Inc., PO Box 32045, Lakeland, FL 33802, phone: 888-853-4735.
Note to Provider regarding appeals process: Please send appeal requests to Bunch & Associates, Inc., along with this EOR, the medical bill and all supporting documentation.

Unless otherwise noted, all reductions are in accordance with the medical fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. The treating physician or authorized provider may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board. this is a test for mak.

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PAID

03569 *000002 1013523121*

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

SRS
SPECIALTY RISK SERVICES

001754
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

03568

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*000012 1013523121

083969457

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

30051

SRS

Ck-1010913921

4/16/09

003777
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

$656.50

07693

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

1000012 1010913921

PAID

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

081312245

Bunch & Associates Inc

P.O. Box 32045
Lakeland, FL 33802
Phone: 888-853-4735

B U N C H

30(

EXPLANATION OF REVIEW

Provider:	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781-4165	Process Date:	04/10/2009
Provider ID:	622012	Bill ID:	2111-H-141176-0
NPI:	-	Claim #:	YDY83523 C
Provider TIN:	330956713	DOI:	01/29/2007
Group:	JOYCE ALTMAN INTERPRETERS INC	Adjuster:	CLAYINKA, JOSEP
Group ID:	622012	UDF3:	-
NPI:	-	BODY PART:	90
Group TIN:	330956713	Patient:	
Patient Account #:	30051	Patient ID:	
Network:		Carrier\Insurer:	TSA -SI CALIFORNIA
Network Plan:	-		
Network Plan #:	-	Audit Account:	THE SALVATION ARMY 180 EAST OCEAN BLVD LONG BEACH, CA 90802
Dates of Service:	03/31/2008-03/04/2009	Audit Account ID:	#12477
EOR Action:	OTHER Req Phy: -	Report Account:	TSA -SI California
Indicator:	AOB Image ID: -	Report Account ID:	#12477
CK #:	- CK DATE: -		

Rec D: 04/06/2009

UDF2: UND: 04/03/2009
UDF4: -
CAUSE: /5

ICD-9-DX:
959.9 INJURY OTHER AND UNSPECIFIED UNSPECIFIED SITE

DATE OF SERVICE	POS	CODE	MOD	TOS	SERVICE DESCRIPTION	PROC NO	MIN / PCPM	CHARGES	REVIEW REDUCTION	NETWORK REDUCTION	OTHER REDUCTION	ALLOWANCE	EXPLANATION CODE (S)
03/04/2009	11	T1013	-	9	SIGN LANGUAGE/ORAL INTERP SERVICES PER 15 MIN	1	-/1	250.00	-	-	-	250.00	W1 (687-004)
03/31/2008	11	T1013	-	9	SIGN LANGUAGE/ORAL INTERP SERVICES PER 15 MIN	1	-/1	456.50	-	-	-	106.50	W1 (687-004)
05/05/2008	11	T1013	-	9	SIGN LANGUAGE/ORAL INTERP SERVICES PER 15 MIN	1	-/1	250.00	-	-	-	250.00	W1 (687-004)
07/26/2008 '11		PENALTIES	-	9	UNABLE TO FIND DESCRIPTION FOR AD JUSTED CODE 1	1	-/-	76.02	76.02	-	-	00	95 (866)

TOTAL CHARGES:	732.52
BILL REVIEW REDUCTION:	76.02
NETWORK REDUCTION:	0.00
OTHER REDUCTION:	0.00
TOTAL RECOMMENDED ALLOWANCE:	656.50

*EXPLANATION CODES

W1	Workers Compensation State Fee Schedule Adjustment
687-004	ACCORDING TO JURISDICTION GUIDELINES, REIMBURSEMENT IS ALLOWED AT SUBMITTED CHARGES.
95	Plan procedures not followed.
866	DOCUMENTATION DOES NOT SUPPORT REIMBURSEMENT FOR PENALTIES AND INTEREST. 50.00

Direct inquiries regarding this review to: Bunch & Associates, Inc., PO Box 32045, Lakeland, FL 33802, phone: 888-853-4735.
Note to Provider regarding appeals process: Please send appeal requests to Bunch & Associates, Inc., along with this EOR, the medical bill and all supporting documentation.

Unless otherwise noted, all reductions are in accordance with the medical fee schedule as per the rules and regulations authorized by California Labor Code Section 4603.5 and 5307.1. The treating physician or authorized provider may adjudicate the issue of the contested charges before the Workers' Compensation Appeals Board. this is a test for mak.

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Applicable FARS/DFARS Restrictions Apply to Government Use.

07694

0000002 1010913921

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

*** INVOICE ***
Date NO#
09/25/09 23469

Claim # : 17292
W.C.A.B.:
ADJ # :
S.S.N. : [illegible]
D.O.B. : 11/17/78
Terms : 45 days

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

Case: vs CROSSFIRE CAR AUDIO
Date Of Injury: 8/28/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/06	INITIAL EXAM	DR CHAN*	230.00
11/07/06	FOLLOW-UP	DR CHAN*	180.00
11/28/06	DEPO PREP	@ THE L/O OF WALL & MCCORMICK	147.00
12/06/06	FOLLOW-UP	DR CHAN*	180.00
12/12/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/17/07	MRI	REF BY DR CHAN: LT ANKLE*	150.00
02/07/07	FOLLOW-UP	DR CHAN*	180.00
04/18/07	PENALTIES	FOR DATE OF SERVICE 10/26/06	34.50
09/03/09	INTEREST	FOR DATE OF SERVICE 10/26/06	77.03
04/18/07	PENALTIES	FOR DATE OF SERVICE 11/28/06	22.05
09/03/09	INTEREST	FOR DATE OF SERVICE 11/28/06	47.70
04/18/07	PENALTIES	FOR DATE OF SERVICE 12/12/06	37.50
09/03/09	INTEREST	FOR DATE OF SERVICE 12/12/06	80.03
04/18/07	PENALTIES	FOR DATE OF SERVICE 1/17/07	22.50
09/03/09	INTEREST	FOR DATE OF SERVICE 1/17/07	46.32
12/18/08	WCAB LB	MSC	156.50
09/03/09	PENALTIES	FOR DATE OF SERVICE 11/7/06	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 11/7/06	59.60
09/03/09	PENALTIES	FOR DATE OF SERVICE 12/6/06	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 12/6/06	57.96
09/03/09	PENALTIES	FOR DATE OF SERVICE 2/7/07	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 2/7/07	54.39
09/03/09	PENALTIES	FOR DATE OF SERVICE 12/18/08	23.48
09/03/09	INTEREST	FOR DATE OF SERVICE 12/18/08	13.76
09/23/09	PMT BY CHECK	DOS 10/26/06 THRU 9/3/09 # 5000284614	-2000.00
09/25/09	BLCE OFF SET	BALANCE OFF SET	-131.32

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

*** INVOICE ***

Date	NO#
09/25/09	23469

Claim # : 17292
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 11/17/78
Terms : 45 days

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

Case: CARLOS CEJAS vs CROSSFIRE CAR AUDIO
Date Of Injury: 8/28/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Preferred Employers
INSURANCE COMPANY

September 23,2009
5000284614

23469

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

Re: VR (CROSSFIRE, INC.) D.O.I. 08/28/2006
Claim Number: 17292

From	To	Amount	Invoice Number	Payment Type
10/26/06	10/26/06	2000.00	See Enclosed EOR	INTERPRETER AT MEDICAL EXAM

Check Amount: $2,000.00

F. F.

CA

PAID

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

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

Explanation of Review

Case: FIC-50CA-308909
Post Date: 09-14-2009
Adjustor: 76
File: 00000900/00000000/00000000
Reviewer: LB/DL

Client Name: PREFERRED EMPLOYERS - PREFEMP00000 - 50CA
Client Code: 50CA
Carrier No:
Carrier: PREFERRED EMPLOYERS
1455 FRAZEE RD STE 1000
SAN DIEGO, CA 94111

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

Claim: 17292
Carrier Recv Dt: 09-10-2009
DOI/DOL: 08-28-2006
Claimant:

Tax ID: 330956713 OT Lic: 99999999 AO
Rnd Pr: JOYCE ALTMAN INTERPRETERS

Provider Invoice: 23469

DOS: 10-26-2006 to 02-07-2007 M21 1 Dx 1: 959 INJURY, OTHER AND UNSPEC
Ext ID: 0000019550001

Date Of Service	PS	TS	Rev/Proc	Service Description	Dx. No.	Units	Charges	Reductions Review	PPO	NGD	Allowance	Expl. Code(s)
10-26-2006	11	9	MDS10	SETTLEMENT FOR DISPUTE	1	1	2,000.00				2,000.00	W1,961
02-07-2007	11	9		LIEN SETTLEMENT	1	1					0.00	
				Total Charges:			2,000.00					
				Recommended Allowance:							2,000.00	

Messages:
961 ALLOWANCE REFLECTS THE LUMP SUM SETTLEMENT AMOUNT.
W1 WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT.
DCN#08269003102

Notes:
* UNLESS OTHERWISE NOTED, ALL REDUCTIONS WERE DUE TO CHARGES EXCEEDING THE OFFICIAL MEDICAL FEE SCHEDULE OF THE STATE OF CALIFORNIA. AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN, ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4600(b), 4603.2, 4600.4, 4620 THROUGH 4626 AND 5307.1 AND 5307.3 OF THE CALIFORNIA LABOR CODE. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKERS' COMPENSATION APPEALS BOARD OR REQUESTING THAT THIS DISPUTED AMOUNT BE DETERMINED BY THE BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE. 3751(b) IF AN EMPLOYEE HAS FILED A CLAIM FORM PURSUANT TO SECTION 5401, A PROVIDER OF MEDICAL SERVICES SHALL NOT, WITH ACTUAL KNOWLEDGE THAT A CLAIM IS PENDING, COLLECT MONEY DIRECTLY FROM THE EMPLOYEE FOR SERVICES TO CURE OR RELIEVE THE EFFECTS OF THE INJURY FOR WHICH THE CLAIM FORM WAS FILED, UNLESS THE MEDICAL PROVIDER HAS RECEIVED WRITTEN NOTICE THAT LIABILITY FOR THE INJURY HAS BEEN REJECTED BY THE EMPLOYER AND THE MEDICAL PROVIDER HAS PROVIDED A COPY OF THIS NOTICE TO THE EMPLOYEE. ANY MEDICAL PROVIDER WHO VIOLATES THIS SUBDIVISION SHALL BE LIABLE FOR THREE TIMES THE AMOUNT UNLAWFULLY COLLECTED, PLUS REASONABLE ATTORNEY'S FEES AND COSTS.

