Joyce Altman Interpreters, Inc.
P.O. BOX 4165 ~ Tustin, CA 92781-4165
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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, 15th of September of 2009 at Tustin, California.

Joyce C. Altman

Joyce Altman

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

June 2008 - June 2009

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
00516	9/24/2008	3/30/2009	$ 189.00	WCAB + P&I	$ 189.00	BU-430599	3/27/2009	SCIF
09105	3/7/06 - 11/6/08	2/9/2009	$ 5,600.00	F/Us,MRI,P&S	$ 5,600.00	1010599157	2/4/2009	Zurich American Insurance Co.
10827	7/7/08 - 11/18/08	12/16/2008	$ 675.00	Initial,PR2,Pre-op	$ 675.00	9768240999	12/12/2008	Safeway
12267	11/19/2008	2/25/2009	$ 156.50	WCAB	$ 156.50	77841381	2/19/2009	CIGA
12671	1/13/09 - 3/5/09	5/7/2009	$ 313.00	2 WCAB	$ 313.00	CD-430746	5/4/2009	SCIF
13207	4/26/07 - 1/9/09	3/26/2009	$ 486.59	3 WCAB + P&I	$ 486.59	7486825	3/24/2009	Argonaut
18416	12/11/08 - 1/23/09	4/14/2009	$ 313.00	2 WCAB	$ 313.00	896D74097023	4/10/2009	Travelers
20488	6/19/08 - 4/13/09	5/15/2009	$ 582.00	WCAB's + P&I	$ 582.00	CU-435321	5/12/2009	SCIF
20741	3/31/2009	4/20/2009	$ 250.00	C&R	$ 250.00	31367035	4/17/2009	American Home Assurance Co.
20969	1/20/2009	3/30/2009	$ 156.50	WCAB	$ 156.50	179014	3/23/2009	FARA Ins. Svcs.
21023	4/27/2009	5/11/2009	$ 313.00	Full day WCAB	$ 313.00	1946860	5/7/2009	Berkshire Hathaway
21587	6/4/08 - 2/9/09	3/4/2009	$ 626.00	4 WCABs	$ 626.00	69262858	2/17/2009	Gallagher Bassett
21631	2/2/2009	3/27/2009	$ 156.50	C&R	$ 156.50	00358016	3/23/2009	Employers Direct
21783	4/7/08 - 11/13/08	12/29/2008	$ 735.25	Initial, Diag Study, 2 WCABs	$ 735.25	30004089	12/25/2008	AIG Domestic Claims
23229	4/7/2009	5/11/2009	$ 296.02	C&R + P&I	$ 296.02	0407509029	5/7/2009	Crawford & Company
23791	5/16/08 - 11/11/08	1/5/2009	$ 950.50	Depo Prep, Depo Review, C&R +	$ 950.50	1912758	12/31/2008	Berkshire Hathaway
23983	7/21/2008	9/29/2008	$ 156.50	WCAB	$ 156.50	0000123070	9/24/2008	Explorer Insurance Company

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
24743	1/28/2009	3/30/2009	$ 156.50	C&R	$ 156.50	0070065010	3/26/2009	Gallagher Bassett
25536	1/12/2009	2/2/2009	$ 313.00	Full day WCAB	$ 313.00	0068858914	1/28/2009	Gallagher Bassett
26058	5/31/2007 - 12/2/08	2/17/2009	$ 674.00	AME over 2 hrs, Depo Prep	$ 674.00	0068580911	1/14/2009	Gallagher Bassett
	1/5/09 - 1/12/09		$ 406.50	Depo Review + C&R	$ 406.50	0069185316	2/12/2009	
26156	2/19/2009	3/13/2009	$ 180.00	PR2	$ 180.00	0069693083	3/9/2009	Gallagher Bassett
26562	2/18/2009	3/5/2009	$ 156.50	WCAB	$ 156.50	CP-386116	3/2/2009	SCIF
26597	4/29/2009	5/26/2009	$ 250.00	C&R	$ 250.00	0071180326	5/18/2009	Gallagher Bassett
26690	6/22/2009	7/30/2009	$ 250.00	C&R	$ 250.00	1964012	7/27/2009	Redwood Fire & Casualty
27155	8/27/2008	9/29/2008	$ 180.00	PR2	$ 180.00	28845812	9/25/2008	AIG Domestic Claims
27603	10/2/07 - 9/12/08	4/3/2009	$ 569.71	Diag Study,WCAB,	$ 569.71	31144882	3/31/2009	AIG Domestic Claims
28138	10/30/07 - 3/23/09	4/20/2009	$ 280.73	C&R + P&I	$ 280.73	891A78812134	4/15/2009	The Travelers
28488	12/11/07 - 1/29/09	5/11/2009	$ 1,437.50	Initials,NCV,PR2s	$ 1,437.50	0105710	5/5/2009	JT2
28938	1/16/09 - 4/2/09	4/21/2009	$ 184.71	C&R + P&I	$ 184.71	1940822	4/16/2009	Redwood Fire & Casualty
28790	1/12/2009	3/23/2009	$ 180.00	PR2	$ 180.00	CN-367795	3/19/2009	SCIF
28965	5/6/2009	6/15/2009	$ 250.00	C&R	$ 250.00	0054483558	2/1/2007	Cambridge
29083	9/19/08 - 10/1/08	11/26/2008	$ 410.00	PR2,P&S	$ 410.00	CU-340708	11/21/2008	SCIF
29118	1/29/08 - 4/21/09	5/4/2009	$ 282.22	Intiial,WCAB + P&I	$ 282.22	CU-428505	4/30/2009	SCIF
29188	2/17/09 - 3/2/09	4/6/2009	$ 406.50	WCAB,C&R	$ 406.50	DA60263730	4/2/2009	ESIS
29229	6/12/09 - 6/17/09	7/23/2009	$ 406.50	WCAB, C&R	$ 406.50	2830951452	7/20/2009	Broadspire
29442	6/20/2008	8/4/2008	$ 156.50	Depo Prep	$ 156.50	2304402	7/9/2008	Cambridge

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
29531	10/8/2008	11/24/2008	$ 180.00	PR2	$ 180.00	990011977	11/19/2008	Atlantic Mutual
29616	12/17/2008	2/9/2009	$ 156.50	WCAB	$ 156.50	1620297394	2/5/2009	Zurich
29680	4/21/2009	5/15/2009	$ 156.50	WCAB	$ 156.50	BS-229642	5/11/2009	SCIF
29747	4/24/2009	5/19/2009	$ 250.00	C&R	$ 250.00	DA60556338	5/14/2009	ACE USA
29848	8/25/08 - 3/3/09	4/8/2009	$ 430.00	PR2s,C&R	$ 430.00	CU-411611	4/6/2009	SCIF
29905	12/22/2008	2/2/2009	$ 156.50	WCAB	$ 156.50	0001466786	1/28/2009	Sedgwick Claims
29910	8/14/08 - 9/25/08	2/17/2009	$ 585.00	PR2s, Psych Test	$ 585.00	0076711	2/12/2009	Oak River Insurance
30004	9/4/2008	9/29/2008	$ 180.00	PR2	$ 180.00	CD-399175	9/26/2008	SCIF
30158	4/7/08 - 5/6/09	5/11/2009	$ 703.50	Depo Prep,Depo Rev,C&R + P&I	$ 703.50	91133454	5/7/2009	Liberty Mutual
30193	1/22/2009	3/17/2009	$ 230.00	P&S	$ 230.00	896D73932134	3/13/2009	The Travelers
30224	11/21/08 - 12/19/08	2/2/2009	$ 406.50	Depo Prep,Depo Rev	$ 406.50	DA59836819	1/29/2009	ACE USA
30315	4/22/08 - 1/5/09	2/9/2009	$ 1,197.65	Initial,PR2s,Depo Preps + P&I	$ 1,197.65	30501362	2/6/2009	AIG Domestic Claims
30482	6/6/2008	8/28/2008	$ 250.00	Depo Rev	$ 250.00	00002053	8/20/2008	Claim Quest
30531	9/5/2008	9/29/2008	$ 180.00	PR2	$ 180.00	2830368384	9/24/2008	Broadspire
30578	8/20/2008	9/29/2008	$ 230.00	P&S	$ 180.00	FE39704616	9/24/2008	ESIS
30618	5/22/08 - 8/28/08	12/16/2008	$ 590.00	Initial,PR2s	$ 590.00	CY-318525	10/22/2008	SCIF
	10/23/2008		$ 180.00	PR2	$ 180.00	CY-326391	12/12/2008	
30680	8/25/2008	9/29/2008	$ 180.00	PR2	$ 180.00	8810022984	9/25/2008	Farmers
30700	6/4/08 - 5/11/09	7/30/2009	$ 1,200.00	2 Initials,Diag Study, 2 PR2s,	$ 1,200.00	CP-407088	7/27/2009	SCIF
30790	8/18/2008	9/29/2008	$ 156.50	WCAB	$ 156.50	DA58995335	9/24/2008	ESIS

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
30810	6/13/2008	3/17/2009	$ 150.00	Shock Wave	$ 150.00	0069793345	3/13/2009	Gallagher Bassett
30814	9/17/08 - 11/4/08	12/29/2008	$ 406.50	Depo Prep,Depo Rev	$ 406.50	1080896590	12/23/2008	Zurich
30827	6/16/2008	9/29/2008	$ 156.50	Job Desc	$ 156.50	8070223147	8/1/2008	Employers
	8/26/2008		$ 156.50	C&R	$ 156.50	8070236309	9/24/2008	
30829	7/15/2008	8/18/2008	$ 250.00	Depo Rev	$ 250.00	0000963260	8/15/2008	Crum & Forster
30871	7/23/2008	8/4/2008	$ 180.00	PR2	$ 180.00	105701	7/31/2008	McKesson Corp.
30880	6/9/2008	7/25/2008	$ 250.00	Depo Review	$ 250.00	523017	7/21/2008	Safeco
30892	6/18/2008	3/2/2009	$ 287.50	Initial over 2 hrs	$ 287.50	0069408839	2/24/2009	Gallagher Bassett
30896	6/27/2008	8/4/2008	$ 230.00	Initial	$ 230.00	CU-272592	7/31/2008	SCIF
30898	6/23/08 - 2/13/09	3/23/2009	$ 1,870.00	Initials,NCV,PR2s	$ 1,870.00	0069949195	3/19/2009	Gallagher Bassett
30968	7/22/2008	8/22/2008	$ 250.00	Depo Review	$ 250.00	86298053	8/15/2008	Marriott
30969	6/25/2008	4/10/2009	$ 309.54	AME over 2 hrs	$ 309.54	I4439624	4/7/2009	City of LA
30984	6/30/08 - 9/26/08	4/13/2009	$ 2,000.00	Initials,PR2s,P&S	$ 2,000.00	0070311405	4/7/2009	Gallagher Bassett
30999	7/14/2008	8/7/2008	$ 250.00	Depo Reviews	$ 250.00	8810001990	8/5/2008	Farmers
31035	7/8/08 - 10/22/08	11/24/2008	$ 1,076.50	Initial,PR2s,Depo Prep	$ 1,076.50	891A76195584	11/19/2008	The Travelers
31077	7/3/2008	12/16/2008	$ 156.50	WCAB	$ 156.50	CY-410161	12/12/2008	SCIF
31127	7/11/08 - 8/5/08	4/10/2009	$ 710.00	Initials,NCV,EMG	$ 710.00	1010694707	4/6/2009	Specialty Risk Svcs.
31129	8/15/2008	9/15/2008	$ 250.00	Depo Review	$ 250.00	28626179	9/9/2008	AIG Domestic Claims
31130	7/8/08 - 12/4/08	2/2/2009	$ 876.00	Depo Prep,Depo Rev,3 WCABs	$ 876.00	304892	1/23/2009	First Comp
31152	3/30/2009	6/4/2009	$ 150.00	Diag Study	$ 150.00	CU-444865	6/2/2009	SCIF