Explanation of Review

Case: FIC-50CA-308909
Post Date: 09-14-2009
Adjustor: 76
File: 00000900/00000000/00000000
Reviewer: LB/DL

Client Name: PREFERRED EMPLOYERS - PREFEMP00000 - 50CA
Client Code: 50CA
Carrier No:
Carrier: PREFERRED EMPLOYERS
1455 FRAZEE RD STE 1000
SAN DIEGO, CA 94111

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

Claim: 17292
Carrier Recv Dt: 09-10-2009
DOI/DOL: 08-28-2006
Claimant:

Tax ID: 330956713 OT Lic: 99999999 AO
Rnd Pr: JOYCE ALTMAN INTERPRETERS

Provider Invoice: 23469

DOS: 10-26-2006 to 02-07-2007 M21 1 Dx 1: 959 INJURY, OTHER AND UNSPEC
Ext ID: 0000019550001

Date Of Service	PS	TS	Rev/Proc	Service Description	Dx. No.	Units	Charges	**********Reductions********** Review	PPO	NGD	Allowance	Expl. Code(s)

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS PLEASE CALL MITCHELL INTERNATIONAL, INC.
AT (800) 732-0153 OR SEND YOUR BILL AND THE ANALYSIS TO:
MITCHELL INTERNATIONAL, INC., 1234 LAKESHORE DRIVE, STE 100, COPPELL, TX 75019

DCN: 08269003102

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

*** INVOICE ***

Date	NO#
09/17/09	22198

Claim # : 2039000958WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/20/59
Terms : 45 days

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

Case:) vs JOHN VANDER GEEST LANDSCAPE
Date Of Injury: 10/15/05

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/06	INITIAL EXAM	DR KATTAR*	230.00
10/13/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
11/21/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
11/30/06	PMT BY CHECK	DOS 6/14/06 THRU 10/13/06 # 39494140	-377.00
01/12/07	PMT BY CHECK	DOS 11/21/06 # 40037508	-147.00
05/19/08	INITIAL EXAM	DR HERIC*	230.00
10/02/08	WCAB LB	MSC	156.50
12/02/08	PMT BY CHECK	DOS 10/2/08 # 10949	-156.50
01/16/09	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
03/25/09	PMT BY CHECK	DOS 1/16/09 # 12626	-156.50
09/03/09	PENALTIES	FOR DATE OF SERVICE 5/19/08	34.50
09/03/09	INTEREST	FOR DATE OF SERVICE 5/19/08	35.65
09/14/09	PMT BY CHECK	DOS 6/14/06 THRU 1/16/09 # 14839	-300.00
09/17/09	BLCE OFF SET	BALANCE OFF SET	-0.15

BALANCE 0.00

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

000005A2 668757 A 2 0010 02 01204014 0002 00028 A

GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92653-0840

002485 PAGE 1 OF 1 002039

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

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92653-0840

GALLAGHER BASSETT SERVICES INC
FOR CLARENDON NAT'L INS CO

CLAIM NO: 002039 000958 WC 01 (400488001)

BRANCH NO.: 174

NO. 0000022588

CLAIMANT:

ACC. DATE: 30Mar06

VN. 0000037113

DESCRIPTION: INVOICE # 22198

PAID

DATE 30Nov06
######377.00

DATES OF SERVICE: 14Jun2006 THRU 130ct2006

BENEFIT PERIOD: THRU

39494140

00004366 669930 A 2 0010 01 01204011-0001 00021 A

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

669930 A 2 0010 01 01204011-0001 00021 A

004517 PAGE 1 OF 1 002039

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

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR CLARENDON NAT'L INS CO

CLAIM NO: 002039 000958 WC 01 (400488001)

CLAIMANT: 22198

DESCRIPTION: DOS 6/14/06-11/30/06

DATES OF SERVICE: 14Jun2006 THRU 30Nov2006

BENEFIT PERIOD: THRU

BRANCH NO.: 187

ACC. DATE: 30Mar06

NO. 0000024611

VN. 0000040426

DATE 12Jan07
######147.00

PAID
Scan

40037508

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000099157	[redacted]	03/30/2006	22198	10/02/2008 - 10/02/2008

Reference: *Keyed by ak 12/01/08*
Comments:

12/2/08

Service	Service Dates	Amount Paid
Deposition	10/02/2008 - 10/02/2008	156.50

ck-10949

PAID

LWP Claims Solutions

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000099157		03/30/2006	22198	01/16/2009 - 01/16/2009

Reference: *MH Keyed 3/28/09*
Comments:

Service	Service Dates	Amount Paid
Deposition	01/16/2009 - 01/16/2009	156.50

ck # 12626

3/25/09

PAID

LWP Claims Solutions

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000099157		03/30/2006	Lien Payment	09/03/2009 - 09/03/2009

Reference: *Lien Payment per diary CD 9/11/09*
Comments:

22198

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Lump Sum Future Med		09/03/2009 - 09/03/2009	300.00	✓300.00

Fee Sched Discount:	0.00	PPO Discount:	0.00	Other Discounts:	0.00	Lien:	0.00

Ck- 14839

9/14/09

F F.

CA

ok

PAID

LWP Claims Solutions, Inc.
PO Box 349016, Sacramento, CA 95834

Phone: (916) 609-3600
Fax: (408) 725-0395

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

*** INVOICE ***

Date	NO#
09/14/09	21835

Claim # : 300199145
W.C.A.B
ADJ # :
S.S.N. :
D.O.B. : 7/24/69
Terms : 45 days

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

Case: [redacted] vs ARAMARK UNIFORM & CAREER
Date Of Injury: 1/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/28/06	INITIAL EXAM	-DR DOMARACKI*	230.00
05/24/06	RE-EVAL	-DR DOMARACKI*	180.00
06/07/06	RE-EVAL	-DR DOMARACKI*	180.00
07/19/06	RE-EVAL	DR DOMARACKI*	180.00
08/02/06	RE-EVAL	-DR DOMARACKI*	180.00
08/30/06	RE-EVAL	-DR DOMARACKI*	180.00
09/27/06	RE-EVAL	-DR DOMARACKI*	180.00
11/28/06	RE-EVAL	-DR DOMARACKI*	180.00
01/19/07	RE-EVAL	-DR DOMARACKI*	180.00
02/16/07	RE-EVAL	-DR DOMARACKI*	180.00
04/26/07	RE-EVAL	-DR DOMARACKI*	180.00
07/03/07	PENALTIES	FOR DATE OF SERVICE 4/28/06	34.50
09/03/09	INTEREST	FOR DATE OF SERVICE 4/28/06	90.15
07/17/07	RE-EVAL	-DR DOMARACKI*	180.00
08/07/07	RE-EVAL	-DR DOMARACKI*	180.00
02/20/08	PR2/REEVAL	-DR DOMARACKI*	180.00
04/02/08	PR2/REEVAL	-DR DOMARACKI*	180.00
06/02/08	PR2/REEVAL	-DR DOMARACKI*	180.00
07/15/08	PR2/REEVAL	-DR DOMARACKI*	180.00
08/12/08	PR2/REEVAL	-DR DOMARACKI* @ WILLOW MED	180.00
09/02/08	PR2/REEVAL	-DR DOMARACKI* @ WILLOW MED	180.00
03/26/09	WCAB LB	MSC (C&R'D)	156.50
09/03/09	PENALTIES	FOR DATE OF SERVICE 5/24/06	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 5/24/06	69.08
09/03/09	PENALTIES	FOR DATE OF SERVICE 6/7/06	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 6/7/06	68.28
09/03/09	PENALTIES	FOR DATE OF SERVICE 7/19/06	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 7/19/06	65.90
09/03/09	PENALTIES	FOR DATE OF SERVICE 8/2/06	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 8/2/06	65.11
09/03/09	PENALTIES	FOR DATE OF SERVICE 8/30/06	27.00

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#
09/14/09	21835

Claim # : 300199145
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 7/24/69
Terms : 45 days

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

Case: vs ARAMARK UNIFORM & CAREER
Date Of Injury: 1/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/03/09	INTEREST	FOR DATE OF SERVICE 8/30/06	63.52
09/03/09	PENALTIES	FOR DATE OF SERVICE 9/27/06	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 9/27/06	61.93
09/03/09	PENALTIES	FOR DATE OF SERVICE 11/28/06	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 11/28/06	58.41
09/03/09	PENALTIES	FOR DATE OF SERVICE 1/19/07	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 1/19/07	55.46
09/03/09	PENALTIES	FOR DATE OF SERVICE 2/16/07	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 2/16/07	53.88
09/03/09	PENALTIES	FOR DATE OF SERVICE 4/26/07	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 4/26/07	49.96
09/03/09	PENALTIES	FOR DATE OF SERVICE 7/17/07	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 7/17/07	45.31
09/03/09	PENALTIES	FOR DATE OF SERVICE 8/7/07	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 8/7/07	44.12
09/03/09	PENALTIES	FOR DATE OF SERVICE 2/20/08	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 2/20/08	32.95
09/03/09	PENALTIES	FOR DATE OF SERVICE 4/2/08	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 4/2/08	30.57
09/03/09	PENALTIES	FOR DATE OF SERVICE 6/2/08	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 6/2/08	27.11
09/03/09	PENALTIES	FOR DATE OF SERVICE 7/15/08	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 7/15/08	24.67
09/03/09	PENALTIES	FOR DATE OF SERVICE 8/12/08	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 8/12/08	23.08
09/03/09	PENALTIES	FOR DATE OF SERVICE 9/2/08	27.00
09/03/09	INTEREST	FOR DATE OF SERVICE 9/2/08	21.89
09/03/09	PENALTIES	FOR DATE OF SERVICE 3/26/09	23.48
09/03/09	INTEREST	FOR DATE OF SERVICE 3/26/09	8.92
09/04/09	PMT BY CHECK	DOS 4/28/06 THRU 3/26/09 # 100189655 6	-4500.00

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#
09/14/09	21835

Claim # : 300199145
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/24/69
Terms : 45 days

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

Case: [redacted] vs ARAMARK UNIFORM & CAREER
Date Of Injury: 1/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/09	BLCE OFF SET	BALANCE OFF SET	-630.78

BALANCE 0.00

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

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
800-999-3945

ARAMARK

000011
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00012

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
24835 01-30-06	WLRC44335116 300199145	ARAMARK UNIFORM SERVICES	$4,500.00
Nature of Payment: Miscellaneous Expense		Service Dates 09-03-2009 09-03-2009	$4,500.00

Claim Handler: Susan Friend
800-999-3945
BURBANK CA SRS ARAMARK CLAIM OFFICE
P.O. BOX 591
Burbank, CA 91503

PAID

Additional Comments: full/final lien satisfaction

F-F.
CA ✓

Issue Date	09-04-2009	Check Number	100189655 6	Total Amount of Check	✓$4,500.00

Please keep the above information for your records.

08362362

00012 100189655

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

*** INVOICE ***

Date	NO#
09/15/09	31997

Claim # : 648402776
W.C.A.B.: [illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 10/8/55
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (GLENDALE)
W.C. DEPARTMENT
ATTN: JOYCE SLAGEL
P.O. BOX 29073
GLENDALE, CA 91209

Case: vs HOTEL SOFITEL LOS ANGELES
Date Of Injury: CT 8/18/07-11/17/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/15/08	WCAB LB	MSC	156.50
03/11/09	PENALTIES	FOR DATE OF SERVICE 10/15/08	23.48
09/02/09	INTEREST	FOR DATE OF SERVICE 10/15/08	16.86
04/29/09	WCAB LB	MSC	156.50
09/02/09	PENALTIES	FOR DATE OF SERVICE 4/29/09	23.48
09/02/09	INTEREST	FOR DATE OF SERVICE 4/29/09	7.20
09/11/09	PMT BY CHECK	DOS 10/15/08 THRU 9/2/09 # 0020163419	-350.00
09/15/09	BLCE OFF SET	BALANCE OFF SET	-34.02

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

B. CODE
288

CHECK REFERENCE	CHECK DATE
0020163419	09/11/09
CHECK AMOUNT	BLOCK NUMBER
***$3900.00	033507

OSN:MM0801091111-004085

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	09/04/09-09/04/09	WC 648-402776 HOD	350.00	350.00
	09/01/09-09/01/09	WC 905-468324 HOD	3,200.00	3,200.00
	08/04/08-08/13/08	WC 608-220121 HOD	406.50	350.00

31997

F.F.

JG mw

PAID

TOTAL BILLS COMBINED: 3 3,900.00

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

SEND ORIGINAL BILLS TO:
PO BOX 29073
GLENDALE, CA 91209

Liberty Mutual.