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31162	7/18/2008	11/24/2008	$ 297.26	NCV,EMG + P&I	$ 297.26	29560698	11/20/2008	AIG Domestic Claims
31169	7/17/08 - 3/16/09	4/28/2009	$ 1,135.00	Initials over 2 hrs	$ 1,135.00	32841	4/14/2009	LWP Claims
31172	8/8/2008	9/9/2008	$ 250.00	Depo Review	$ 250.00	FE39644235	9/5/2008	ESIS
31177	9/10/2008	9/19/2008	$ 156.50	WCAB	$ 156.50	61084	9/24/2008	Intercare
31180	7/21/08 - 10/29/08	12/16/2008	$ 926.50	PR2s,P&S, Depo Prep	$ 926.50	0067956488	12/11/2008	Gallagher Bassett
31185	7/23/08 & 6/15/09	7/21/2009	$ 460.00	Initial, P&S	$ 460.00	390208	7/15/2009	Care West Ins. Co.
31220	9/23/2008	11/24/2008	$ 180.00	PR2	$ 180.00	C7-420066	11/21/2008	SCIF
	12/12/08 - 1/27/09	3/23/2009	$ 740.00	Initials,NCV,PR2s	$ 740.00	C7-450541	3/19/2009	
31292	7/25/2008	8/25/2008	$ 250.00	Depo Review	$ 250.00	1989708	8/19/2008	Church Mutual
31303	12/1/2008	5/6/2009	$ 297.90	Depo Review + P&I	$ 297.90	0070844913	4/30/2009	Gallagher Bassett
31317	11/20/08 - 2/26/09	3/30/2009	$ 503.00	WCABs,C&Rs	$ 503.00	90886941	3/25/2009	Liberty Mutual
31349	9/8/2008	9/29/2008	$ 247.50	PR2	$ 247.50	896D65386206	9/24/2008	The Travelers
31379	8/5/08 - 4/9/09	6/18/2009	$ 1,840.00	Initials,PR2s, Shock Wave	$ 1,840.00	0020125482	6/15/2009	SUA Insurance Co.
31390	8/8/08 - 3/11/09	4/6/2009	$ 1,002.18	Initial,PR2s + P&I	$ 1,002.18	896D74034934	3/31/2009	The Travelers
31399	12/3/2008	1/5/2009	$ 156.50	WCAB	$ 156.50	BS-220248	12/31/2008	SCIF
31401	7/31/08 - 10/6/08	2/17/2009	$ 375.79	2 Depo Preps + P&I	$ 375.79	0076711	2/12/2009	Oak River Insurance
31417	1/26/2009	3/23/2009	$ 230.00	Intiial	$ 230.00	896D73951134	3/17/2009	The Travelers
31438	10/10/08 - 12/11/08	1/9/2009	$ 556.50	Shock Wave,Depo	$ 556.50	9065	1/5/2009	American Claims
31439	8/8/08 - 9/9/08	9/29/2008	$ 560.00	Initial,EMG,PR2	$ 560.00	DA590004285	9/25/2008	ACE USA
31441	11/14/2008	12/11/2008	$ 156.50	Depo Prep	$ 156.50	24363	12/8/2008	Hazelrigg

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31445	8/19/2008	4/13/2009	$ 191.62	WCAB + P&I	$ 191.62	1620014109	4/9/2009	Zurich
31453	8/19/2008	9/29/2008	$ 150.00	MRI	$ 150.00	CY-314711	9/25/2008	SCIF
31486	10/14/2008	12/16/2008	$ 250.00	Depo Review	$ 250.00	2353221	12/11/2008	Lumbermen's Underwriting
31546	12/18/2008	2/2/2009	$ 250.00	Depo Review	$ 250.00	1010598399	1/30/2009	Zurich
31621	9/4/08 - 11/17/08	1/22/2009	$ 386.50	Initial,Depo Prep	$ 386.50	57582	12/15/2008	Matrix Ins
	12/10/2008		$ 250.00	Depo Review	$ 250.00	59935	1/20/2009	
	1/15/09 - 4/3/09		$ 993.00	PR2,Depo Preps,Depo	$ 993.00	71584	7/14/2009	
31678	9/16/08 - 10/13/08	12/1/2008	$ 406.50	Depo Prep, Depo Review	$ 406.50	90226503	11/26/2008	Liberty Mutual
31714	9/9/08 - 10/9/08	12/1/2008	$ 406.50	Depo Prep, Depo Review	$ 406.50	0001016875	11/20/2008	MatrixAbsence
31776	9/24/08 - 1/28/09	3/16/2009	$ 590.00	Intiial, 2 PR2s	$ 590.00	0069733068	3/10/2009	Gallagher Bassett
31790	10/20/2008	12/1/2008	$ 250.00	Depo Review	$ 250.00	1080891094	11/24/2008	Zurich
	9/25/2008		$ 156.50	Depo Prpe	$ 156.50	1080891076	11/24/2008	
31796	1/13/09 - 2/2/09	3/27/2009	$ 313.00	WCAB, C&R	$ 313.00	896D73985231	3/23/2009	The Travelers
31862	10/9/2008	12/1/2008	$ 156.50	WCAB	$ 156.50	0066682	11/26/2008	Cypress Ins
	3/6/2009	6/15/2009	$ 295.93	C&R + P&I	$ 295.93	0097596	6/12/2009	
31869	10/10/2008	11/24/2008	$ 156.50	C&R	$ 156.50	896D68814027	11/19/2008	The Travelers
31874	10/13/2008	1/19/2009	$ 488.75	Initial over 2 hrs	$ 488.75	0019621684	12/18/2008	Sedgwick Claims
	11/17/08 - 12/18/08		$ 360.00	2 PR2s	$ 360.00	0019801165	1/13/2009	
31882	5/21/2009	6/18/2009	$ 250.00	C&R	$ 250.00	0020125481	6/15/2009	Intercare
31884	10/7/2008	11/24/2008	$ 156.50	Stipulation	$ 156.50	0067519604	11/19/2008	Gallagher Bassett

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31937	10/3/08 - 10/29/08	12/1/2008	$ 406.50	Depo Prep,Depo Review	$ 406.50	CD-408090	11/24/2008	SCIF
31950	10/1/2008	12/15/2008	$ 156.50	WCAB	$ 156.50	12464	12/11/2008	LWP Claims
31951	10/9/2008	11/24/2008	$ 156.50	WCAB	$ 156.50	0067516967	11/19/2008	Gallagher Bassett
32025	10/20/2008	4/10/2009	$ 180.49	MRI + P&I	$ 180.49	0020748957	4/7/2009	Sedgwick Claims
32052	12/16/2008	1/23/2009	$ 250.00	Depo Review	$ 250.00	000001250	1/22/2009	Novapro Risk
32101	10/6/2008	12/29/2008	$ 345.00	Initial over 2 hrs	$ 345.00	284712	12/19/2008	First Comp
32106	10/28/08 - 3/4/09	4/1/2009	$ 1,130.00	Initial + 5 PR2s	$ 1,130.00	0070065465	3/26/2009	Gallagher Bassett
32134	12/16/08 - 1/20/09	3/13/2009	$ 360.00	2 PR2s	$ 360.00	CY-338406	3/11/2009	SCIF
32215	11/3/08 - 3/25/09	5/8/2009	$ 636.17	Initial, 2 PR2s + P&I	$ 636.17	31579622	5/5/2009	AIG Domestic Claims
32261	12/16/2008	2/9/2009	$ 250.00	Depo Review	$ 250.00	104155507	2/5/2009	CNA Claims
32276	7/23/08 - 10/2/08	12/11/2008	$ 1,180.00	2 Initials, 4 PR2s	$ 1,180.00	C7-424300	12/8/2008	SCIF
32282	11/27/07 - 11/11/08	12/30/2008	$ 1,824.50	Initials,Diag Stud,WCAB,C&R	$ 1,824.50	0069292	12/24/2008	Oak River Insurance
32309	11/4/2008	12/29/2008	$ 156.50	Depo Prep	$ 156.50	0068188556	12/23/2008	Gallagher Bassett
32321	2/20/2009	3/16/2009	$ 180.00	PR2	$ 180.00	0082527	3/12/2009	Cypress Ins
32355	4/17/09 - 4/21/09	6/18/2009	$ 410.00	PR2,P&S	$ 410.00	CN-380200	6/16/2009	SCIF
32364	11/10/2008	12/29/2008	$ 156.50	WCAB	$ 156.50	8070259370	12/22/2008	Employers
32372	11/19/2008	12/29/2005	$ 313.00	Full Day WCAB	$ 313.00	FE39998776	12/23/2008	ESIS
32387	11/29/08 - 2/4/09	2/26/2009	$ 566.50	Initial,PR2,Depo Prep	$ 566.50	1407	2/24/2009	American Claims
32491	1/19/2009	4/6/2009	$ 180.00	PR2	$ 180.00	CK-378397	4/3/2009	SCIF
32493	12/3/08 & 7/16/09	8/24/2009	$ 480.00	Initial, C&R	$ 480.00	482406	8/18/2009	Seabright Ins

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32517	12/18/08 - 1/22/09	2/17/2009	$ 517.50	Initial,Initial over 2 hrs	$ 517.50	1925702	2/13/2009	Cypress Ins
32527	12/12/08 - 2/5/09	3/2/2009	$ 325.00	C&R not signed,Initial	$ 325.00	79825	2/26/2009	Cypress Ins
32598	12/4/08 - 2/9/09	4/20/2009	$ 820.00	Initial, 2 PR2s,P&S	$ 820.00	896D74115468	4/14/2009	The Travelers
32655	12/30/08 - 1/9/09	3/3/2009	$ 910.00	Intiials,EMG, Psych Test	$ 910.00	896D73850022	2/27/2009	The Travelers
32679	2/20/2009	3/17/2009	$ 180.00	PR2	$ 180.00	1010605417	3/13/2009	Zurich
32680	1/6/09 - 4/24/09	5/18/2009	$ 1,000.00	2 Initials, 3 PR2s	$ 1,000.00	0071042833	5/11/2009	Gallagher Bassett
32687	2/17/2009	3/13/2009	$ 180.00	PR2	$ 180.00	0028065611	3/11/2009	Republic Indemnity
32699	1/7/2009	2/13/2009	$ 230.00	Initial	$ 230.00	CN-362642	2/11/2009	SCIF
32748	12/10/08 - 3/6/09	4/13/2009	$ 586.50	PR2,Depo Prep,Depo	$ 586.50	9889907	4/13/2009	Frank Gates
32753	12/17/08 - 1/30/09	3/20/2009	$ 985.00	3 Initials,PR2	$ 985.00	2394118	3/17/2009	Lumbermen's Underwriting
32776	1/8/2009	2/27/2009	$ 156.50	WCAB	$ 156.50	CT-173203	2/25/2009	SCIF
32825	1/14/2009	2/27/2009	$ 156.50	WCAB	$ 156.50	1421752	2/25/2009	Everest National
32859	3/5/2009	4/3/2009	$ 187.50	Epidural	$ 187.50	0070158774	3/30/2009	Gallagher Bassett
32876	1/15/09 - 3/24/09	4/23/2009	$ 719.50	2 Depo preps,WCAB,	$ 719.50	433584	4/20/2009	York Claims Service
32891	1/6/09 - 4/13/09	6/10/2009	$ 770.00	Initial, 3 PR2s	$ 770.00	8810113963	6/4/2009	Farmers
32951	1/21/09 - 3/27/09	4/13/2009	$ 406.50	WCAB,C&R	$ 406.50	31281059	4/10/2009	AIU Holdings
33036	2/5/09 - 2/9/09	7/17/2009	$ 1,050.00	3 Initials, 2 PR2s	$ 1,050.00	896D74619839	7/13/2009	The Travelers
33038	1/20/2009	6/25/2009	$ 600.00	Injection over 2 hrs	$ 600.00	153361	6/23/2009	LWP Claims
33046	5/19/09 & 6/25/09	7/21/2009	$ 410.00	PR2, Initial	$ 410.00	0072302881	7/13/2009	Gallagher Bassett
33133	3/16/09 - 5/15/09	6/8/2009	$ 566.50	PR2,P&S,Depo Prep	$ 566.50	0071514516	6/3/2009	Gallagher Bassett