BLOCK NUMBER
033508

OSN: MM0801091111-004086
BANK: 288
CHECK REF: 0020163419 DATE: 09/11/09 AMT: 350.0
INTERNAL BILL NO: 080502778 MSR: N0153716
CUST/EXTERNAL BILL NO: 06092520204000
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 648-402776 HOD
CONTRACT NO: WA7-69D-439961-027-92
DOCUMENT NO:

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #:
SSN:
DOI: 08/18/07
PATIENT:

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: ACCOR LODGING NORTH AMERICA
ADDRESS: 8555 BEVERLY BOULEVARD
LOS ANGELES, CA 90048

LOCATION CODE: 002ABLR13A01006758

AGENCY CLAIM#(BOARD COMM#): 200708252142094828758O
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/04/09-09/04/09
AUDIT DATE: 09/09/09

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODE
09/04/09	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	350.00	350.00	N/A	0.00	350.00	Z473 Z47

TOTAL CHARGES:	350.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	350.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	350.00

EXPLANATION CODE DESCRIPTIONS:

Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 TO OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: HTTPS://PROVIDERSUPPORT.LMIG.COM/PROVSUPP/CONTROLLER?CMD=LAUNCH. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

IF YOU WOULD LIKE TO APPEAL A PAYMENT DECISION, PLEASE INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISAGREEING WITH OUR DETERMINATION, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. FORWARD THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE UPPERMOST LEFT CORNER OF THE EOP. (Z212)

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

*** INVOICE ***

Date	NO#
09/04/09	06423

Claim # : SA413439
W.C.A.B.: LA[illegible]
ADJ # : [illegible]
S.S.N. :
D.O.B. : 7/11/76
Terms : 45 days

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

Case: vs RICHARD MARSHALL FINE FLOORING
Date Of Injury: 9/26/00

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/00	INITIAL EXAM	DR LIANG*	90.00
01/02/01	INITIAL EXAM	DR KENT*	90.00
01/10/01	NCV	@ HEALTH QUEST CLINIC*	90.00
01/31/01	PMT BY CHECK	DOS 12/21/00 THRU 1/10/01 # CU244615	-225.00
01/24/01	RE-EVAL	DR LIANG*	90.00
03/05/01	PMT BY CHECK	DOS 1/24/01 # CU271019	-45.00
02/19/01	RE-EVAL	DR BROCKEL*	90.00
04/17/01	PMT BY CHECK	DOS 2/19/01 # CU307819	-45.00
02/27/01	INITIAL EXAM	DR ASHLEY*	90.00
04/24/01	PMT BY CHECK	DOS 1/24/01 THRU 2/27/01 # CU313602	-180.00
04/13/01	RE-EVAL	DR LIANG*	90.00
04/16/01	JOB DESCRIPT	@ THE L/O OF DENNIS FUSI	147.00
04/24/01	RE-EVAL	DR ASHLEY*	90.00
05/23/01	PMT BY CHECK	DOS 4/13/01 THRU 4/24/01 # CU339421	-135.00
05/18/01	RE-EVAL	DR LIANG*	90.00
07/05/01	PMT BY CHECK	DOS 5/18/01 # CU376580	-45.00
06/05/01	RE-EVAL	DR ASHLEY*	90.00
06/12/01	RE-EVAL	DR ASHLEY*	90.00
07/16/01	PMT BY CHECK	DOS 6/5/01 & 6/12/01 # CU386416	-90.00
06/19/01	RE-EVAL	DR ASHLEY*	90.00
06/29/01	RE-EVAL	DR LIANG*	90.00
07/26/01	PMT BY CHECK	DOS 6/19/01 & 6/29/01 # CU397360	-90.00
07/17/01	RE-EVAL	DR ASHLEY*	90.00
08/15/01	PMT BY CHECK	DOS 7/17/01 # CU419485	-45.00
08/01/01	RE-EVAL	DR BROCKEL*	90.00
06/04/01	PMT BY CHECK	DOS 8/1/01 # CU438061	-45.00

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#
09/04/09	06423

Claim # : SA413439
W.C.A.B.: [redacted]
ADJ # :
S.S.N. : [redacted]
D.O.B. : 7/11/76
Terms : 45 days

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

Case: vs RICHARD MARSHALL FINE FLOORING
Date Of Injury: 9/26/00

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/01	RE-EVAL	DR BROCKEL*	90.00
09/11/01	PMT BY CHECK	DOS 8/21/01 # CU445547	-45.00
01/17/02	RE-EVAL	DR ASHLEY*	90.00
03/18/02	PMT BY CHECK	DOS 1/17/02 # CU662476	-45.00
12/15/03	RE-EVAL	DR BROCKEL*	90.00
03/09/04	PMT BY CHECK	DOS 12/15/03 # CU-180373	-90.00
07/26/04	WCAB LB	MSC	147.00
09/13/04	WCAB LB	MSC	147.00
11/17/04	WCAB LB	FULL DAY TRIAL	294.00
09/26/04	PEN & INT	PER LABOR CODE Ï4622 DOS 07/26/04	26.03
11/13/04	PEN & INT	PER LABOR CODE Ï4622 DOS 9/13/04	26.04
12/22/04	PMT BY CHECK	DOS 07/26/04 THRU 11/13/04 # CU-260783	-346.07
01/07/05	PMT BY CHECK	DOS 11/17/04 # BU-259081	-294.00
02/02/05	WCAB LB	FULL DAY TRIAL	294.00
01/19/06	PENALTIES	FOR DATE OF SERVICE 2/2/05	44.10
08/17/09	INTEREST	FOR DATE OF SERVICE 2/2/05	155.34
08/17/09	PENALTIES	FOR DATE OF SERVICE 1/10/01	6.75
08/17/09	INTEREST	FOR DATE OF SERVICE 1/10/01	44.82
08/17/09	PENALTIES	FOR DATE OF SERVICE 4/13/01	6.75
08/17/09	INTEREST	FOR DATE OF SERVICE 4/13/01	43.50
08/17/09	PENALTIES	FOR DATE OF SERVICE 4/16/01	15.30
08/17/09	INTEREST	FOR DATE OF SERVICE 4/16/01	98.50
08/17/09	PENALTIES	FOR DATE OF SERVICE 4/24/01	6.75
08/17/09	INTEREST	FOR DATE OF SERVICE 4/24/01	43.34
08/17/09	PENALTIES	FOR DATE OF SERVICE 5/18/01	6.75
08/17/09	INTEREST	FOR DATE OF SERVICE 5/18/01	43.00
08/17/09	PENALTIES	FOR DATE OF SERVICE 6/5/01	6.75
08/17/09	INTEREST	FOR DATE OF SERVICE 6/5/01	42.75

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

*** INVOICE ***

Date	NO#
09/04/09	06423

Claim # : SA413439
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 7/11/76
Terms : 45 days

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

Case: vs RICHARD MARSHALL FINE FLOORING
Date of Injury: 9/26/00

DOS	SERVICE	DESCRIPTION	AMOUNT
08/17/09	PENALTIES	FOR DATE OF SERVICE 6/12/01	6.75
08/17/09	INTEREST	FOR DATE OF SERVICE 6/12/01	42.65
08/17/09	PENALTIES	FOR DATE OF SERVICE 6/19/01	6.75
08/17/09	INTEREST	FOR DATE OF SERVICE 6/19/01	42.55
08/17/09	PENALTIES	FOR DATE OF SERVICE 6/29/01	6.75
08/17/09	INTEREST	FOR DATE OF SERVICE 6/29/01	42.41
08/17/09	PENALTIES	FOR DATE OF SERVICE 7/17/01	6.75
08/17/09	INTEREST	FOR DATE OF SERVICE 7/17/01	42.15
08/17/09	PENALTIES	FOR DATE OF SERVICE 8/1/01	6.75
08/17/09	INTEREST	FOR DATE OF SERVICE 8/1/01	41.94
08/17/09	PENALTIES	FOR DATE OF SERVICE 8/21/01	6.75
08/17/09	INTEREST	FOR DATE OF SERVICE 8/21/01	41.66
08/17/09	PENALTIES	FOR DATE OF SERVICE 1/17/02	6.75
08/17/09	INTEREST	FOR DATE OF SERVICE 1/17/02	39.54
09/02/09	PMT BY CHECK	DOS 12/21/00 THRU 8/17/09 # CU-499055	-1776.00
09/04/09	BLCE OFF SET	BALANCE OFF SET	-64.55

BALANCE	0.00

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

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 244615**
Check Date January 31, 2001
Tax ID# 330541109U4

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE	INVOICE	AMOUNT
SA413439		25	12-21-00 01-10-01	8524	225.00

PAID

TOTAL AMOUNT OF CHECK **225.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 271019**
Check Date March 05, 2001
Tax ID# 330541109U4

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE	INVOICE	AMOUNT
SA413439		25	01-24-01 01-24-01	8524	45.00

PAID

TOTAL AMOUNT OF CHECK **45.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 307819**
Check Date April 17, 2001
Tax ID# 330541109U4

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA413439	[redacted]	25	02-19-01	02-19-01	8524	45.00

PAID

TOTAL AMOUNT OF CHECK **45.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 313602**
Check Date April 24, 2001
Tax ID# 330956713

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA413439		25	01-24-01	02-27-01	8524	180.00

PAID

TOTAL AMOUNT OF CHECK **180.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 339421**
Check Date May 23, 2001
Tax ID# 330956713

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA413439		25	04-13-01	04-24-01	8524	135.00

PAID

TOTAL AMOUNT OF CHECK **135.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 376580**
Check Date July 05, 2001
Tax ID# 330956713

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA413439		26	05-18-01	05-18-01	8524	45.00

PAID

TOTAL AMOUNT OF CHECK **45.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 386416**
Check Date July 16, 2001
Tax ID# 330956713

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA413439		25	06-05-01	06-12-01	8524	90.00

PAID

TOTAL AMOUNT OF CHECK **90.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 397360**
Check Date July 26, 2001
Tax ID# 330956713

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA413439		25	06-19-01	06-29-01	8624	90.00

PAID

TOTAL AMOUNT OF CHECK **90.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 419485**
Check Date August 15, 2001
Tax ID# 330956713

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA413439		25	07-17-01	07-17-01	8524	45.00

TOTAL AMOUNT OF CHECK **45.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 438061**
Check Date September 04, 2001
Tax ID# 330956713

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA413439		25	08-01-01	08-01-01	8524	45.00

PAID

TOTAL AMOUNT OF CHECK **45.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 445547**
Check Date September 11, 2001
Tax ID# 330956713

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA413439	------	25	08-21-01	08-21-01	8524	45.00

PAID

TOTAL AMOUNT OF CHECK **45.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 662476**
Check Date March 18, 2002
Tax ID# 330956713

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA413439		25	01-17-02	01-17-02	8524	45.00

PAID

TOTAL AMOUNT OF CHECK **45.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 180373**
Check Date March 09, 2004
Tax ID# 33095671314

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA413439		25	12-15-03	12-15-03	6423	90.00

PAID

TOTAL AMOUNT OF CHECK **90.00**

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 THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

[redacted]

Provider Number: 330956713

Check #: CU-260783

JOYCE ALTMAN INTERPRETERS, INC
Po Box 4165
Tustin Ca 92781

Issue Date: 12/22/04
Doc #: 004049138

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name			**Claim #:**	SA413439	**Date of Injury:**	09/26/00	
1	20041220141241520CE 01U	07/26/04	TXI	Interpreting	1	147.00	.00	G32	147.00
2	20041220141241520CE 01U	09/13/04	TXI	Interpreting	1	147.00	.00	G32	147.00
3	20041220141241520CE 01U			Medical Penalty					44.10
4	20041220141241520CE 01U			Medical Interest					7.97

Total Allowances: **$346.07**

PAID
CK NO DATE

01214274004049138012

[redacted]

Provider Number: 330956713

Check #: BU-259081

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/07/05
Doc #: 004263967

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient N/	Claim #: SA413439			
1	NRAMIR	11/17/04	11/17/04	Claimant Incurred Legal Expense	1		294.00
						Total Allowances:	**$294.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SA413439	294.00	.00	294.00

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

Notations:

SA413439 WCAB LONG BEACH; CL $294.00; HEVER PAREDES;

PAID
CK NO DATE

01153500426396702

[redacted]

Provider Number: 330956713

Check #: CU-260783

JOYCE ALTMAN INTERPRETERS, INC
Po Box 4165
Tustin Ca 92781

Issue Date: 12/22/04
Doc #: 004049138

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
20041220141241520CE 01U	SA413439	6423	294.00	.00	294.00	52.07	346.07

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

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

EOR Reduction Code Explanation:

G32 : Allowed as charged.

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-499055**

JOYCE ALTMAN INTERPRETERS
Po Box 4165
Tustin Ca 92781

Issue Date: 09/02/09
Doc #: 018798428

06423

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	SA413439	**Date of Injury:**	09/26/00	
	ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL								
1	SF1-SFCA-4666533	08/17/09	MDO10	Payment By Order	1	.00	.00		.00
2	SF1-SFCA-4666533	12/21/00	MDO10	Payment By Order	1	1,840.55	64.55	961	1,776.00
							Total Allowances:		**$1,776.00**

12-21-00
2-2-05

F.F.
CA

PAID

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.

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-499055**

JOYCE ALTMAN INTERPRETERS
Po Box 4165
Tustin Ca 92781

Issue Date: 09/02/09
Doc #: 018798428

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-4666533	SA413439	SA413439	1,840.55	64.55	1,776.00	.00	1,776.00

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

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

EOR Reduction Code Explanation:

961 : Allowance reflects the lump sum settlement amount

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

*** INVOICE ***

Date	NO#
10/05/11	02819

Claim # : 6532202597
W.C.A.B.: L
ADJ # : A'
S.S.N. : ---
D.O.B. : 3/15/76
Terms : 45 days

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

Case: _____ vs PHILLIPS BROS. PLASTIC
Date Of Injury: 5/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/03	INITIAL EXAM	-DR CHAN*	150.00
08/15/03	RE-EVAL	-DR CHAN	120.00
08/27/03	INITIAL EXAM	DR HAMADA	150.00
10/21/03	MRI	REFERRED BY DR HAMADA: L/S DISCOGRAM	150.00
10/27/03	RE-EVAL	-DR CHAN	120.00
11/12/03	DEPO PREP	@ L/O OF STOCKWELL & HARRIS	147.00
12/08/03	RE-EVAL	-DR CHAN	120.00
01/20/04	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O of DENNIS FUSI	147.00
02/07/04	RE-EVAL	-DR CHAN	120.00
02/16/04	RE-EVAL	DR HAMADA	120.00
03/22/04	RE-EVAL	DR CHAN	120.00
04/12/04	RE-EVAL	DR HAMADA	120.00
05/05/04	RE-EVAL	DR CHAN	120.00
06/09/04	WCAB LB	MSC	147.00
06/15/04	P AND S	DR CHAN	150.00
08/04/04	WCAB LB	MSC	147.00
08/09/04	PMT BY CHECK	DOS 11/12/03 THRU 8/4/04 # 275527	-588.00
10/28/05	PENALTIES	FOR DATE OF SERVICE 7/24/03	22.50
08/29/11	INTEREST	FOR DATE OF SERVICE 7/24/03	140.74
10/28/05	PENALTIES	FOR DATE OF SERVICE 8/27/03	22.50
08/29/11	INTEREST	FOR DATE OF SERVICE 8/27/03	139.13
10/28/05	PENALTIES	FOR DATE OF SERVICE 10/21/03	22.50
08/29/11	INTEREST	FOR DATE OF SERVICE 10/21/03	136.53
01/17/06	PENALTIES	FOR DATE OF SERVICE 6/15/04	22.50
08/29/11	INTEREST	FOR DATE OF SERVICE 6/15/04	125.29
04/28/11	PENALTIES	FOR DATE OF SERVICE 8/15/03	18.00
08/29/11	INTEREST	FOR DATE OF SERVICE 8/15/03	111.76
04/28/11	PENALTIES	FOR DATE OF SERVICE 10/27/03	18.00

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#
10/05/11	02819

Claim # : 6532202597
W.C.A.B.: L
ADJ # : A
S.S.N. :
D.O.B. : 3/15/76
Terms : 45 days

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

Case: [redacted] vs PHILLIPS BROS. PLASTIC
Date Of Injury: 5/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/11	INTEREST	FOR DATE OF SERVICE 10/27/03	109.00
08/09/04	PENALTIES	FOR DATE OF SERVICE 11/12/03	22.05
08/09/04	INTEREST	FOR DATE OF SERVICE 11/12/03	13.48
04/28/11	PENALTIES	FOR DATE OF SERVICE 12/8/03	18.00
08/09/11	INTEREST	FOR DATE OF SERVICE 12/8/03	107.41
08/09/04	PENALTIES	FOR DATE OF SERVICE 1/20/04	22.05
08/09/04	INTEREST	FOR DATE OF SERVICE 1/20/04	10.28
04/28/11	PENALTIES	FOR DATE OF SERVICE 2/7/04	18.00
08/29/11	INTEREST	FOR DATE OF SERVICE 2/7/04	105.11
04/28/11	PENALTIES	FOR DATE OF SERVICE 2/16/04	18.00
08/29/11	INTEREST	FOR DATE OF SERVICE 2/16/04	104.77
04/28/11	PENALTIES	FOR DATE OF SERVICE 3/22/04	18.00
08/29/11	INTEREST	FOR DATE OF SERVICE 3/22/04	103.44
04/28/11	PENALTIES	FOR DATE OF SERVICE 4/12/04	18.00
08/29/11	INTEREST	FOR DATE OF SERVICE 4/12/04	102.65
04/28/11	PENALTIES	FOR DATE OF SERVICE 5/5/04	18.00
08/29/11	INTEREST	FOR DATE OF SERVICE 5/5/04	101.78
08/09/04	PENALTIES	FOR DATE OF SERVICE 6/9/04	22.05
08/09/04	INTEREST	FOR DATE OF SERVICE 6/9/04	3.75
09/27/11	PMT BY CHECK	DOS 8/30/11 # 0088498860	-2387.41
10/05/11	BLCE OFF SET	BALANCE OFF SET	-887.86

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

*** INVOICE ***

Date	NO#
10/05/11	02819

Claim # : 6532202597
W.C.A.B.: [redacted]
ADJ #
S.S.N. :
D.O.B. : 3/15/76
Terms : 45 days

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

Case: vs PHILLIPS BROS. PLASTIC
Date Of Injury: 5/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

COMMERCIAL CASUALTY INSURANCE CO

CHECK DATE: 8/09/04 ISC: CCIC CHECK NO: 275527 PAYEE ID: 330956713-000

INSURED/CLAIMANT	CLAIM NO.	PERIOD COVERED	PAYMENT CODE/ DESCRIPTION	AMOUNT
PHILLIPS BROS PLASTICS	7160805	11/12/03 TO 8/04/04	29 SERVICES STATEMENT DATE 06-28-04	******588.00

PAID

Safeguard LITHO USA 10/01 432-00 501SF000098M

GALLAGHER BASSETT-BURBANK
PO BOX 7858
BURBANK CA 91510

0103215 01 RE 0.390 **AUTO T8 1 5887 92781

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

PAID
BY:

DIRECT INQUIRIES TO:

PHONE: 1-800-841-5297 #02819

GALLAGHER BASSETT-BURBANK
PO BOX 7858
BURBANK CA 91510

F.F.
16

COMMERCIAL CASUALTY INSURANCE COMPANY

CLAIM NO. 007272 196221 WC 01

BRANCH NO. 449

CHECK NO. 0088498860

CLAIMANT:

ACC. DATE 15-May-2003

VN. 0006784385

DESCRIPTION: FULL AND FINAL

DATE: 27-Sep-2011

DATE OF SERVICE: 30-Aug-2011 TO 30-Aug-2011

PAYMENT AMOUNT: $2,387.41

RE0103215-0001_of_0001 5887-0003899 (F26D)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0088498860 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
10/05/11	33714

Claim # : 1010-09-00354
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 5/23/54
Terms : 45 days

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W.C. DEPARTMENT
ATTN: MARCY ALMEIDA
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs TERRA PACIFIC LANDSCAPE
Date Of Injury: 1/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/09	INITIAL EXAM	-DR DOMARACKI @ WILLOW MED*	230.00
04/17/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
05/06/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
05/27/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
06/15/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
07/01/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
07/09/09	PMT BY CHECK	DOS 4/10/09 THRU 4/17/09 # 0000710385	-410.00
07/27/09	PMT BY CHECK	DOS 5/6/09 # 0000714987	-180.00
09/24/09	P AND S	-DR DOMARACKI @ WILLOW MED*	230.00
01/21/10	PENALTIES	FOR DATE OF SERVICE 9/24/09	34.50
09/06/11	INTEREST	FOR DATE OF SERVICE 9/24/09	53.04
01/25/10	PR2/REEVAL	-DR DOMARACKI* GLADYS REYNA # 500257	180.00
02/10/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
02/04/10	INITIAL EXAM	-DR JARCHI* ELIZABETH HERRERA # 301231	230.00
03/22/10	WCAB LB	RATING MSC	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/03/10	PR2/REEVAL	-DR DOMARACKI* ELENA LOPEZ # 500289	180.00
08/18/10	PENALTIES	FOR DATE OF SERVICE 02/04/10	34.50
09/06/11	INTEREST	FOR DATE OF SERVICE 02/04/10	43.41
08/18/10	PENALTIES	FOR DATE OF SERVICE 03/22/10	23.48
09/23/10	INTEREST	FOR DATE OF SERVICE 03/22/10	10.11
09/23/10	PMT BY CHECK	DOS 3/22/10 # 0000834644	-156.50
11/22/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/26/11	PENALTIES	FOR DATE OF SERVICE 5/27/09	27.00
09/06/11	INTEREST	FOR DATE OF SERVICE 5/27/09	48.32
04/26/11	PENALTIES	FOR DATE OF SERVICE 6/15/09	27.00

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#
10/05/11	33714

Claim # : 1010-09-00354
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 5/23/54
Terms : 45 days

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W.C. DEPARTMENT
ATTN: MARCY ALMEIDA
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: J vs TERRA PACIFIC LANDSCAPE
Date Of Injury: 1/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/06/11	INTEREST	FOR DATE OF SERVICE 6/15/09	47.24
04/26/11	PENALTIES	FOR DATE OF SERVICE 7/1/09	27.00
09/06/11	INTEREST	FOR DATE OF SERVICE 7/1/09	46.33
04/26/11	PENALTIES	FOR DATE OF SERVICE 1/25/10	27.00
09/06/11	INTEREST	FOR DATE OF SERVICE 1/25/10	34.54
04/26/11	PENALTIES	FOR DATE OF SERVICE 2/10/10	27.00
09/06/11	INTEREST	FOR DATE OF SERVICE 2/10/10	33.63
04/26/11	PENALTIES	FOR DATE OF SERVICE 3/3/10	27.00
09/06/11	INTEREST	FOR DATE OF SERVICE 3/3/10	32.44
04/26/11	PENALTIES	FOR DATE OF SERVICE 11/22/10	23.48
09/06/11	INTEREST	FOR DATE OF SERVICE 11/22/10	15.19
04/11/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
05/16/11	PR2/REEVAL	DR DOMARACKI* GLADYS REYNA # 100755	180.00
09/06/11	PENALTIES	FOR DATE OF SERVICE 4/11/11	27.00
09/06/11	INTEREST	FOR DATE OF SERVICE 4/11/11	9.53
09/06/11	PENALTIES	FOR DATE OF SERVICE 5/16/11	27.00
09/06/11	INTEREST	FOR DATE OF SERVICE 5/16/11	7.54
09/27/11	PMT BY CHECK	DOS 9/6/10-5/16/11 # 0000957062	-2400.00
10/05/11	BLCE OFF SET	BALANCE OFF SET	-369.78