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
33158	4/1/09 - 5/1/09	6/26/2009	$ 460.00	2 Initials	$ 460.00	0408801528	6/23/2009	Crawford & Co.
33174	1/19/2009	4/3/2009	$ 156.50	C&R	$ 156.50	0083197	4/1/2009	Oak River Insurance
33200	2/6/09 - 3/30/09	5/15/2009	$ 406.50	Depo Prep,C&R	$ 406.50	DA60524717	5/11/2009	ACE USA
33215	2/10/2009	6/15/2009	$ 185.80	Depo Prep + P&I	$ 185.80	451535	6/12/2009	Seabright Ins
33219	2/18/09 - 7/29/09	9/2/2009	$ 1,230.00	3 Initials, 3 PR2s	$ 1,230.00	3000009203	8/31/2009	Republic Indemnity
33223	1/26/2009	4/3/2009	$ 156.50	C&R	$ 156.50	0070131921	3/29/2009	Gallagher Bassett
33309	3/4/2009	5/15/2009	$ 230.00	Initial	$ 230.00	CY-348536	5/12/2009	SCIF
33316	3/2/09 - 3/31/09	5/7/2009	$ 406.50	Depo Prep,Depo Review	$ 406.50	8810103067	5/4/2009	Farmers
33371	3/16/2009	4/15/2009	$ 250.00	C&R	$ 250.00	DA60330881	4/13/2009	ESIS
33372	3/5/2009	6/8/2009	$ 187.50	Injection	$ 187.50	0070470460	4/14/2009	Gallagher Bassett
	5/6/2009		$ 156.50	WCAB	$ 156.50	0071514111	6/3/2009	
33374	5/20/2009	5/26/2009	$ 406.50	Depo Prep,Depo Review	$ 406.50	1021119	5/20/2009	Clougherty Packing
33388	4/29/09 - 6/4/09	7/15/2009	$ 406.50	Depo Prep,Depo Review	$ 406.50	CD-442047	7/13/2009	SCIF
33389	3/3/2009	4/13/2009	$ 156.50	WCAB	$ 156.50	0255927	4/9/2009	National Liability & Fire Ins.
33408	3/4/09 - 5/11/09	6/23/2009	$ 410.00	Initial,PR2	$ 410.00	31960785	6/18/2009	AIU Holdings
33414	5/22/2009	6/15/2009	$ 230.00	Initial	$ 230.00	0097321	6/12/2009	Cypress Ins
33438	3/12/09 - 4/27/09	8/10/2009	$ 530.00	Initial, 2 Diag Studies	$ 530.00	0072755043	8/4/2009	Gallagher Bassett
33439	3/10/2009	5/18/2009	$ 230.00	Initial	$ 230.00	CE-421893	5/14/2009	SCIF
33446	6/11/09 & 6/24/09	7/21/2009	$ 460.00	Initial, P&S	$ 460.00	891A79077427	7/15/2009	Travelers
33465	3/17/2009	5/26/2009	$ 313.00	Full Day WCAB	$ 313.00	CU-440816	5/21/2009	SCIF

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
33485	3/18/2009	5/4/2009	$ 313.00	Full Day WCAB	$ 313.00	0070846300	4/30/2009	Gallagher Bassett
33493	3/19/2009	5/7/2009	$ 156.50	WCAB	$ 156.50	CU-430316	5/4/2009	SCIF
33494	3/19/2009	6/1/2009	$ 250.00	C&R	$ 250.00	0001766336	5/28/2009	Cambridge
33504	3/24/09 - 4/22/09	7/17/2009	$ 406.50	Depo Prep,Depo Review	$ 406.50	1012213056	7/10/2009	Specialty Risk Svcs.
33505	4/29/2009	6/26/2009	$ 250.00	Depo Review	$ 250.00	2420111	6/23/2009	Lumbermen's Underwriting
33524	3/16/09 & 8/10/09	8/24/2009	$ 343.19	2 Depo Preps + P&I	$ 343.19	00827826	8/22/2009	AIU Holdings
33540	3/13/2009	4/28/2009	$ 250.00	C&R	$ 250.00	8810100143	4/23/2009	Farmers
33562	3/30/09 - 5/20/09	7/13/2009	$ 386.50	Initial, Depo Prep	$ 386.50	77865	7/9/2009	Blue Lake Insurance
33575	5/19/2009	6/8/2009	$ 156.50	WCAB	$ 156.50	CP-398684	6/3/2009	SCIF
33589	3/4/2009	6/1/2009	$ 313.00	Full Day WCAB	$ 313.00	31868550	5/29/2009	AIU Holdings
33609	3/31/09 - 5/22/09	7/13/2009	$ 640.00	2 Initial, PR-2	$ 640.00	891A 79053560	7/7/2009	The Travelers
33622	3/24/09 - 6/18/09	7/23/2009	$ 816.50	Initial, PR2, Depo Prep, Depo Rev	$ 816.50	0020134133	7/20/2009	SUA Insurance Co.
33664	3/16/2009	6/23/2009	$ 230.00	Initial	$ 230.00	CU-455318	6/19/2009	SCIF
33671	4/3/09 - 4/13/09	6/8/2009	$ 410.00	Initial, PR-2	$ 410.00	CU-447475	6/5/2009	SCIF
33675	1/20/2009	7/28/2009	$ 412.50	Injection (5.5 hrs)	$ 412.50	381530	7/22/2009	Alaska National
33710	4/10/2009	6/17/2009	$ 250.00	C&R	$ 250.00	385938	6/14/2009	Care West Ins. Co.
33781	4/22/09 - 5/4/09	6/18/2009	$ 406.50	Depo Prep,Depo Review	$ 406.50	31956240	5/16/2009	AIU Holdings
33805	5/15/2009	6/26/2009	$ 250.00	Depo Review	$ 250.00	31971708	6/23/2009	AIU Holdings
33882	4/27/2009	7/15/2009	$ 230.00	Initial	$ 230.00	CU-467281	7/13/2009	SCIF
33957	3/31/2009	6/23/2009	$ 250.00	C&R	$ 250.00	200072556	6/18/2009	Employers

Invoice	Service Date(s)	Invoice Date	Billed Amt	Type of Svc(s)	Paid Amt	Check No.	Check Date	Payment Authority
33965	6/3/2009	7/13/2009	$ 250.00	Depo Review	$ 250.00	25058507	7/10/2009	American Claims
33984	5/11/2009	7/28/2009	$ 230.00	Initial	$ 230.00	CP-406568	7/23/2009	SCIF
34008	5/4/2009	6/23/2009	$ 250.00	C&R	$ 250.00	377050	6/19/2009	Employers Direct Ins.
34033	5/14/09 - 5/19/09	6/23/2009	$ 313.00	WCAB,Depo Prep	$ 313.00	52558	6/23/2009	Frank Gates/Avizent
34073	5/13/09 - 7/20/09	8/20/2009	$ 790.00	2 Initials, PR2, NCV	$ 790.00	386350	8/14/2009	Alaska National
34103	5/20/2009	6/23/2009	$ 156.50	WCAB	$ 156.50	74473362	6/16/2009	The Travelers
34111	5/26/2009	6/26/2009	$ 156.50	WCAB	$ 156.50	BT-168505	6/23/2009	SCIF
34113	5/20/2009	7/24/2009	$ 230.00	Initial	$ 230.00	896D74659502	7/20/2009	Travelers
34174	5/28/09 - 6/17/09	7/13/2009	$ 410.00	Initial, PR-2	$ 410.00	0072211148	7/7/2009	Gallagher Bassett
34183	5/22/09 - 6/12/09	7/17/2009	$ 406.50	Depo Prep, Depo Review	$ 406.50	1010626251	7/13/2009	Northern Insurance
34189	5/27/09 - 7/13/09	7/28/2009	$ 770.00	Initial, 3 PR2s	$ 770.00	896D74684624	7/24/2009	Travelers
34213	5/28/2009	7/13/2009	$ 150.00	MRI	$ 150.00	DA60923156	7/10/2009	ACE USA
34229	6/5/2009	7/17/2009	$ 156.50	Depo Prep	$ 156.50	0001243256	7/10/2009	Crum & Forster
34260	6/5/2009	7/13/2009	$ 156.50	Depo Prep	$ 156.50	32008362	7/10/2009	AIU Holdings
34300	6/4/2009	8/10/2009	$ 250.00	C&R Reading	$ 250.00	0072789442	8/5/2009	Gallagher Bassett
34345	6/12/2009	7/31/2009	$ 250.00	C&R Reading	$ 250.00	1010629501	7/29/2009	Zurich
34370	6/18/2009	8/27/2009	$ 225.00	Epidural (3.5 hrs)	$ 225.00	CP-412292	8/25/2009	SCIF
34376	6/18/2009	7/24/2009	$ 156.50	WCAB	$ 156.50	FE40669046	7/22/2009	ESIS
34378	6/18/2009	7/23/2009	$ 156.50	Depo Prep	$ 156.50	0020134132	7/20/2009	Intercare
34477	6/25/2009	7/31/2009	$ 225.00	Epidural (3 hrs)	$ 225.00	200097667	7/29/2009	Employers
34490	6/8/09 - 7/21/09	8/18/2009	$ 813.00	2 Depo Preps, 2 Depo Reviews	$ 813.00	480764	8/13/2009	Seabright Ins

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

*** INVOICE ***

Date	NO#
03/30/09	00516

Claim # : SA629565, SA630504
W.C.A.B.: LBO 0347983
ADJ # : ADJ1586115, 2016334
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PASADENA INN
Date Of Injury: 10/14/02

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/03	INITIAL EXAM	DR DOMARACKI	90.00
04/25/03	INITIAL EXAM	@ BEACH PHYSICAL THERAPY w/ R.P.T.	90.00
05/29/03	RE-EVAL	DR DOMARACKI	90.00
07/03/03	RE-EVAL	DR DOMARACKI	90.00
07/14/03	PMT BY CHECK	DOS 04/25/03 # CU-575602	-90.00
07/14/03	PMT BY CHECK	DOS 04/25/03 # CU-575602	-90.00
07/31/03	PMT BY CHECK	DOS 05/29/03 # CU-625414	-45.00
08/07/03	RE-EVAL	DR DOMARACKI	90.00
09/05/03	PMT BY CHECK	DOS 7-3-2003 # CU718382	-90.00
09/25/03	RE-EVAL	DR DOMARACKI	90.00
09/18/03	INITIAL EXAM	DR GALLONI	90.00
10/14/03	PMT BY CHECK	DOS 8/7/03 # CU-814278	-90.00
12/02/03	RE-EVAL	DR DOMARACKI	90.00
12/09/03	PMT BY CHECK	DOS 8/7/03 THRU 9/25/03 # CU-935148	-270.00
12/08/03	INITIAL EXAM	DR MILLER	90.00
01/06/04	RE-EVAL	DR DOMARACKI	90.00
02/06/04	PMT BY CHECK	DOS 12/2/03 # CU-090688	-90.00
02/17/04	PMT BY CHECK	DOS 12/8/03 # CU-115405	-90.00
02/17/04	RE-EVAL	DR DOMARACKI	90.00
03/11/04	PMT BY CHECK	DOS 1/6/04 # CU-186537	-90.00
03/16/04	RE-EVAL	DR DOMARACKI	90.00
03/24/04	PMT BY CHECK	DOS 4/25/03 THRU 2/17/04 # CU-229679	-135.00
04/20/04	RE-EVAL	DR DOMARACKI	90.00
04/29/04	PMT BY CHECK	DOS 3/16/04 # CU-344419	-90.00
05/27/04	RE-EVAL	DR DOMARACKI	90.00
07/15/04	RE-EVAL	DR GALLONI	90.00
07/27/04	P AND S	DR DOMARACKI	90.00
11/16/04	PMT BY CHECK	DOS 05/27/04 THRU 07/27/04	-270.00

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

*** INVOICE ***

Date	NO#
03/30/09	00516

Claim # : SA629565, SA630504
W.C.A.B.: LBO 0347983
ADJ # : ADJ1586115, 2016334
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case vs PASADENA INN
Date Of Injury: 10/14/02

DOS	SERVICE	DESCRIPTION	AMOUNT
		# CU-216028	
09/24/08	WCAB LB	MSC	156.50
03/06/09	PENALTIES	FOR DATE OF SERVICE 09/24/08	23.48
03/06/09	INTEREST	FOR DATE OF SERVICE 09/24/08	9.02
03/27/09	PMT BY CHECK	DOS 9/24/08 THRU 3/6/09	-189.00
		# BU-430599	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **BU-430599**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/27/09
Doc #: 017756358

Compensation

20516

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Na	**Claim #:** SA630504			
1	YNIELS	09/24/08	09/24/08	Claimant Incurred Legal Expense	1		189.00
						Total Allowances:	**$189.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SA630504	189.00	.00	189.00

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:

SA630504 WCAB INTERPRETER FULL &; FINAL; CL $189.00; ALICIA CASTRO;

F F
LP
OK

PAID

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.

01114719017756358012

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

*** INVOICE ***

Date	NO#
02/09/09	09105

Claim # : 2620198071; 2620198074
W.C.A.B.: LBO 0359781
ADJ # : ADJ2141599
S.S.N. : [redacted]
D.O.B. :
Terms : 45 days

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

Case: vs L.B. RENAISSANCE HOTEL
Date Of Injury: 3/28/04; 4/7/04

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/04	INITIAL EXAM	DR CHAN*	150.00
06/25/04	RE-EVAL	DR CHAN*	120.00
08/09/04	RE-EVAL	DR CHAN*	120.00
08/25/04	INITIAL EXAM	DR HAMADA*	150.00
09/27/04	RE-EVAL	DR CHAN*	120.00
10/11/04	RE-EVAL	DR HAMADA*	120.00
11/08/04	RE-EVAL	DR CHAN*	120.00
12/01/04	RE-EVAL	DR CHAN*	120.00
12/20/04	RE-EVAL	DR HAMADA*	120.00
12/28/04	RE-EVAL	DR CHAN*	120.00
01/28/05	RE-EVAL	DR CHAN*	120.00
01/31/05	RE-EVAL	DR HAMADA*	120.00
03/18/05	RE-EVAL	DR CHAN*	120.00
04/04/05	RE-EVAL	DR HAMADA*	120.00
07/09/04	RE-EVAL	DR CHAN*	120.00
05/09/05	RE-EVAL	DR CHAN*	120.00
06/06/05	RE-EVAL	DR HAMADA*	120.00
06/15/05	PMT BY CHECK	DOS 5/20/04 THRU 7/9/04 # 1080602797	-1860.00
06/20/05	RE-EVAL	DR CHAN*	120.00
07/11/05	RE-EVAL	DR HAMADA*	120.00
08/08/05	RE-EVAL	DR HAMADA*	120.00
08/16/05	PMT BY CHECK	DOS 6/6/05 # 1080621366	-120.00
08/25/05	PMT BY CHECK	DOS 05/09/05 THRU 08/08/05 # 1080624104	-480.00
09/09/05	FOLLOW-UP	DR CHAN*	120.00
10/18/05	PMT BY CHECK	DOS 9/9/05 # 1080638071	-120.00
10/21/05	FOLLOW-UP	DR CHAN*	180.00
11/14/05	FOLLOW-UP	DR HAMADA*	180.00
11/30/05	FOLLOW-UP	DR CHAN*	180.00
12/29/05	PMT BY CHECK	DOS 10/210/05 # 1080656233	-180.00

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

*** INVOICE ***

Date	NO#
02/09/09	09105

Claim # : 2620198071; 2620198074
W.C.A.B.: LBO 0359781
ADJ # : ADJ2141599
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs L.B. RENAISSANCE HOTEL
Date Of Injury: 3/28/04; 4/7/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/04/06	FOLLOW-UP	DR CHAN*	180.00
01/16/06	FOLLOW-UP	DR HAMADA*	180.00
02/01/06	FOLLOW-UP	DR CHAN*	180.00
02/27/06	PMT BY CHECK	DOS 11/14/05 THRU 1/16/06 # 1080670695	-720.00
03/07/06	RE-EVAL	DR CHAN*	180.00
03/09/06	MRI	REF BY DR CHAN: L/S*	150.00
04/21/06	RE-EVAL	DR CHAN*	180.00
05/01/06	FOLLOW-UP	DR HAMADA*	180.00
05/26/06	RE-EVAL	DR CHAN*	180.00
06/07/06	PMT BY CHECK	DOS 2/1/06 # 1080695197	-180.00
06/30/06	FOLLOW-UP	DR CHAN*	180.00
06/12/06	FOLLOW-UP	DR HAMADA*	180.00
08/08/06	FOLLOW-UP	DR CHAN*	180.00
09/12/06	FOLLOW-UP	DR CHAN*	180.00
10/13/06	FOLLOW-UP	DR CHAN*	180.00
11/17/06	FOLLOW-UP	DR CHAN*	180.00
01/12/07	FOLLOW-UP	DR CHAN*	180.00
02/02/07	FOLLOW-UP	DR CHAN*	180.00
03/02/07	FOLLOW-UP	DR CHAN*	180.00
05/11/07	FOLLOW-UP	DR CHAN*	180.00
06/15/07	FOLLOW-UP	DR CHAN*	180.00
07/20/07	FOLLOW-UP	DR CHAN*	180.00
08/17/07	PR2/REEVAL	DR CHAN*	180.00
09/14/07	PR2/REEVAL	DR CHAN*	180.00
10/12/07	PR2/REEVAL	DR CHAN*	180.00
11/16/07	PR2/REEVAL	DR CHAN*	180.00
12/14/07	PR2/REEVAL	DR CHAN*	180.00
01/11/08	PR2/REEVAL	DR CHAN*	180.00
03/07/08	PR2/REEVAL	DR CHAN*	180.00
04/11/08	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#
02/09/09	09105

Claim # : 2620198071; 2620198074
W.C.A.B.: LBO 0359781
ADJ # : ADJ2141599
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs L.B. RENAISSANCE HOTEL
Date Of Injury: 3/28/04; 4/7/04

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/08	P AND S	DR CHAN*	230.00
06/20/08	PR2/REEVAL	DR CHAN*	180.00
07/02/08	PR2/REEVAL	DR CHAN*	180.00
07/30/08	PR2/REEVAL	DR CHAN*	180.00
09/04/08	PR2/REEVAL	@ COAST CITY MEDICAL*	180.00
11/06/08	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
02/04/09	PMT BY CHECK	DOS 5/20/04 THRU 11/6/08 # 1010599157	-5600.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

00125

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
262-0198074 001 BX	WC 2029030	09105		04/07/04	12/17/08-12/17/08

Check Number	1010599157	Date Issued	02/04/09	Amount	$**5,600.00
Insured	Renaissance Long Beach				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Kesha Roy				
File Supervisor	Debbie Bandoii	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	5,600.00		

PAID

TOTAL	$5,600.00

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#
12/16/08	10827

Claim # : 99100700
W.C.A.B.: LBO 0361520
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
VONS RISK MGMT (ARCADIA)
W.C. DEPARTMENT
ATTN: MARCHAL CHAN
P.O. BOX # 60008
ARCADIA, CA 91066

Case: vs THE VONS COMPANIES INC.
Date Of Injury: 7/10/99

DOS	SERVICE	DESCRIPTION	AMOUNT
08/18/04	DEPO PREP	@ THE OFFICES OF CALIFORNIA DEPOSITION SERVICES	147.00
09/15/04	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O of DENNIS FUSI	147.00
11/16/04	PMT BY CHECK	DOS 08/18/04 THRU 09/15/04 # 9764639773	-294.00
08/02/05	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
09/08/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
09/30/05	PMT BY CHECK	DOS 8/22/05 THRU 9/8/05 # 9765789992	-294.00
03/15/06	QME EVAL	DR GROMIS*	230.00
04/04/06	PMT BY CHECK	DOS 3/15/06 # 9766868468	-230.00
03/30/06	MRI	REF BY DR GROMIS:L/S*	150.00
04/26/06	P AND S	DR GROMIS*	230.00
07/07/06	PENALTIES	FOR DATE OF SERVICE 3/30/06	22.50
03/13/07	INTEREST	FOR DATE OF SERVICE 3/30/06	17.39
07/07/06	PENALTIES	FOR DATE OF SERVICE 4/26/06	34.50
03/13/07	INTEREST	FOR DATE OF SERVICE 4/26/06	24.71
02/07/07	WCAB LB	MSC	147.00
03/27/07	PMT BY CHECK	DOS 8/18/04 THRU 2/7/07 # 9768010504	-626.10
07/07/08	INITIAL EXAM	DR FONSECA (3 HRS)	345.00
08/25/08	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
11/18/08	PRE-OP	DR AAZAMI @ NOBLE COMMUNITY*	150.00
12/12/08	PMT BY CHECK	DOS 7/7/08 THRU 11/18/08 # 9768240999	-675.00

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#
12/16/08	10827

Claim # : 99100700
W.C.A.B.: LBO 0361520
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
VONS RISK MGMT (ARCADIA)
W.C. DEPARTMENT
ATTN: MARCHAL CHAN
P.O. BOX # 60008
ARCADIA, CA 91066

Case: [redacted] vs THE VONS COMPANIES INC.
Date Of Injury: 7/10/99

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

Safeway

PAYEE NAME Joyce Altman Interpreters, Inc.