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

*** INVOICE ***

Date	NO#
10/05/11	33714

Claim # : 1010-09-00354
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 5/23/54
Terms : 45 days

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W.C. DEPARTMENT
ATTN: MARCY ALMEIDA
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs TERRA PACIFIC LANDSCAPE
Date Of Injury: 1/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 07/09/2009
Check Number: 0000710385
Check Amount: $410.00

VDT61J

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, VDT61J

00207 JOP1ZS01 1Z 6300008500-6300180563

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-09-00354		01/02/2009	33714	02	04/10/2009	04/17/2009	$410.00

Cat	SubPC	Stub Notes	Stub Amount
02		MISC MEDICAL	$410.00
		DR. DOMARACKI	$0.00
			$410.00

PAID

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 07/27/2009
Check Number: 0000714987
Check Amount: $180.00

14Z61D

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, 14Z61D

00130 JOP1ZS01 1Z 6300008740-6300184901

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amoun
1010-09-00354		01/02/2009	33714	02	05/06/2009	05/06/2009	$180.0

Cat	SubPC	Stub Notes	Stub Amount
02		MISC MEDICAL	$180.00
		PR2 REEVAL @ DR DOMARACKI WILLOW MED	$0.00
			$180.00

PAID

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 09/23/2010
Check Number: 0000834644
Check Amount: $156.50

7BAB1C

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, 7BAB1C

00110 JOP1ZS01 1Z 6300011267-6300286539

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-09-00354		01/02/2009	33714	02	04/10/2009	08/18/2010	$156.50

Cat	SubPC	Stub Notes	Stub Amount
02		MISC MEDICAL	$156.50
		INTERPRET @ WCAB LB RATING MCS 3/22/10	$0.00
			$156.50

PAID

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 09/27/2011
Check Number: 0000957062
Check Amount: $2,400.00

3MTF1U

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, 3MTF1U

00172 JOP1ZS01 1Z 6300014337-6300369666

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

33714 PAID 09 05 2011

BY-Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-09-00354		01/02/2009		02	09/06/2010	05/16/2011	$2,400.00

Cat	SubPC	Stub Notes	Stub Amount
02		IN FULL & FINAL SATISFACTION OF LIEN	$2,400.00
			$2,400.00

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16

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

*** INVOICE ***
Date NO#
10/05/11 23448

Claim # : 4474-345-000660-0
W.C.A.B.
ADJ #
S.S.N. :
D.O.B. : 5/21/69
Terms : 45 days

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: REBECCA TOWNSEND
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs AMERICAN BUILDING MAINT
Date Of Injury: 9/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/06	NCT	DIAGNOSTIC STUDY INTERP: L/S*	150.00
03/16/07	PENALTIES	FOR DATE OF SERVICE 10/25/06	22.50
07/18/07	INTEREST	FOR DATE OF SERVICE 10/25/06	13.52
06/26/07	WCAB LB	MSC	147.00
07/02/07	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	147.00
07/18/07	PMT BY CHECK	DOS 10/25/06 # FE38409880	-150.00
07/18/07	PMT BY CHECK	DOS 7/2/07 # FE38409884	-147.00
07/16/07	PMT BY CHECK	DOS 6/26/07 # FE38401041	-147.00
07/19/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/11/07	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF CTR*	150.00
08/24/07	PMT BY CHECK	DOS 7/19/07 # FE38525161	-250.00
03/20/08	PR2/REEVAL	-DR WILLIAMS*	180.00
09/29/09	WCAB LB	MSC	156.50
01/12/10	PENALTIES	FOR DATE OF SERVICE 7/11/07	22.50
09/13/11	INTEREST	FOR DATE OF SERVICE 7/11/07	73.02
01/12/10	PENALTIES	FOR DATE OF SERVICE 3/20/08	27.00
09/13/11	INTEREST	FOR DATE OF SERVICE 3/20/08	73.27
01/12/10	PENALTIES	FOR DATE OF SERVICE 9/29/09	23.48
09/13/11	INTEREST	FOR DATE OF SERVICE 9/29/09	36.19
09/27/11	PMT BY CHECK	DOS 10/25/06-9/29/09 # FE43306087 ACE/ESI	-654.74
09/30/11	BLCE OFF SET	BALANCE OFF SET	-123.24

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

*** INVOICE ***

Date	NO#
10/05/11	23448

Claim # : 4474-345-000660-0
W.C.A.B.: [redacted]
ADJ # :
S.S.N. :
D.O.B. : 5/21/69
Terms : 45 days

BILL TO:
ACE/ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: REBECCA TOWNSEND
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs AMERICAN BUILDING MAINT
Date Of Injury: 9/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

*C0FE38409880024300101070718000478I
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 07/18/07

CHECK NO. FE38409880

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00834 FE38409880
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
4474345000660

DOLLARS
$*********150.00

* NOT NEGOTIABLE *

FOR
10/25/06 THRU 10/25/06 23448/@NCT-DIAGNOSTI

CLAIMANT

DATE OF EVENT
09/05/06

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

PAID

DETACH THIS PORTION BEFORE CASHING

^COFE38409884024330101070718O004784
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 07/18/07

CHECK NO. FE38409884

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00837 FE38409884
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
4474345000660

DOLLARS
$*********147.00

* NOT NEGOTIABLE *

FOR
07/02/07 THRU 07/02/07 23448/DEPO PREP.@L/O

CLAIMANT

DATE OF EVENT
09/05/06

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

PAID

DETACH THIS PORTION BEFORE CASHING

*COFE38401041019160101070716000411 6
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 07/16/07

CHECK NO. FE38401041

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00525 FE38401041
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
4474345000660

DOLLARS
$**********147.00

* NOT NEGOTIABLE *

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

CLAIMANT

DATE OF EVENT
09/05/06

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

23448

PAID

DETACH THIS PORTION BEFORE CASHING

*C0FE38525161021740101070824000427 4
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 08/24/07

CHECK NO. FE38525161

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00741 FE38525161
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
4474345000660

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

* NOT NEGOTIABLE *

FOR
07/19/07 THRU 07/19/07 23448/DEPO REVIEW

CLAIMANT

DATE OF EVENT
09/05/06

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

PAID

PDWLDMCD-003000-01-01-04
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 09/27/11

CHECK NO. FE43306087

PAID STATEMENT

BY:.....

ESIS

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 01186 FE43306087
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
4474345000660

DOLLARS
$*******654.74

* NOT NEGOTIABLE *

FOR
10/25/06 THRU 09/29/09 F&F

CLAIMANT
#33448

DATE OF EVENT
09/05/06

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

PDWLDMCD-003000-01-01-04

F.F.
16

BOA108 (07/2009)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
10/05/11	35415

Claim # : 905487636
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 3/15/50
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (BEAV, OR-4025)
W.C. DEPARTMENT
ATTN: MICHAEL WILLIAMS
P.O. BOX # 4025
BEAVERTON, OR 97076-4025

Case: [redacted] vs EL ENCANTO HEALTHCARE HAB.CTR
Date Of Injury: 6/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/09	+DEPO PREP	@ L/O OF DENNIS FUSI	156.50
12/14/09	+DEPO PREP	@ L/O OF DENNIS FUSI	156.50
01/13/10	WCAB LB	MSC - CAMREN GUZMAN # 100585	156.50
02/24/10	PMT BY CHECK	DOS 10/1/09 THRU 1/13/10 # 92750057	-469.50
02/16/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/22/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/15/10	WCAB LB	TRIAL - JOYCE ATLMAN # 300624	156.50
03/18/10	PMT BY CHECK	DOS 2/16/10 THRU 2/22/10 # 92870576	-313.00
07/16/10	PENALTIES	FOR DATE OF SERVICE 02/22/10	37.50
09/14/11	INTEREST	FOR DATE OF SERVICE 02/22/10	46.39
02/24/10	PENALTIES	FOR DATE OF SERVICE 10/1/09	23.48
02/24/10	INTEREST	FOR DATE OF SERVICE 10/1/09	8.19
09/29/11	PMT BY CHECK	DOS 9/19/11 # 0023875484	-324.05
10/05/11	BLCE OFF SET	BALANCE OFF SET	-41.51

BALANCE 0.00

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

BRANCH OFFICE ADDRESS:
12725 SW MILLIKANWY STE500
PO BOX 4025
BEAVERTON, OR 97076
503-626-4100

Liberty Mutual

B. CODE	CHECK NUMBER	CHECK DATE
189	92750057	02/24/10
	CHECK AMOUNT ****$469.50	BLOCK NUMBER 009284

CLAIM #: WC 905-487636
CONTRACT #: WCC-Z91-443556-017-92

OSN: EE3801022404-001224

CONTROL #: 000001930 ID: C905A05
PROVIDER #: N6504883252289

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 08/15/08
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: EL ENCANTO HEALTHCARE & HABILI
DATES OF SERVICE 10/01/09-10/01/09

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
10/01/09	10/01/09	MISC		156.50	156.50	
10/01/09	10/01/09	MISC		156.50	156.50	
10/01/09	10/01/09	MISC		156.50	156.50	

NOTE: INV# 35415 DOS: 10/1/09-1/13/10 RE: ERNESTO AGUIRRE

TOTAL CHARGES	469.50
TOTAL PAYABLE:	469.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	469.50

PAID

BRANCH OFFICE ADDRESS:
12725 SW MILLIKANWY STE500
PO BOX 4025
BEAVERTON, OR 97076
503-626-4100

Liberty Mutual

B.CODE	CHECK NUMBER	CHECK DATE
189	92870576	03/18/10
	CHECK AMOUNT ****$313.00	BLOCK NUMBER 008143

OSN: EE3801031804-001097

CLAIM #: WC 905-487636
CONTRACT #: WCC-Z91-443556-017-92

CONTROL #: 000000273 ID: C905C01
PROVIDER #: N650488321629 9

35415

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 08/15/08
EMPLOYEE:

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

EMPLOYER: EL ENCANTO HEALTHCARE & HABILI
DATES OF SERVICE 03/15/10-03/15/10

PROVIDER:

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
03/15/10	03/15/10	MISC		313.00	313.00	

NOTE: LIEN SETTLEMENT JOYCE ALTMAN INTERP. RE: E.AGUIRRE

TOTAL CHARGES	313.00
TOTAL PAYABLE:	313.00
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	313.00

PAID

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

B. CODE
288

CHECK REFERENCE	CHECK DATE
0023875484	09/29/11
CHECK AMOUNT	BLOCK NUMBER
***1134.05	025584

OSN:MM0801092912-000135

THIS CHECK REPRESENTS A COMBINATION OF BILLED SERVICES. PLEASE REFER TO EACH DETAILED ITEMIZATION FOR SPECIFIC INFORMATION TO SUPPORT THE PAYMENT.

PATIENT NAME	DATES OF SERVICE	CLAIM #	TOTAL BILL CHARGES	TOTAL PAID
	09/19/11-09/19/11	WC 905-487636 HOD	324.05	324.05
	05/21/09-07/16/10	WC 905-488504 HOD	1,947.41	90.00
	05/21/09-02/03/10	WC 905-488504 HOD	1,540.00	90.00
	05/21/09-12/29/09	WC 905-488504 HOD	1,360.00	90.00
	05/21/09-11/24/09	WC 905-488504 HOD	1,180.00	540.00

35415

F.F.

16

PAID
0 2011

BY:_____

TOTAL BILLS COMBINED: 5 1,134.05

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

PROVIDER INQUIRIES: (800) 500-7044
CUSTOMER SERVICE DEPARTMENT
FOR DISPUTES/APPEALS ONLY:
P.O. BOX 7070
LONDON, KY 40742

Liberty Mutual.