ADDRESS 1 Po Box 4165
ADDRESS 2
CITY, STATE ZIP Tustin CA 92781

Draft Number: 9768240999
Draft Issue Date: 12/12/2008
Draft Amount: $*********675.00

OFFICE NO. 2901
P.O. BOX 9032
PLEASANTON, CA 94588

10827

CLAIMANT NAME	CLAIM NUMBER / PRO CODE	INVOICE NUMBER / SVC DATE	INVOICE DATE	INVOICE AMOUNT / SVC DESCRIPTION	PAY AMOUNT	FROM/THRU DATE / BILLED AMOUNT	PAY CAT / FEE SCHED REF	PAYMENT DESCRIPTION / PPO SCHED REF	ALLOWED	DATE OF LOSS/INJURY
	2900802965 10827	12/05/2008		675.00	675.00	07/07/2008 11/18/2008 0.00	018 0.00	Other Misc 0.00	0.00	12/19/2007

This bill has been reviewed pursuant to the rules and regulations of the official medical fee schedule. If you disagree with this review you may contact Stratacare at the address shown below or file an appeal with the Workers' Compensation Appeals Board.

Stratacare
16800 Aston 2nd Flr
Irvine, CA 92606
888-978-7282

RALD

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

*** INVOICE ***

Date	NO#
02/25/09	12267

Claim # : 2193-1827
W.C.A.B.: AHM0085551
ADJ # : ADJ3191492
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
INTERCARE INS (SACRAM-348180)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX 348180
SACRAMENTO, CA 95834

Case: [redacted] vs HYATT REGENCY ALICANTE
Date Of Injury: 10/31/99

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/04	WCAB AHM	MSC	147.00
01/11/05	PMT BY CHECK	DOS 11/17/04 # 225091	-147.00
03/23/05	WCAB AHM	MSC	147.00
04/28/05	PMT BY CHECK	DOS 3/23/05 # 236026	-147.00
07/25/05	WCAB LB	TRIAL	147.00
08/19/05	PMT BY CHECK	DOS 07/25/05 # 246007	-147.00
11/23/05	WCAB AHM	MSC	147.00
01/03/06	PMT BY CHECK	DOS 11/23/05 # 255588	-147.00
01/09/07	WCAB AHM	MSC	147.00
02/08/07	PMT BY CHECK	DOS 1/9/07 # 281329	-147.00
06/04/08	WCAB AHM	MSC	156.50
08/20/08	PENALTIES	FOR DATE OF SERVICE 6/4/08	23.48
08/20/08	INTEREST	FOR DATE OF SERVICE 6/4/08	4.78
11/19/08	WCAB AHM	MSC	156.50
12/23/08	PMT BY CHECK	DOS 6/4/08 THRU 11/19/08 # 0068186607	-341.26
01/14/09	WCAB AHM	MSC	156.50
02/19/09	PMT BY CHECK	DOS 1/14/09 # 77841381	-156.50

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

CALIFORNIA INSURANCE GUARANTEE ASSOC.
P.O. BOX 29066
GLENDALE, CA 91209-9066

CALIFORNIA INSURANCE GUARANTEE ASSOCIATION

Address Service Requested

000532-00001-000532 CIG1 2027063
JOYCE ALTMAN INTERPRETERS, INC
P.O. BOX 4165
TUSTIN, CA 92781-4165

Phone: (818) 844-4300

CHECK NUMBER: 77841381

Description	Invoice	CLAIM #	G/L Code	Serv/From	Serv/To	Amount
Interpreter2	12267	219318797		11/19/08	11/19/08+	$156.50

TOTAL: $156.50

2/19/09

PAID

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

*** INVOICE ***

Date	NO#
05/07/09	12671

Claim # : SD196160
W.C.A.B.: LBO 0365966
ADJ # : ADJ3766542
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case vs MADISON MATERIALS
Date of Injury: 8/17/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/15/04	INITIAL EXAM	DR PAYANDEH	150.00
01/12/05	RE-EVAL	DR PAYANDEH	120.00
02/16/05	RE-EVAL	DR PAYANDEH	120.00
03/10/05	PMT BY CHECK	DOS 12/15/04 THRU 1/12/05	-180.00
03/21/05	PMT BY CHECK	DOS 2/16/05 # CD-101735	-90.00
04/27/05	RE-EVAL	DR ONUBAH	120.00
06/03/05	PMT BY CHECK	DOS 4/27/05 # CD-128989	-90.00
06/29/05	RE-EVAL	DR PAYANDEH	120.00
07/27/05	RE-EVAL	DR PAYANDEH	120.00
08/02/05	WCAB LB	EXPEDITED HEARING	147.00
08/05/05	PMT BY CHECK	DOS 06/29/05 # CD-149407	-90.00
08/31/05	P AND S	DR SCHILLING	150.00
09/16/05	PMT BY CHECK	DOS 7/27/05 # CD-160492	-90.00
09/12/05	WCAB LB	EXPEDITED HEAR.	294.00
10/07/05	PMT BY CHECK	DOS 12/15/04 THRU 9/12/05 # CD-166367	-801.00
07/18/07	FOLLOW-UP	DR PAYANDEH*	180.00
10/09/07	PMT BY CHECK	DOS 7/18/07 # CD-329241	-180.00
01/13/09	WCAB LB	STATUS CONFERENCE	156.50
03/05/09	WCAB LB	MSC	156.50
05/04/09	PMT BY CHECK	DOS 1/13/09 THRU 3/5/09 # CD-430746	-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#
05/07/09	12671

Claim # : SD196160
W.C.A.B.: LBO 0365966
ADJ # : ADJ3766542
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MADISON MATERIALS
Date Of Injury: 8/17/04

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(858)552-7100

Provider Number: 330956713

Check #: **CD-430746**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/04/09
Doc #: 017982504

1267

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	ı	**Claim #:**	SD196160	
1		01/13/09	03/05/09	Interpreter fees	1		313.00
					Total Allowances:		**$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SD196160	313.00	.00	313.00

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

Notations:

SD196160 FULL & FINAL SATISFACTION; OF LIEN;

PAID

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

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

*** INVOICE ***

Date	NO#
03/26/09	13207

Claim # : 74016783
W.C.A.B.: LBO0363191
ADJ # : ADJ242331
S.S.N. : [redacted]
D.O.B. :
Terms : 45 days

BILL TO:
ARGONAUT INSURANCE (FRESNO)
W.C. DEPARTMENT
ATTN: LINDA HELM
P.O. BOX # 5062
FRESNO, CA 93755-5062

Case: vs CALIFORNIA ACRYLIC IND.
Date Of Injury: 7/26/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/05	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
02/23/05	PMT BY CHECK	DOS 01/11/05 # 7489118	-147.00
02/16/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
03/16/05	PMT BY CHECK	DOS 2/16/05 # 7490564	-147.00
08/25/05	PRE-OP	DR HAJJ*	150.00
10/26/05	SURGERY	DR HAJJ: CARPAL TUNNEL*	150.00
10/31/05	WCAB LB	EXP. HEARING	147.00
12/01/05	FOLLOW-UP	DR HAJJ*	180.00
12/29/05	FOLLOW-UP	DR HAJJ*	180.00
03/06/06	PMT BY CHECK	DOS 8/25/05 THRU 12/29/05 # 7414734	-807.00
12/21/06	WCAB LB	MSC	147.00
01/15/07	PMT BY CHECK	DOS 12/21/06 # 7436664	-147.00
04/26/07	WCAB LB	MSC	147.00
07/13/07	PENALTIES	FOR DATE OF SERVICE 4/26/07	22.05
07/13/07	INTEREST	FOR DATE OF SERVICE 4/26/07	4.54
12/29/08	WCAB LB	MSC	156.50
01/09/09	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
03/24/09	PMT BY CHECK	DOS 1/11/05 THRU 1/9/09 # 7486825	-486.59
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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BANK	CO	M/L	POLICY NUMBER	CLAIM NUMBER	T/P	LOSS DATE	PERIOD COVERED	ISSUE DATE	CHECK NUMBER
1082	1	4	20-664-115723	74-016783	3	07/26/2004	01/11/2005-01/09/2009	03/24/2009	7486825

CLAIMANT	INSURED	AMOUNT
	CALIFORNIA ACRYLIC INDUSTRIES, INC. DBA: C	486.59

PAID TO	INVOICE #	TAX ID	ISS. BY	CLM ROLE
JOYCE ALTMAN INTERPRETERS, INC.	13207	330956713	EXN	MMM

FOR
ATTORNEY'S FEES

PAID

TO: JOYCE ALTMAN INTERPRETERS, INC.

P.O. BOX 4165

TUSTIN, CA 92781 4165

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

*** INVOICE ***

Date	NO#
04/14/09	18416

Claim # : ACH8478
W.C.A.B.: LBO 0373545
ADJ # : ADJ1821668
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs MONTAGE DESIGNS/H MICHEAL BRAV
Date Of Injury: 7/04

DOS	SERVICE	DESCRIPTION	AMOUNT
10/04/05	NCV	DIAGNOSTIC STUDY INTERP: U/E*	150.00
10/17/05	MEDS	INSTRUCTION ON MEDICATIONS*	120.00
10/26/05	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF CENTER*	150.00
12/16/05	EMG TESTING	REF BY DR SHAH:U/E*	150.00
01/30/06	INITIAL EXAM	DR TERRANCE - PSYCH. EVAL.*	230.00
03/30/06	NCT	DIAGNOSTIC STUDY INTERP:U/E*	150.00
04/24/06	PMT BY CHECK	DOS 10/4/05 THRU 3/30/06 # 896D 11851209	-950.00
08/25/06	P AND S	DR TERRANCE - PSYCH. EVAL.*	230.00
09/06/06	COMPUTER ROM	COMPUTERIZED RANGE OF MOTION W/ TECH DANIEL*	120.00
10/13/06	PMT BY CHECK	DOS 8/25/06 THRU 9/6/06 # 896d 21016656	-350.00
10/18/06	COMPUTER ROM	COMPUTERIZED RANGE OF MOTION*	120.00
10/25/06	P AND S	DR NEMAT*	230.00
02/09/07	PENALTIES	FOR DATE OF SERVICE 10/25/06	34.50
02/09/07	INTEREST	FOR DATE OF SERVICE 10/25/06	9.20
02/05/07	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
03/01/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/08/07	WCAB LB	MSC	147.00
09/07/07	PMT BY CHECK	DOS 10/25/06-8/8/07 # 896D 42078492	-747.00
09/28/07	PMT BY CHECK	DOS 10/18/06 # 896D 43396362	-120.00
10/10/07	WCAB LB	MSC	156.50
01/16/08	PMT BY CHECK	DOS 10/10/07 # 896D 50089356	-156.50
01/23/08	WCAB LB	MSC	156.50
03/27/08	PMT BY CHECK	DOS 10/4/05 THRU 9/28/07 # 896D 54489186	-70.70
05/29/08	WCAB LB	MSC	156.50
06/13/08	PMT BY CHECK	DOS 10/4/05 THRU 5/29/08	-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#
04/14/09	18416

Claim # : ACH8478
W.C.A.B.: LBO 0373545
ADJ # : ADJ1821668
S.S.N. : - -
D.O.B.
Terms : 45 days

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

Case: vs MONTAGE DESIGNS/H MICHEAL BRAV
Date Of Injury: 7/04

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 896D 59293917	
12/11/08	WCAB LB	MSC	156.50
01/23/09	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
04/10/09	PMT BY CHECK	DOS 12/11/08 THRU 1/23/09	-313.00
		# 896D 74097023	

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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001981

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

UD01981

896D 74097023

TRAVELERS

DATE: 04/10/09
LOSS DATE: 07/02/04
FILE NUMBER: 480 CB ACH8478 T

EMPLOYEE

ACCOUNT NAME:
H.O. - MICHAEL BRAVERMAN

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

EXPLANATION OF PAYMENT

OTHER

FROM: 01/23/08 TO: 12/11/08

TOTAL PAID: $313.00

18416

TAX INFO: 330956713 Y C
PAY MISC: 1/23/08, 12/11/08 WCAB APPEAR
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: DAVID J WARREN AT (916)638-6462

100008425
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
05/15/09	20488

Claim # : SA643261
W.C.A.B.: LBO0371849
ADJ # : ADJ3905447
S.S.N. : [illegible]
D.O.B. : [illegible]
Terms : 45 days

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

Case: vs WESTWOOD HORIZON
Date Of Injury: 7/19/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/12/06	WCAB LB	MSC	147.00
06/29/06	WCAB LB	MSC	147.00
07/19/06	PMT BY CHECK	DOS 1/12/06 THRU 6/29/06 # BU-844309	-294.00
06/19/08	WCAB LB	MSC	156.50
07/15/08	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
08/29/08	C&R READING	@ THE L/O OF DENNIS FUSI (AMENDED)	156.50
02/09/09	PENALTIES	FOR DATE OF SERVICE 6/19/08	23.48
04/13/09	INTEREST	FOR DATE OF SERVICE 6/19/08	15.68
02/09/09	PENALTIES	FOR DATE OF SERVICE 7/15/08	23.48
04/13/09	INTEREST	FOR DATE OF SERVICE 7/15/08	14.40
02/09/09	PENALTIES	FOR DATE OF SERVICE 8/29/08	23.28
04/13/09	INTEREST	FOR DATE OF SERVICE 8/29/08	12.18
05/12/09	PMT BY CHECK	DOS 1/12/06 THRU 4/13/09 # CU-435321	-582.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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-435321**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/12/09
Doc #: 018039568

20488

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** SA643261			
1	WCAB/STIP	04/13/09	04/13/09	Medical Services	1		582.00
			Patient Name:	**Claim #:** 01373503			
2	FULL/FINAL	08/28/03	06/03/08	Medical Services	1		
						Total Allowances:	**$895.13**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01373503	313.13	.00	313.13
SA643261	582.00	.00	582.00

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:

01373503 FULL & FINAL;
SA643261 FULL & FINAL;

F-F
IG 01L

PAID

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

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

*** INVOICE ***

Date	NO#
04/20/09	20741

Claim # : 710-118052
W.C.A.B.: LBO0369394
ADJ # : ADJ1843155
S.S.N. :
D.O.B. : _,_,
Terms : 45 days

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

Case: vs MISSION FOODS
Date of Injury: 5/8/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
03/31/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
06/07/06	PENALTIES	FOR DATE OF SERVICE 2/6/06	22.05
02/22/07	INTEREST	FOR DATE OF SERVICE 2/6/06	18.57
06/07/06	PENALTIES	FOR DATE OF SERVICE 3/31/06	22.05
02/22/07	INTEREST	FOR DATE OF SERVICE 3/31/06	16.12
07/20/06	WCAB LB	MSC	147.00
09/29/06	PENALTIES	FOR DATE OF SERVICE 7/20/06	22.05
02/22/07	INTEREST	FOR DATE OF SERVICE 7/20/06	10.98
10/05/06	INITIAL EXAM	DR VAZQUEZ*	230.00
10/30/06	FOLLOW-UP	DR VAZQUEZ*	180.00
11/30/06	FOLLOW-UP	DR VAZQUEZ*	180.00
02/22/07	PENALTIES	FOR DATE OF SERVICE 10/5/06	34.50
02/22/07	INTEREST	FOR DATE OF SERVICE 10/5/06	11.59
09/06/07	WCAB LB	MSC	147.00
09/18/07	PMT BY CHECK	DOS 2/6/06-2/22/07 # 24116022	-1335.91
10/22/07	INITIAL EXAM	DR HERIC*	230.00
11/19/07	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC*	150.00
12/15/07	PMT BY CHECK	DOS 11/19/07 # 25264507	-150.00
08/11/08	PENALTIES	FOR DATE OF SERVICE 10/22/07	34.50
08/11/08	INTEREST	FOR DATE OF SERVICE 10/22/07	22.75
08/16/08	PMT BY CHECK	DOS 2/6/06 THRU 8/11/08 # 28359175	-287.25
12/18/08	WCAB LB	STATUS CONFERENCE	156.50
01/22/09	PMT BY CHECK	DOS 12/18/08 # 30302724	-156.50
02/19/09	WCAB LB	MSC	156.50
03/07/09	PMT BY CHECK	DOS 2/19/09 # 30854060	-156.50
03/31/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
04/17/09	PMT BY CHECK	DOS 3/31/09 # 31367035	-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#
04/20/09	20741

Claim # : 710-118052
W.C.A.B.: LBO0369394
ADJ # : ADJ1843155
S.S.N.
D.O.B. :
Terms : 45 days

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

Case: s MISSION FOODS
Date Of Injury: 5/8/05

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

AIG004

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7103136703500778085

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

Remittance -
AMERICAN HOME ASSURANCE COMPANY

No.: 31367035
RFP No.: 00778085
04/17/2009

Insured: GRUMA CORP
Claimant:
Producer:
033109-033109, INVOICE # 20741 I

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003825771	00118052	01	05/08/2005	MED	O	$250.00

PAID

Use file # 710-00118052 **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#
03/30/09	20969

Claim # : 682134
W.C.A.B.: LBO0361746
ADJ # : ADJ1811210
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FA RICHARDS & ASSOC. (FARA)
W.C. DEPARTMENT
ATTN: YOHANNA SOTO
2525 CHERRY AVE, STE # 350
SIGNAL HILL, CA 90755

Case: vs L.A. FOREST INC.
Date Of Injury: 11/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
03/31/06	PMT BY CHECK	DOS 2/23/06 # 0000121586	-147.00
04/06/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
04/18/07	PMT BY CHECK	DOS 4/6/07 # 0000155764	-250.00
10/30/07	WCAB LB	MSC	156.50
01/14/08	PENALTIES	FOR DATE OF SERVICE 10/30/07	23.48
01/14/08	INTEREST	FOR DATE OF SERVICE 10/30/07	4.73
06/16/08	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
10/07/08	WCAB LB	MSC	156.50
01/28/09	PMT BY CHECK	DOS 10/30/07 THRU 10/7/08 # 0000177742	-497.71
01/20/09	WCAB LB	STATUS CONFERENCE	156.50
03/23/09	PMT BY CHECK	DOS 1/20/09 # 0000179014	-156.50

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

FARA Insurance Services
1625 West Causeway Approach
Mandeville, LA 70471

[redacted]

200903240128

Forwarding Service Requested

ENV 12303 1 OF 1

3-DIGIT 926
12303 0.3840 AT 0.346

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

64

Claim: 682134 , [redacted], Accident date: 07/30/2004.
Insured: LA Forest, Inc., Policy: 3800001055041.

2096.9

The payment is for Miscellaneous Medical from 01/20/2009 to 01/20/2009.
Check: 0000179014, issued: 03/23/2009, for $156.50 Invoice: Full & Final

To the Order of: Joyce Altman Interpreters
: Po Box 4165
: Tustin, CA 92781

LP
OK

Please contact Yohanna Soto, telephone: (562) 426-9800 in FARA \ Signal Hill, CA Signal Hill CA, email: yohanna.soto@fara.com, if you have questions regarding this payment.

PAID

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

*** INVOICE ***

Date	NO#
05/11/09	21023

Claim # : 06309586
W.C.A.B.: LBO 0376440
ADJ # : ADJ4215675
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (PASADENA)
W.C. DEPARTMENT
ATTN: MIGUEL PARAGUNA
P O BOX # 7008
PASADENA, CA 91109

Case vs G.W. REED PRINTING
Date Of Injury: 1/24/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/01/06	INITIAL EXAM	DR VAZQUEZ*	230.00
03/21/06	FOLLOW-UP	DR VAZQUEZ*	180.00
04/12/06	FOLLOW-UP	DR VAZQUEZ*	180.00
05/04/06	FOLLOW-UP	DR VAZQUEZ*	180.00
05/01/06	FOLLOW-UP	DR VAZQUEZ*	180.00
06/20/06	FOLLOW-UP	DR VAZQUEZ*	180.00
07/17/06	FOLLOW-UP	DR VAZQUEZ*	180.00
09/13/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
02/15/07	PENALTIES	FOR DATE OF SERVICE 3/1/06	34.50
02/15/07	INTEREST	FOR DATE OF SERVICE 3/1/06	26.88
02/15/07	PENALTIES	FOR DATE OF SERVICE 9/13/06	22.05
02/15/07	INTEREST	FOR DATE OF SERVICE 9/13/06	8.11
03/28/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/07/07	PMT BY CHECK	DOS 3/1/06 THRU 3/28/07 # 1164	-1798.54
05/02/07	WCAB LB	MSC	147.00
06/11/07	WCAB LB	TRIAL	147.00
07/25/07	WCAB LB	TRIAL	147.00
08/09/07	PMT BY CHECK	DOS 3/1/06 THRU 6/11/07 # 29946	-294.00
08/18/08	PENALTIES	FOR DATE OF SERVICE 7/25/07	22.05
08/18/08	INTEREST	FOR DATE OF SERVICE 7/25/07	18.99
03/17/09	WCAB LB	MSC	156.50
04/08/09	PMT BY CHECK	DOS 3/1/06 THRU 3/17/09 # 1938421	-344.54
04/27/09	WCAB LB	TRIAL (FULL DAY)	313.00
05/07/09	PMT BY CHECK	DOS 4/27/09 # 1946860	-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#
05/11/09	21023

Claim # : 06309586
W.C.A.B.: LBO 0376440
ADJ # : ADJ4215675
S.S.N. [illegible]
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (PASADENA)
W.C. DEPARTMENT
ATTN: MIGUEL PARAGUNA
P O BOX # 7008
PASADENA, CA 91109

Case: [illegible], vs G.W. REED PRINTING
Date Of Injury: 1/24/06

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

Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XXX6713

Check Number: 1946860

Check Date: 05/07/2009

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
06309586		01/24/2006	Interpreter Fees - Expense	04/27/2009	04/27/2009	05/07/2009	21023	313.00