BLOCK NUMBER
025585

SEND ORIGINAL BILLS TO:
P.O. BOX 7205
LONDON, KY 40742

OSN: MH0801092912-000136
BANK: 288
CHECK REF: 0023875484 DATE: 09/29/11 AMT: 324.05
INTERNAL BILL NO: 091452104 MSR: N0153716
CUST/EXTERNAL BILL NO: 06112700351000
BR PROVIDER #: 008330956713A0

CLAIM NO. WC 905-487636 MOD
CONTRACT NO: WCC-Z91-443556-017-92
DOCUMENT NO:

PAYEE: JOYCE ALTMAN INTERPRETERS INC
TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

PATIENT ACCT. #:
SSN:
DOI: 08/15/08
PATIENT:

#35415
F.F 1G

PROVIDER: JOYCE ALTMAN INTERPRETERS INC

EMPLOYER: EL ENCANTO HEALTHCARE & HABILI
ADDRESS: 555 S. EL ENCANTO ROAD
LA PUENTE, CA 91745

AGENCY CLAIM#(BOARD COMM#): 20090528145056942502222
IDC-9 CODES: 799.8

DATES OF SERVICE: 09/19/11-09/19/11
AUDIT DATE: 09/27/11

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
09/19/11	MDS10		LUMP SUM SETTLEMENT WHERE	1.00	324.05	324.05	N/A	0.00	324.05	Z473 Z473

TOTAL CHARGES:	324.05
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	324.05
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	324.05

EXPLANATION CODE DESCRIPTIONS:

Z473 THIS PAYMENT IS THE RESULT OF A CALIFORNIA LIEN SETTLEMENT AND REFLECTS A FULL AND FINAL SETTLEMENT AMOUNT. (Z473)

Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY RETURNING THE EOP ALONG WITH SUPPORTING DOCUMENTATION OR FILING AN APPLICATION AND OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIA LABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

Z849 DID YOU KNOW THIS BILL COULD HAVE BEEN SENT TO LIBERTY MUTUAL ELECTRONICALLY? TO LEARN MORE ABOUT THE VARIOUS ELECTRONIC BILLING OPTIONS LIBERTY OFFERS, OBTAIN ANSWERS TO MEDICAL BILL STATUS QUESTIONS, LEARN ABOUT OUR APPEAL PROCESS, OR CONTACT US FOR MEDICAL BILL RELATED INQUIRIES, PLEASE VISIT OUR WEBSITE: WWW.PROVIDERSUPPORT.LMIG.COM. (Z849)

Z850 MEDICAL BILLS FOR THIS CLAIM SHOULD BE SUBMITTED TO THE 'SEND BILLS TO' ADDRESS REFERENCED IN THE UPPER LEFT CORNER OF THE EOP. (Z850)

NOTES

FOR APPEALS, CORRECTED BILLS OR QUESTIONS PERTAINING TO THE AMOUNT IN THE REVIEW ALLOW COLUMN ON THIS EOP, INCLUDE A COPY OF THE EOP, YOUR REASON FOR DISPUTE, AND ANY DOCUMENTATION YOU WOULD LIKE US TO REVIEW FOR RECONSIDERATION. SEND THIS INFORMATION TO THE 'APPEALS ONLY' ADDRESS LOCATED ON THE LEFT CORNER OF THE EOP.

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

*** INVOICE ***
Date NO#
09/29/11 34607

Claim # : 33012549
W.C.A.B.:
ADJ # : [illegible]
S.S.N. :
D.O.B. : 4/25/82
Terms : 45 days

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

Case: vs HAKATA RAMEN REST/SHIN-SEN-GUM
Date Of Injury: 3/21/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/09	INITIAL EXAM	-DR KATTAR @ GARFIELD HEALTH*	230.00
07/31/09	INITIAL EXAM	-DR HOSSAIN @ GARFIELD HEALTH	230.00
09/11/09	PR2/REEVAL	-DR SAMAAN @ GARFIELD HEALTH*	180.00
10/01/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/30/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/23/09	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH	180.00
12/10/09	PMT BY CHECK	DOS 7/21/09 THRU 10/30/09 # 0128792	-1046.50
12/14/09	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
01/22/10	PR2/REEVAL	-DR HOSSAIN* TITO SILVA 50027	180.00
02/22/10	P AND S	-DR KATTAR* TITO SILVA # 500272	230.00
06/07/10	PENALTIES	FOR DATE OF SERVICE 02/22/10	34.50
07/26/11	INTEREST	FOR DATE OF SERVICE 02/22/10	39.06
01/04/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
01/10/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
02/23/11	PENALTIES	FOR DATE OF SERVICE 10/23/09	27.00
09/15/11	INTEREST	FOR DATE OF SERVICE 10/23/09	40.38
02/23/11	PENALTIES	FOR DATE OF SERVICE 12/14/09	27.00
09/15/11	INTEREST	FOR DATE OF SERVICE 12/14/09	37.43
02/23/11	PENALTIES	FOR DATE OF SERVICE 1/22/10	27.00
09/15/11	INTEREST	FOR DATE OF SERVICE 1/22/10	35.22
09/15/11	PENALTIES	FOR DATE OF SERVICE 1/4/11	23.48
09/15/11	INTEREST	FOR DATE OF SERVICE 1/4/11	13.51
09/15/11	PENALTIES	FOR DATE OF SERVICE 1/10/11	37.50
09/15/11	INTEREST	FOR DATE OF SERVICE 1/10/11	21.11
09/26/11	PMT BY CHECK	DOS 9/23/11 # 0265236	-1350.00
09/29/11	BLCE OFF SET	BALANCE OFF SET	-189.69

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

*** INVOICE ***

Date	NO#
09/29/11	34607

Claim # : 33012549
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 4/25/82
Terms : 45 days

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

Case: vs HAKATA RAMEN REST/SHIN-SEN-GUM
Date Of Injury: 3/21/09

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 12/10/2009
Check Number : 0128792
Check Amount : $1,046.50

WC0891S

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

rog4a
00117

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33012549		03/21/2009	34607	Interpreter Fees -	07/21/2009	10/30/2009	$1,046.50

PAID

117-117

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 09/26/2011
Check Number : 0265236
Check Amount : $1,350.00

SCCF1A

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

aey5a
00034

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33012549		03/21/2009		Lien Payment - Medi	09/23/2011	09/23/2011	$1,350.00

PAID F.F. CA #31607

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

34-34
4014

Cypress Insurance Company
P.O. Box 881716
San Francisco, CA 94188

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

11-24
1210(8)

SCCF1A

DATE	CHECK NO.
09/26/2011	0265236
VOID AFTER 90 DAYS	CHECK AMOUNT
	$1,350.00

PAY ONE THOUSAND THREE HUNDRED FIFTY & XX / 100 DOLLARS*****

TWO SIGNATURES REQUIRED IF MORE THAN $10,000.00

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

R McDaniel

Security features included. Details on back.

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

*** INVOICE ***
Date NO#
09/27/11 35077

Claim # : SAC0000116439
W.C.A.B.:
ADJ # : ----
S.S.N. :
D.O.B. : 12/11/75
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: CANDISE BRIA X89923
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs Mc DONALDS
Date Of Injury: CT:8/1/08-08/25/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
11/06/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
10/09/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
11/24/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/04/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
01/08/10	PR2/REEVAL	DR HOSSAIN* TITO SILVA 500272	180.00
01/25/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
03/10/10	PMT BY CHECK	DOS 9/1/09 THRU 12/4/09 # 00240004967	-926.50
03/10/10	PR2/REEVAL	-DR RAHIMIAN @ AMERI CIHRO* MARIA BARBOSA 500267	180.00
05/24/10	PR2/REEVAL	-DR PERSHEN @ AMERI CHIRO* JOSE LUGO # 500049	180.00
01/19/10	INITIAL EXAM	-DR RAHIMIAN* CLARA BONILLA # 500320	230.00
06/24/10	PENALTIES	FOR DATE OF SERVICE 01/25/10	37.50
09/07/11	INTEREST	FOR DATE OF SERVICE 01/25/10	48.05
06/24/10	PENALTIES	FOR DATE OF SERVICE 01/19/10	34.50
09/07/11	INTEREST	FOR DATE OF SERVICE 01/19/10	44.64
07/19/10	PR2/REEVAL	-DR PERSHEN* BLANCA MEJIA # 100741	180.00
08/30/10	P AND S	-DR ZARGARAFF* AUGUSTO SALAZA # 500286	230.00
02/11/11	PENALTIES	FOR DATE OF SERVICE 08/30/10	34.50
09/07/11	INTEREST	FOR DATE OF SERVICE 08/30/10	28.48
03/16/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
09/07/11	PENALTIES	FOR DATE OF SERVICE 1/8/10	27.00
09/07/11	INTEREST	FOR DATE OF SERVICE 1/8/10	35.56
09/07/11	PENALTIES	FOR DATE OF SERVICE 3/10/10	27.00
09/07/11	INTEREST	FOR DATE OF SERVICE 3/10/10	32.10
09/07/11	PENALTIES	FOR DATE OF SERVICE 5/24/10	27.00

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#
09/27/11	35077

Claim # : SAC0000116439
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 12/11/75
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: CANDISE BRIA X89923
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs Mc DONALDS
Date Of Injury: CT:8/1/08-08/25/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/11	INTEREST	FOR DATE OF SERVICE 5/24/10	27.85
09/07/11	PENALTIES	FOR DATE OF SERVICE 7/19/10	27.00
09/07/11	INTEREST	FOR DATE OF SERVICE 7/19/10	24.67
09/07/11	PENALTIES	FOR DATE OF SERVICE 3/16/11	23.48
09/07/11	INTEREST	FOR DATE OF SERVICE 3/16/11	9.62
09/19/11	PMT BY CHECK	DOS 9/1/09-36/16/11 # 0029596423	-1800.00
09/26/11	BLCE OFF SET	BALANCE OFF SET	-275.45

BALANCE 0.00

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

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

DATE	CHECK AMT	CHECK NO.
03/10/2010	3,016.50	0024004967

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

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

011459 0024004967 00002 OF 00002 OAM 100310 1008

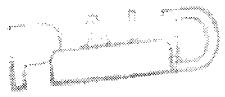
JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN

02/09/2009 SAC0000111944
Amt Paid: 150.00 Description: Miscellaneous Medical
Amt Billed: 150.00 Invoice: 35819 ICN: SAC0000111944
Dates: 02/10/2009 - 02/10/2009 Comment:

03/19/2009 SAC0000112323
Amt Paid: 1940.00 Description: Miscellaneous Medical
Amt Billed: 1940.00 Invoice: 33969 ICN: SAC0000112323
Dates: 05/11/2009 - 12/21/2009 Comment:

08/25/2009 SAC0000116439
Amt Paid: 926.50 Description: Miscellaneous Medical
Amt Billed: 926.50 Invoice: 35077 ICN: SAC0000116439
Dates: 09/01/2009 - 12/04/2009 Comment:



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

DATE	CHECK AMT	CHECK NO.
09/19/2011	1,800.00	0029596423

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

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

003885 0029596423 00003 OF 00003 OAM 110919 1010

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

PAID
BY:----------

Claimant Name	Loss Date	Claim Number	SSN
	08/25/2009	SAC0000116439	

Amt Paid: 1800.00 Description:
Amt Billed: 1800.00 Invoice: ICN: SAC0000116439
Dates: 09/01/2009 - 03/16/2011 Comment:

#35077 F.F. IG

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

E1991.FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
09/21/11	29114

Claim # : E3199950
W.C.A.B.
ADJ #
S.S.N. :
D.O.B. : 11/7/68
Terms : 45 days

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

Case: vs HAWAIIN GARDENS CASINO
Date Of Injury: 9/22/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/08	INITIAL EXAM	-DR DOMARACKI*	230.00
02/04/08	PR2/REEVAL	-DR DOMARACKI*	180.00
02/19/08	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL*	180.00
03/12/08	PR2/REEVAL	-DR DOMARACKI*	180.00
03/27/08	INITIAL EXAM	-DR GALLONI*	230.00
04/30/08	PR2/REEVAL	-DR DOMARACKI*	180.00
05/19/08	PR2/REEVAL	-DR DOMARACKI*	180.00
06/05/08	INITIAL EXAM	-ACUPUNTURE W/STEVE HING*	230.00
07/28/08	PR2/REEVAL	-DR DOMARACKI*	180.00
09/05/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
01/20/09	P AND S	-DR DOMARACKI @ WILLOW MED*	230.00
02/05/09	PENALTIES	FOR DATE OF SERVICE 1/21/08	34.50
08/30/11	INTEREST	FOR DATE OF SERVICE 1/21/08	96.89
02/05/09	PENALTIES	FOR DATE OF SERVICE 3/27/08	34.50
08/30/11	INTEREST	FOR DATE OF SERVICE 3/27/08	92.10
02/05/09	PENALTIES	FOR DATE OF SERVICE 6/5/08	34.50
08/30/11	INTEREST	FOR DATE OF SERVICE 6/5/08	87.03
02/19/10	PENALTIES	FOR DATE OF SERVICE 01/20/09	34.50
08/30/11	INTEREST	FOR DATE OF SERVICE 01/20/09	70.44
01/19/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/20/11	WCAB LB	TRIAL - JOYCE ALTMAN # 300624	156.50
04/29/11	PMT BY CHECK	DOS 1/19/11 THRU 4/20/11 # 104488206	-313.00
08/30/11	PENALTIES	FOR DATE OF SERVICE 2/4/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 2/4/08	75.03
08/30/11	PENALTIES	FOR DATE OF SERVICE 2/19/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 2/19/08	74.18
08/30/11	PENALTIES	FOR DATE OF SERVICE 3/12/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 3/12/08	72.93
08/30/11	PENALTIES	FOR DATE OF SERVICE 4/30/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 4/30/08	70.15

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

*** INVOICE ***

Date	NO#
09/21/11	29114

Claim # : E3199950
W.C.A.B. :
ADJ # :
S.S.N. :
D.O.B. : 11/7/68
Terms : 45 days

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

Case: vs HAWAIIN GARDENS CASINO
Date Of Injury: 9/22/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/30/11	PENALTIES	FOR DATE OF SERVICE 5/19/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 5/19/08	69.08
08/30/11	PENALTIES	FOR DATE OF SERVICE 7/28/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 7/28/08	65.11
08/30/11	PENALTIES	FOR DATE OF SERVICE 9/5/08	27.00
08/30/11	INTEREST	FOR DATE OF SERVICE 9/5/08	62.89
04/29/11	PENALTIES	FOR DATE OF SERVICE 1/19/11	23.48
04/29/11	INTEREST	FOR DATE OF SERVICE 1/19/11	5.92
09/13/11	PMT BY CHECK	DOS 8/30/11 # 104535228	-2400.00
09/21/11	BLCE OFF SET	BALANCE OFF SET	-972.23

BALANCE 0.00

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

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

29114

000380

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

PAID

BY:.....

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

Claim Number * E3 199950A2

Insured/Client	Claimant	ATT *
HAWAIIAN GARDENS CASINO		04/29/11

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
09/22/07		01/19/11-04/20/11	IND	26	TR		$313.00
							$313.00

Reason
INTER/INV 29114

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

RECEIVED MAY 05 2011

ACRMWF 2.11.02 PLEASE DETACH BEFORE CASHING

CNA

UNDERWRITTEN BY:
VALLEY FORGE INSURANCE COMPANY

104488206
Date Issued 04/29/11

67-1
532
Bank Acct. 207997106028

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E3 199950	A2	HAWAIIAN GARDENS CASINO	2C
Prefix & Contract No. WC -2074971774		Claimant	Date of Loss 09/22/07
From-thru (Dates) 01/19/11	In Payment of 04/20/11	INTER/INV 29114	

PAY THREE HUNDRED THIRTEEN AND NO/100THS ---------- Dollars

********$313.00

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

IN COOPERATION WITH AND PAYABLE IF DESIRED BY WELLS FARGO BANK, N.A. #4759-628183

Wachovia Bank, N.A. Greenville, South Carolina

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

⑈0104488206⑈ ⑆053101561⑆ 2079971060289⑈

L13/048E

2000020E3001995501044882060000000000380

CNA ATTN CLAIM
PO BOX 8317
CHICAGO IL 60680

CNA

000577

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781

PAID
SEP 21 2011
BY:.....

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

Claim Number * E3 199950A2

Insured/Client HAWAIIAN GARDENS CASINO

Claimant

ATT 09/13/11

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
09/22/07		08/30/11-08/30/11	MED	21		DR	$2,400.00
							$2,400.00

#26114

Reason
IN FULL SATIS OF LIEN

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

F.F 16

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

CNA

UNDERWRITTEN BY:
VALLEY FORGE INSURANCE COMPANY

104535228
Date Issued
09/13/11

67-1
532
Bank Acct.
4759628183

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

Claim Number	Desk Code	Insured/Client	Issuing Off. No.
E3 199950	A2	HAWAIIAN GARDENS CASINO	2C
Prefix & Contract No. WC -2074971774		Claimant	Date of Loss 09/22/07
From-thru (Dates) 08/30/11	In Payment of 08/30/11	IN FULL SATIS OF LIEN	

PAY TWO THOUSAND FOUR HUNDRED AND NO/100THS ---------- Dollars

******$2,400.00

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

IN COOPERATION WITH AND PAYABLE IF DESIRED BY WELLS FARGO BANK, N.A. #4759-628183

Wachovia Bank, N.A. Greenville, South Carolina

VOID IF NOT CASHED IN SIX MONTHS FROM MONTH OF ISSUE

L137648E

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

*** INVOICE ***
Date NO#
09/07/11 33300

Claim # : 710433830
W.C.A.B.:
ADJ # : AD
S.S.N. :
D.O.B. : 10/3/61
Terms : 45 days

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

Case: [redacted] vs CAST PARTS INC.
Date Of Injury: 9/25/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/09	INITIAL EXAM	-DR ZARGARAFF @ AMERI CHIRO*	230.00
05/01/09	DEPO PREP	-@ THE L/O OF DENNIS FUSI	156.50
06/17/09	PR2/REEVAL	-DR ZARGARAFF @ AMERI CHIRO*	180.00
06/08/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/17/09	PR2/REEVAL	-DR ZARGARAFF @ AMERI CHIRO*	180.00
10/20/09	PR2/REEVAL	-DR RAHIMIAN @ AMERI CHIRO*	180.00
01/12/10	PENALTIES	FOR DATE OF SERVICE 2/23/09	34.50
08/24/11	INTEREST	FOR DATE OF SERVICE 2/23/09	67.54
01/12/10	PENALTIES	FOR DATE OF SERVICE 5/1/09	23.48
08/24/11	INTEREST	FOR DATE OF SERVICE 5/1/09	42.65
01/12/10	PENALTIES	FOR DATE OF SERVICE 6/8/09	37.50
08/24/11	INTEREST	FOR DATE OF SERVICE 6/8/09	65.14
01/14/10	PR2/REEVAL	-DR RAHIMIAN* CLARA BONILLA # 500320	180.00
03/08/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/10/10	WCAB LB	TRIAL FULL DAY	313.00
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
05/04/10	PR2/REEVAL	-DR RAHIMIAN* MARIA BARBOSA # 500267	180.00
09/08/10	PENALTIES	FOR DATE OF SERVICE 1/14/10	27.00
08/24/11	INTEREST	FOR DATE OF SERVICE 1/14/10	34.42
09/08/10	PENALTIES	FOR DATE OF SERVICE 3/8/10	23.48
10/30/10	INTEREST	FOR DATE OF SERVICE 3/8/10	12.62
09/08/10	PENALTIES	FOR DATE OF SERVICE 5/10/10	46.95
10/30/10	INTEREST	FOR DATE OF SERVICE 5/10/10	19.03
09/08/10	PENALTIES	FOR DATE OF SERVICE 5/4/10	27.00
08/24/11	INTEREST	FOR DATE OF SERVICE 5/4/10	28.19
09/08/10	PENALTIES	FOR DATE OF SERVICE 6/17/09	27.00
08/24/11	INTEREST	FOR DATE OF SERVICE 6/17/09	46.39
09/08/10	PENALTIES	FOR DATE OF SERVICE 8/17/09	27.00
08/24/11	INTEREST	FOR DATE OF SERVICE 8/17/09	42.93

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

*** INVOICE ***

Date	NO#
09/07/11	33300

Claim # : 710433830
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 10/3/61
Terms : 45 days

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

Case: vs CAST PARTS INC.
Date Of Injury: 9/25/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/10	PENALTIES	FOR DATE OF SERVICE 10/20/09	27.00
08/24/11	INTEREST	FOR DATE OF SERVICE 10/20/09	39.30
10/30/10	PMT BY CHECK	DOS 3/8/10 THRU 5/10/10 # 15374579	-469.50
09/02/11	PMT BY CHECK	DOS 2/23/09-5/10/10 # 18462160	-1800.00
09/07/11	BLCE OFF SET	BALANCE OFF SET	-435.62

BALANCE 0.00

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

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

33300

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 71015374579007837 92

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

PAID

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 15374579
RFP No.: 00783792
10/30/2010

Insured: CONSOLIDATED FOUNDARIES INC
Claimant:
Producer:
050810-051010

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000009843937	00433830	01	09/25/2007	MED	O	$469.50

Use file # 710-00433830 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

[redacted]

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7101846216000913591

PAID

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 18462160
RFP No.: 00913591
09/02/2011

Insured: CONSOLIDATED FOUNDARIES INC
Claimant:
Producer:
ACT: final lien 022309-050410

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000009843937	00433830	01	09/25/2007	MED	O	$1,800.00

2/23/09 - 5/10/10

#33300
F.F.
IG.

Use file # 710-00433830 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

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

*** INVOICE ***
Date NO#
09/07/11 37506

Claim # : SCA900054118
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. : 6/7/72
Terms : 45 days

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

Case: vs TROPICANA MARKET
Date Of Injury: CT 11/1/08 - 8/2/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/18/10	C&R READING	@ THE L/O OF JON WOODS	250.00
/ /	INTERPRETER:	MARIA PACO-CORTEZ # 100533	0.00
09/27/10	WCAB LB	MSC	156.50
12/07/10	PENALTIES	FOR DATE OF SERVICE 5/18/10	37.50
08/29/11	INTEREST	FOR DATE OF SERVICE 5/18/10	38.44
12/07/10	PENALTIES	FOR DATE OF SERVICE 9/27/10	23.48
08/29/11	INTEREST	FOR DATE OF SERVICE 9/27/10	17.55
08/29/11	MISC	COST & SANCTIONS	676.53
09/01/11	PMT BY CHECK	DOS 8/29/11 # 206699	-1200.00

BALANCE 0.00

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

Blnc a Pd
C&S

FIRST COMP
Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: SCA900054118
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 206699
Check Date: 09/01/2011
Check Amount: 1,200.00

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WSI0003995
CLAIMS TYPE: ME EXPENSE TYPE: 15

PAID

Invoice Number:
Invoice Date:

Service From: 08/29/2011 **Service To:** 08/29/2011

Claimant First Name: Maria
Claimant Last Name: Quirino

Additional Information: 08/29/2011 08/29/2011 settlement agreement

F.F.
CA

$676.53 C&S.