PAID

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

*** INVOICE ***

Date	NO#
03/04/09	21587

Claim # : 00096100103WC01
W.C.A.B.: LAO0863009
ADJ # : ADJ4632296
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: AUTUM WHITE
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs THE EDWARD THOMAS HOSPITAL
Date Of Injury: 9/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
05/08/06	PMT BY CHECK	DOS 4/14/06 # 0049519445	-147.00
05/19/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
11/19/07	INITIAL EXAM	DR HERIC*	230.00
12/17/07	PMT BY CHECK	DOS 4/14/06-11/19/07 # 0060617196	-377.00
05/12/08	WCAB LB	RATING MSC	156.50
06/04/08	PMT BY CHECK	DOS 5/12/08 # 0064056731	-156.50
06/10/08	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
08/18/08	WCAB LB	MSC	156.50
12/15/08	WCAB LB	MSC	156.50
02/09/09	WCAB LB	MSC	156.50
02/17/09	PMT BY CHECK	DOS 4/14/06 - 2/9/09 CK# 0069262858	-626.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

006516 PAGE 1 OF 1 000961

21587

GAL.*73110*0434192008.02773.02773.GALCK03D 002773

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

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

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

CLAIM NO: 000961 000103 WC 01 (2525C)
CLAIMANT:
DESCRIPTION: FULL & FINAL SATISFACTION OF LIEN

DATES OF SERVICE: 09Feb2009 THRU 09Feb2009
BENEFIT PERIOD: THRU

BRANCH NO.: 170
ACC. DATE: 20Sep05

NO.: 0069262858
VN: 0000007225
DATE 17Feb09

626.00

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

*** INVOICE ***
Date NO#
03/27/09 21631

Claim # : 12062
W.C.A.B.: LBO 0377833
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
EMPLOYERS DIRECT (THO OAKS)
W.C. DEPARTMENT
ATTN: IRMA FLORES
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: 's SFFT dba SIMPLY FRESH FRUIT
Date Of Injury: 9/3/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/06	FOLLOW-UP	DR HUSSAIN*	180.00
04/20/06	INITIAL EXAM	DR KATTAR*	230.00
05/19/06	FOLLOW-UP	DR HUSSAIN*	180.00
06/16/06	FOLLOW-UP	DR HUSSAIN*	180.00
06/27/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
08/25/06	PMT BY CHECK	DOS 4/21/06 THRU 5/19/06 # N/A	-270.00
08/25/06	PMT BY CHECK	DOS 6/27/06 # N/A	-147.00
11/17/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/12/07	PMT BY CHECK	DOS 11/17/06 # 00195514	-150.00
02/21/07	FOLLOW-UP	DR KATTAR*	180.00
11/07/07	PMT BY CHECK	DOS 2/21/07 # 00253700	-90.00
02/11/08	INITIAL EXAM	DR HERIC*	230.00
02/22/08	INITIAL EXAM	DR VALDEZ*	230.00
03/11/08	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC*	150.00
08/29/08	PMT BY CHECK	DOS 8/20/08 # 00316502	-156.50
08/20/08	WCAB LB	MSC	156.50
02/02/09	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
03/23/09	PMT BY CHECK	DOS 2/2/09 # 00358016	-156.50

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

*** INVOICE ***

Date	NO#
03/27/09	21631

Claim # : 12062
W.C.A.B.: LBO 0377833
ADJ #
S.S.N. .
D.O.B. :
Terms : 45 days

BILL TO:
EMPLOYERS DIRECT (THO OAKS)
W.C. DEPARTMENT
ATTN: IRMA FLORES
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case vs SFFT dba SIMPLY FRESH FRUIT
Date Of Injury: 9/3/05

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 1300.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

EMPLOYERS DIRECT INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042
(818) 575-8500

Temporary Return Service Requested

000072-00001-000072 EDC1 1407534
Joyce Altman Interpreters, Inc
P.O. Box 4165
Tustin CA 92781

Insured: SFFI COMPANY, INC. (A CORP)
Amount of this check: $156.50

Claimant: ..
Claim: 00012002
Policy #: WC 00009001
Date of Injury: 09-03-2005
Description: 02-02-09 - 02-02-09 21631
Payment For: INTERPRETER FOR HEARINGS

Payment Amount: $156.50

Claimant: ,
Claim:
Policy #:
Date of Injury: - -
Description:
Payment For:

Payment Amount: $.00

DIRECT INQUIRIES TO: EMPLOYERS DIRECT INSURANCE COMPANY

CK 00358016

PAID

3/23/09

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

*** INVOICE ***

Date	NO#
12/29/08	21783

Claim # : 710-148307
W.C.A.B.: LBO 0373804
ADJ # : ADJ195037
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PEDUS SERVICES, INC.
Date Of Injury: 3/7/05

DOS	SERVICE	DESCRIPTION	AMOUNT
05/02/06	DEPO PREP	@ THE L/O OF ADELSON TESTAN & BRUNO	147.00
06/19/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
08/23/06	PMT BY CHECK	DOS 5/2/06 THRU 6/19/06 # 37200837	-294.00
04/07/08	INITIAL EXAM	DR HERIC*	230.00
04/18/08	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC*	150.00
07/03/08	PENALTIES	FOR DATE OF SERVICE 4/7/08	34.50
07/03/08	INTEREST	FOR DATE OF SERVICE 4/7/08	7.75
09/25/08	WCAB LB	MSC	156.50
11/13/08	WCAB LB	MSC	156.50
12/25/08	PMT BY CHECK	DOS 5/2/06 THRU 11/13/08 # 30004089	-735.25

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), 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 7103000408900686818

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

Remittance –
AMERICAN HOME ASSURANCE COMPANY

No.: 30004089
RFP No.: 00686818
12/25/2008

Insured: PEDUS SERVICE INC
Claimant:
Producer:
ACT: 21783

Claim Office: 710

040708-111308

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000000834311	00089515	01	03/04/2005	MED	O	$735.25	$78,518.66

PAID

Use file # 710-00089515 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

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

*** INVOICE ***

Date	NO#
05/11/09	23229

Claim # : 2193-61531
W.C.A.B.: LBO 0382296
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
CRAWFORD & COMPANY (FRESNO)
W.C. DEPARTMENT
ATTN: Kimberly Hester
P.O. BOX # 24016
FRESNO, CA 93779-4016

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
02/21/07	INTEREST	FOR DATE OF SERVICE 10/5/06	11.52
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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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-2988
DATE OF LOSS 09/04/2006

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: $296.02 05/07/2009

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0407509029 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
01/05/09	23791

Claim # : 06-312311
W.C.A.B.: LBO 0379166
ADJ # : 2142419
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (PASADENA)
W.C. DEPARTMENT
ATTN: TRACY PIERCE
P O BOX # 7008
PASADENA, CA 91109

Case: vs NEWPORT EXTERMINATING
Date Of Injury: 5/8/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/06	INITIAL EXAM	DR THOMAS*	230.00
11/30/06	FINAL EXAM	DR THOMAS*	230.00
12/21/06	FOLLOW-UP	DR THOMAS*	180.00
01/04/07	FOLLOW-UP	DR THOMAS*	180.00
01/15/07	PMT BY CHECK	DOS 11/16/06 # 172240	-230.00
01/25/07	FOLLOW-UP	DR THOMAS*	180.00
01/11/07	FOLLOW-UP	DR THOMAS*	180.00
02/13/07	PMT BY CHECK	DOS 11/30/06 THRU 1/4/07 # 183937	-590.00
02/08/07	FOLLOW-UP	DR THOMAS*	180.00
02/22/07	FOLLOW-UP	DR THOMAS*	180.00
03/15/07	FOLLOW-UP	DR THOMAS*	180.00
03/21/07	PMT BY CHECK	DOS 1/11/07 THRU 1/25/07 # 198876	-360.00
03/22/07	FOLLOW-UP	DR THOMAS*	180.00
04/19/07	PMT BY CHECK	DOS 11/16/06 THRU 3/22/07 # 213685	-720.00
05/01/07	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
05/17/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/13/07	PMT BY CHECK	DOS 5/1/07 THRU 5/17/07 # 7997	-397.00
07/26/07	FOLLOW-UP	DR THOMAS*	180.00
08/03/07	SURGERY	DR THOMAS - LT ANKLE (2.5HRS)	187.50
08/09/07	FOLLOW-UP	DR THOMAS*	180.00
08/20/07	PMT BY CHECK	DOS 8/3/07-8/15/07 # 33438	-367.50
08/16/07	PR2/REEVAL	DR THOMAS*	180.00
09/06/07	PMT BY CHECK	DOS 5/17/07-8/9/07 # 38787	-360.00
09/06/07	PR2/REEVAL	DR THOMAS*	180.00
09/25/07	PMT BY CHECK	DOS 8/16/07 # 43621	-180.00
10/11/07	PR2/REEVAL	DR THOMAS*	180.00
10/19/07	PMT BY CHECK	DOS 9/20/07 # 51494	-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#
01/05/09	23791

Claim # : 06-312311
W.C.A.B.: LBO 0379166
ADJ # : 2142419
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (PASADENA)
W.C. DEPARTMENT
ATTN: TRACY PIERCE
P O BOX # 7008
PASADENA, CA 91109

Case: vs NEWPORT EXTERMINATING
Date Of Injury: 5/8/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/07	PR2/REEVAL	DR THOMAS*	180.00
02/14/08	PMT BY CHECK	DOS 11/1/07 # 1805855	-180.00
03/21/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
04/21/08	PMT BY CHECK	DOS 3/21/08 # 1832138	-156.50
05/16/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/17/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
06/17/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL III	250.00
11/25/08	PENALTIES	FOR DATE OF SERVICE 5/16/08	23.48
11/25/08	INTEREST	FOR DATE OF SERVICE 5/16/08	10.50
11/25/08	PENALTIES	FOR DATE OF SERVICE 6/17/08	37.50
11/25/08	INTEREST	FOR DATE OF SERVICE 6/17/08	14.26
11/25/08	PENALTIES	FOR DATE OF SERVICE 6/17/08	37.50
11/25/08	INTEREST	FOR DATE OF SERVICE 6/17/08	14.26
11/11/08	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
12/31/08	PMT BY CHECK	DOS 11/1/07 THRU 11/11/08 # 1912758	-950.50

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

Payee: JOYCE ALTMAN INTERPRETERS

IRS/SSN: XX-XXX713

Check Number: 1912758

Check Date: 12/31/2008

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
06312311		05/08/2006	Interpreter Fees - Medical	06/17/2008	11/11/2008	12/05/2008	23791	950.50

PAID

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

*** INVOICE ***
Date NO#
09/29/08 23983

Claim # : 1010-05-02408
W.C.A.B.: LBO 0381265
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W.C. DEPARTMENT
ATTN: Shris De Silva
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs E & S RING MANAGEMENT CORP.
Date Of Injury: 11/18/05

DOS	SERVICE	DESCRIPTION	AMOUNT
12/18/06	DEPO PREP	@ THE L/O OF BRADFORD & BARTHEL	147.00
01/19/07	PMT BY CHECK	DOS 12/18/06 # 368472	-147.00
01/31/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
02/28/07	PMT BY CHECK	DOS 1/31/07 # 371223	-250.00
02/28/08	WCAB LB	EXP. HEARING (FULL DAY)	313.00
03/21/08	PMT BY CHECK	DOS 2/28/08 # 0000112814	-313.00
07/21/08	WCAB LB	EXP. HEARING	156.50
09/24/08	PMT BY CHECK	DOS 7/21/08 # 0000123070	-156.50

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

Explorer Insurance Company
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 09/24/2008
Check Number: 0000123070
Check Amount: $156.50

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, W5Z31W

00147 JOP1ZN01 1Z 6300004980-6300107978

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

PAID

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	T
1010-05-02408		11/18/2005	23983	02	07/21/2008	07/21/2008	$156