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

*** INVOICE ***
Date NO#
09/26/11 29770

Claim # : 11871451
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. : 5/ /70
Terms : 45 days

BILL TO:
CANNON COCHRAN MGMT SVCS (IRV)
W.C. DEPARTMENT
ATTN: MARIA BRUZZO
18881 VON KARMAN AVE, 380
IRVINE, CA 92612

Case: vs ST JOHNS KNITS
Date Of Injury: 3/7/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/08	INITIAL EXAM	-DR DOMARACKI/DR SCHEEL*	230.00
03/31/08	PR2/REEVAL	-DR DOAMRACKI*	180.00
04/23/08	PR2/REEVAL	-DR DOMARACKI*	180.00
05/21/08	PR2/REEVAL	-DR DOMARACKI*	180.00
05/07/08	PR2/REEVAL	-DR DOMARACKI*	180.00
06/11/08	PR2/REEVAL	-DR DOMARACKI*	180.00
06/25/08	PR2/REEVAL	-DR DOMARACKI*	180.00
07/11/08	PR2/REEVAL	-DR DOMARACKI*	180.00
08/01/08	PR2/REEVAL	-DR DOMARACKI*	180.00
09/05/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
10/08/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
11/05/08	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
11/26/08	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL @ WIL	180.00
01/12/09	PR2/REEVAL	-DR DOMARACKI/DR SCHEEL @ WIL	180.00
02/09/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
03/16/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
04/17/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
05/15/09	PR2/REEVAL	-DR DOMARACKI @ WILLOW MED*	180.00
08/28/09	PENALTIES	FOR DATE OF SERVICE 3/10/08	34.50
08/23/11	INTEREST	FOR DATE OF SERVICE 3/10/08	92.83
05/03/11	PENALTIES	FOR DATE OF SERVICE 3/31/08	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 3/31/08	71.46
05/03/11	PENALTIES	FOR DATE OF SERVICE 4/23/08	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 4/23/08	70.15
05/03/11	PENALTIES	FOR DATE OF SERVICE 5/21/08	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 5/21/08	68.57
05/03/11	PENALTIES	FOR DATE OF SERVICE 5/7/08	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 5/7/08	69.36
05/03/11	PENALTIES	FOR DATE OF SERVICE 6/11/08	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 6/11/08	67.37
05/03/11	PENALTIES	FOR DATE OF SERVICE 6/25/08	27.00

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#
09/26/11	29770

Claim # : 11871451
W.C.A.B.: N/A
ADJ # : AL
S.S.N. :
D.O.B. : 5/9/70
Terms : 45 days

BILL TO:
CANNON COCHRAN MGMT SVCS (IRV)
W.C. DEPARTMENT
ATTN: MARIA BRUZZO
18881 VON KARMAN AVE, 380
IRVINE, CA 92612

Case: vs ST JOHNS KNITS
Date Of Injury: 3/7/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/23/11	INTEREST	FOR DATE OF SERVICE 6/25/08	66.58
05/03/11	PENALTIES	FOR DATE OF SERVICE 7/11/08	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 7/11/08	65.67
05/03/11	PENALTIES	FOR DATE OF SERVICE 8/1/08	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 8/1/08	64.48
05/03/11	PENALTIES	FOR DATE OF SERVICE 9/5/08	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 9/5/08	62.50
05/03/11	PENALTIES	FOR DATE OF SERVICE 10/8/08	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 10/8/08	60.63
05/03/11	PENALTIES	FOR DATE OF SERVICE 11/5/08	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 11/5/08	59.04
05/03/11	PENALTIES	FOR DATE OF SERVICE 11/26/08	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 11/26/08	57.85
05/03/11	PENALTIES	FOR DATE OF SERVICE 1/12/09	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 1/12/09	55.18
05/03/11	PENALTIES	FOR DATE OF SERVICE 2/9/09	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 2/9/09	53.59
05/03/11	PENALTIES	FOR DATE OF SERVICE 3/16/09	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 3/16/09	51.61
05/03/11	PENALTIES	FOR DATE OF SERVICE 4/17/09	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 4/17/09	49.79
05/03/11	PENALTIES	FOR DATE OF SERVICE 5/15/09	27.00
08/23/11	INTEREST	FOR DATE OF SERVICE 5/15/09	48.21
09/23/11	PMT BY CHECK	DOS 3/10/08-5/15/09 # 112406218	-3800.00
09/23/11	BLCE OFF SET	BALANCE OFF SET	-1118.37

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

*** INVOICE ***

Date	NO#
09/26/11	29770

Claim # : 11871451
W.C.A.B.: N/A
ADJ # : [illegible]
S.S.N. : [illegible]
D.O.B. : 5/9/70
Terms : 45 days

BILL TO:
CANNON COCHRAN MGMT SVCS (IRV)
W.C. DEPARTMENT
ATTN: MARIA BRUZZO
18881 VON KARMAN AVE, 380
IRVINE, CA 92612

Case: vs ST JOHNS KNITS
Date Of Injury: 3/7/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

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

Invoice #	Claimant	Claim #	Invoice Amt	Disc. Amt	Net Paid	Comment	Adjuster
03/07/2008		08C12A598131	3,800.00	0.00	3,800.00	FULL & FINAL DS 3/10/2008 - 5/ 2009	MBRUZZO

#29770

PAID
SEP 21 2011
BY:.....

F.F.
IG

Batch #: 300379282
Check Number 112406218

Check Amount $****3,800.00

Loc:01 ST. JOHNS KNITS

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

*** INVOICE ***

Date	NO#
09/08/11	40064

Claim # : 04756740
W.C.A.B.:
ADJ # :
S.S.N. : ___-__-
D.O.B. : 3/22/83
Terms : 45 days

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

Case: vs 3 STAR DONUT
Date Of Injury: 8/29/05

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
08/23/11	PENALTIES	FOR DATE OF SERVICE 10/19/10	23.48
08/23/11	INTEREST	FOR DATE OF SERVICE 10/19/10	16.17
09/06/11	PMT BY CHECK	DOS 10/19/10 # CU-836144	-196.15

BALANCE 0.00

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

Prin & PH

[redacted]

Provider Number: 330956713

Check #: **CU-836144**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 09/06/11
Doc #: 023512690

PAID

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units	Allowances
			Patient Name: C	**Claim #:** 04756740		
1	STIP&ORDER	10/19/10	10/19/10	Interpreter fees	1	196.15
			Patient Name: [redacted]	**Claim #:** 01426808		
2	47299	08/09/11	08/09/11	Interpreter fees	1	156.50
					Total Allowances:	**$352.65**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01426808	156.50	.00	156.50
04756740	196.15	.00	196.15

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

Notations:

01426808	INVOICE #47299;
04756740	PER STIP & ORDER DATED ON; 08/23/11.;

FF.
16

0127185023512690012

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

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

*** INVOICE ***
Date NO#
09/15/11 34559

Claim # : 002601-002089/2889-WC-01
W.C.A.B.:
ADJ #
S.S.N. :
D.O.B. : 9/4/75
Terms : 45 days

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

Case: [redacted] vs NATIONAL DISTRIBUTION CENTERS
Date Of Injury: 6/17/09; 8/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
07/13/09	INITIAL EXAM	DR HA @ SIDHU CHIRO*	230.00
10/14/09	PR2/REEVAL	DR HA @ SIDHU CHIRO*	180.00
11/16/09	PMT BY CHECK	DOS 7/13/09 THRU 10/14/09 # 0074883335	-410.00
11/23/09	PR2/REEVAL	DR HA @ SIDHU CHIRO*	180.00
12/28/09	PMT BY CHECK	DOS 7/13/09-11/23/09 # 0075724705	-180.00
02/03/10	P AND S	DR HA* MARIA BARBOSA # 500267	230.00
06/22/10	PENALTIES	FOR DATE OF SERVICE 02/03/10	34.50
12/28/10	INTEREST	FOR DATE OF SERVICE 02/03/10	25.22
12/28/10	PMT BY CHECK	DOS 2/3/10 # 0082943051	-230.00
01/03/11	WCAB LA	MSC - PILAR PEREZ # 44188282	156.50
02/28/11	WCAB LA	TRIAL - PILAR PEREZ #44188282	156.50
03/18/11	PENALTIES	FOR DATE OF SERVICE 1/3/11	23.48
08/24/11	INTEREST	FOR DATE OF SERVICE 1/3/11	12.47
05/09/11	PENALTIES	FOR DATE OF SERVICE 2/28/11	23.48
08/24/11	INTEREST	FOR DATE OF SERVICE 2/28/11	9.71
11/16/09	PENALTIES	FOR DATE OF SERVICE 7/13/09	34.50
11/16/09	INTEREST	FOR DATE OF SERVICE 7/13/09	10.58
09/09/11	PMT BY CHECK	DOS 8/24/11 # 0088109360	-486.94
		BALANCE	0.00

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

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

0104184 01 RE **AUTO T2 0 5921 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-800-231-3759
GALLAGHER BASSETT - PHOEN
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

NFI INDUSTRIES

CLAIM NO. 002601 002069 WC 01

CLAIMANT:

DESCRIPTION: 34559

DATE OF SERVICE: 13-Jul-2009 TO 14-Oct-2009

BRANCH NO. 007

ACC. DATE 17-Jun-2009

CHECK NO. 0074883335

VN. 0000060349

DATE: 16-Nov-2009

PAYMENT AMOUNT: $410.00

PAID

RE0104184-0001_of_0001 5921-0005321 (FL26)

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

0102849 01 RE **AUTO T8 0 5949 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-800-231-3759
GALLAGHER BASSETT - PHOEN
4110 N. SCOTTSDALE RD.,
SUITE 240
SCOTTSDALE AZ 85251

PAID

NFI INDUSTRIES

CLAIM NO. 002601 002089 WC 01

CLAIMANT:

DESCRIPTION: 34559

DATE OF SERVICE: 13-Jul-2009 TO 23-Nov-2009

BRANCH NO. 007

ACC. DATE 17-Jun-2009

PAYMENT AMOUNT: $180.00

CHECK NO. 0075724705

VN. 0000062648

DATE: 28-Dec-2009

RE0102849-0002_of_0004 5949-0002447 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0075724705 ATTACHED BELOW

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

0102207 01 RE 0.382 **AUTO T1 0 5950 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-800-297-0866
GALLAGHER BASSETT-LA/ANAH
GALLAGHER BASSETT SERVICE
P.O. BOX 14260
ORANGE CA 92863-1260

PAID

NFI INDUSTRIES

CLAIM NO. 002601 002089 WC 01

CLAIMANT:

DESCRIPTION: INV 34559 DOS 02-03-10

DATE OF SERVICE: 03-Feb-2010 TO 03-Feb-2010

BRANCH NO. 138

ACC. DATE 17-Jun-2009

CHECK NO. 0082943051

VN. 0000083240

DATE: 28-Dec-2010

PAYMENT AMOUNT: $230.00

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0082943051 ATTACHED BELOW

[redacted]

GALLAGHER BASSETT - LAS VEGAS
PO BOX 70030
LAS VEGAS NV 89170

002601 PAGE 1 OF 1 005311

Prin # 81

PAID
5 2011
BY:.....

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

345569

GALLAGHER BASSETT SERVICES INC
FOR NFI INDUSTRIES

DIRECT CHECK INQUIRIES TO:
PHONE: 866-889-4755
GALLAGHER BASSETT - LAS VEGAS
PO BOX 70030
LAS VEGAS NV 89170

CLAIM NO.: 002601 002089 WC 01 (NDW746)
CLAIMANT:
DESCRIPTION: FULL & FINAL LIEN SETTLEMENT

DATES OF SERVICE: 24Aug2011 **THRU** 24Aug2011
BENEFIT PERIOD: **THRU**

BRANCH NO.: 156
ACC DATE: 17Jun09

NO.: 0088109360
VN: 0000090160
DATE: 09Sep11
AMOUNT: 486.94

F.F. 16

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0000143 000172 002 003