Cat	SubPC	Stub Notes	Stub Amou
02		MISC MEDICAL	$156
			$156

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

*** INVOICE ***

Date	NO#
03/30/09	24743

Claim # : 002327000331WC-01
W.C.A.B.: LBO 0385077
ADJ # : ADJ1732273
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: Amy Duggen
P.O. BOX # 70003
ANAHEIM, CA 92825-0003

Case: vs PROLAND PROPERTY MGMT.
Date Of Injury: 8/17/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/22/07	INITIAL EXAM	DR ROSE*	230.00
02/28/07	INITIAL EXAM	DR HERRICK*	230.00
02/28/07	EMG TESTING	REF BY DR HERRICK: BIL U/E*	150.00
03/22/07	PMT BY CHECK	DOS 2/22/07 # 40895330	-230.00
03/23/07	PMT BY CHECK	DOS 2/22/07 THRU 2/28/07 # 40915248	-380.00
03/27/07	MRI	REF BY DR ROSE: BIL HANDS, BIL WRISTS*	150.00
04/12/07	FOLLOW-UP	DR ROSE*	180.00
04/19/07	PMT BY CHECK	DOS 3/27/07 # 41251652	-150.00
04/20/07	PMT BY CHECK	DOS 4/12/07 # 411267189	-180.00
04/28/07	FOLLOW-UP	DR HAJJ*	180.00
05/01/07	PMT BY CHECK	DOS 4/28/07 # 41402795	-180.00
05/15/07	FOLLOW-UP	DR ROSE*	180.00
05/22/07	FOLLOW-UP	DR CHAN*	180.00
06/11/07	FOLLOW-UP	DR CHAN*	180.00
06/22/07	PMT BY CHECK	DOS 4/28/07 # 42075071	-180.00
06/25/07	PMT BY CHECK	DOS 5/22/07 THRU 6/11/07 # 42112829	-360.00
07/10/07	FOLLOW-UP	DR CHAN*	180.00
07/17/07	PMT BY CHECK	DOS 7/10/07 # 42387191	-180.00
07/26/07	DEPO PREP	@ THE L/O OF BRADFORD & BARTHEL	147.00
08/07/07	PR-2	DR CHAN*	180.00
08/08/07	INITIAL EXAM	DR BISHOP*	230.00
08/20/07	PMT BY CHECK	DOS 2/22/07-7/26/07 # 0058275371	-147.00
08/15/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/05/07	PR2/REEVAL	DR CHAN*	180.00
10/04/07	PR2/REEVAL	DR CHAN*	180.00
10/25/07	PMT BY CHECK	DOS 2/22-10/4/07 #0059577851	-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#
03/30/09	24743

Claim # : 002327000331WC-01
W.C.A.B.: LBO 0385077
ADJ # : ADJ1732273
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: Amy Duggen
P.O. BOX # 70003
ANAHEIM, CA 92825-0003

Case vs PROLAND PROPERTY MGMT.
Date Of Injury: 8/17/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/01/07	PR2/REEVAL	DR CHAN*	180.00
11/19/07	PMT BY CHECK	DOS 2/22-10/25/07 #0060093093	-840.00
11/29/07	PR2/REEVAL	DR CHAN*	180.00
12/14/07	PMT BY CHECK	DOS 11/1/07 # 0060591439	-180.00
12/21/07	PR2/REEVAL	DR CHAN*	180.00
12/27/07	PMT BY CHECK	DOS 11/1-11/29/07 #0060811910	-360.00
01/24/08	PR2/REEVAL	DR CHAN*	180.00
02/21/08	PR2/REEVAL	DR CHAN*	180.00
02/26/08	INITIAL EXAM	DR AFLATOON*	230.00
03/21/08	PR2/REEVAL	DR CHAN*	180.00
04/03/08	P AND S	DR CHAN*	230.00
04/21/08	PMT BY CHECK	DOS 12/21/07 THRU 3/21/08 # 0063134860	-770.00
05/16/08	PMT BY CHECK	DOS 4/3/08 # 0063698351	-230.00
07/01/08	PR2/REEVAL	DR CHAN*	180.00
07/28/08	PMT BY CHECK	DOS 7/1/08 # 0065133719	-180.00
08/05/08	PR2/REEVAL	DR CHAN*	180.00
08/26/08	PMT BY CHECK	DOS 8/5/08 # 0065730690	-180.00
09/30/08	PR2/REEVAL	@ COAST CITY MEDICAL*	180.00
10/24/08	PMT BY CHECK	DOS 9/30/08 # 0066975947	-180.00
01/28/09	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
03/26/09	PMT BY CHECK	DOS 1/28/09 # 0070065010	-156.50

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

*** INVOICE ***

Date	NO#
03/30/09	24743

Claim # : 002327000331WC-01
W.C.A.B.: LBO 0385077
ADJ # : ADJ1732273
S.S.N. :
D.O.B. _
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: Amy Duggen
P.O. BOX # 70003
ANAHEIM, CA 92825-0003

Case vs PROLAND PROPERTY MGMT.
Date Of Injury: 8/17/06

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

P.O. BOX 1390
ELK GROVE CA 95759-1390

002818 PAGE 1 OF 1 002327

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

GALLAGHER BASSETT SERVICES INC
FOR EVEREST NATIONAL INS

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 683-5550
GB-SACRAMENTO, CA (ELK GROVE)
P.O. BOX 1390
ELK GROVE CA 95759-1390

CLAIM NO: 002327 000331 WC 01 (0000439001)
CLAIMANT
DESCRIPTION: INTERPRETER FEES/FINAL PAYMENT

BRANCH NO.: 175
ACC. DATE: 17Aug06

NO.: 0070065010
VN: 0000037466
DATE 26Mar09

DATES OF SERVICE: 16Mar2009 THRU 16Mar2009
BENEFIT PERIOD: THRU

156.50

24743

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

*** INVOICE ***

Date	NO#
02/02/09	25536

Claim # : 002343-000257
W.C.A.B.: LBO 383160
ADJ # : ADJ2719497
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: MILA MANAMASO
P.O. BOX # 70003
ANAHEIM, CA 92825-0003

Case: vs MENZLES AVIATION INC.
Date Of Injury: 6/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/18/07	WCAB LB	EXPEDITED HEARING	147.00
10/07/08	WCAB LB	MSC	156.50
12/05/08	PMT BY CHECK	DOS 4/18/07 THRU 10/7/08 # 0067829938	-303.50
12/02/08	WCAB LB	MSC	156.50
01/06/09	PMT BY CHECK	DOS 12/2/08 # 0068413728	-156.50
01/12/09	WCAB LB	TRIAL (FULL DAY)	313.00
01/28/09	PMT BY CHECK	DOS 12/2/08 THRU 1/12/09 # 0068858914	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GALLAGHER BASSETT-LA/ANAHEIM-S
P.O. BOX 70003
ANAHEIM CA 92825-0003

002307 PAGE 1 OF 1 002343

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 714-938-0172
GALLAGHER BASSETT-LA/ANAHEIM-S
P.O. BOX 70003
ANAHEIM CA 92825-0003

CLAIM NO: 002343 000257 WC 01 (LAX)
CLAIMANT:
DESCRIPTION: INV#25536 D/S 1/12/09

DATES OF SERVICE: 12Jan2009 THRU 12Jan2009
BENEFIT PERIOD: THRU

BRANCH NO.: 102
ACC. DATE: 05Jun06

NO.: 0068858914
VN: 0000046661
DATE 28Jan09

313.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

*** INVOICE ***

Date	NO#
02/17/09	26058

Claim # : 001537-013678-WC-01
W.C.A.B.: LBO 0382853
ADJ # : ADJ2546000
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: JIM ROE
P.O. BOX # 70003
ANAHEIM, CA 92825-0003

Case: vs GUADALAHARRY'S MEXICAN REST.
Date Of Injury: 7/14/06

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/07	AME	DR SADOFF (4 HRS 30 MINS)	517.50
12/02/08	DEPO PREP	@ THE L/O OF PARKER & IRWIN	156.50
01/14/09	PMT BY CHECK	DOS 5/31/07 THRU 12/2/08 # 0068580911	-674.00
01/05/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/12/09	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
02/12/09	PMT BY CHECK	DOS 1/5/09 THRU 1/12/09 # 0069185316	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GALLAGHER BASSETT-LA/ANAHEIM-S
P.O. BOX 70003
ANAHEIM CA 92825-0003

003384 PAGE 1 OF 1 001537

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 714-938-0172
GALLAGHER BASSETT-LA/ANAHEIM-S
P.O. BOX 70003
ANAHEIM CA 92825-0003

CLAIM NO: 001537 013678 WC 01 (7224)
CLAIMANT:
DESCRIPTION: INV# 26058

BRANCH NO.:102
ACC. DATE: 14Jul06

NO.: 0068580911
VN: 0000186352
DATE 14Jan09

DATES OF SERVICE: 31May2007 **THRU** 02Dec2008
BENEFIT PERIOD: **THRU**

674.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

GALLAGHER BASSETT-LA/ANAHEIM-S
P.O. BOX 70003
ANAHEIM CA 92825-0003

006091 PAGE 1 OF 1 001537

GAL.+77110+0433822012.02477.02477.GALCK03D 002477

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

DIRECT CHECK INQUIRIES TO:
PHONE: 714-938-0172
GALLAGHER BASSETT-LA/ANAHEIM-S
P.O. BOX 70003
ANAHEIM CA 92825-0003

CLAIM NO: 001537 013678 WC 01 (7224)
CLAIMANT:
DESCRIPTION: INV# 26058

BRANCH NO.: 102
ACC. DATE: 14Jul06

NO.: 0069185316
VN: 0000186859
DATE 12Feb09

406.50

DATES OF SERVICE: 05Jan2009 THRU 12Jan2009
BENEFIT PERIOD: THRU

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

*** INVOICE ***
Date NO#
03/13/09 26156

Claim # : 002546-000885WC-01
W.C.A.B.: LBO 0388427
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AMERICAN GOLF CORP.
Date Of Injury: 5/14/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/07	INITIAL EXAM	DR CHAN*	230.00
07/25/07	PR-2	DR CHAN*	180.00
08/22/07	PR-2	DR CHAN*	180.00
08/30/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
08/30/07	EMG TESTING	BY DR HERIC: L/E*	125.00
09/19/07	PR2/REEVAL	DR CHAN*	180.00
10/18/07	PR2/REEVAL	DR CHAN*	180.00
10/23/07	PMT BY CHECK	DOS 6/11-8/30/07 #0059537255	-840.00
10/22/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/31/07	PMT BY CHECK	DOS 9/12-10/18/07 #59722980	-360.00
10/11/07	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC*	150.00
11/08/07	PR2/REEVAL	DR CHAN*	180.00
12/06/07	PR2/REEVAL	DR CHAN*	180.00
01/03/08	PR2/REEVAL	DR CHAN*	180.00
02/05/08	PR2/REEVAL	DR CHAN*	180.00
02/07/08	PMT BY CHECK	DOS 10/22/07 THRU 12/6/07 # 0061639049	-760.00
03/05/08	PR2/REEVAL	DR CHAN*	180.00
03/27/08	PMT BY CHECK	DOS 1/3/08 THRU 2/5/08 # 0062651484	-360.00
04/02/08	PR2/REEVAL	DR CHAN*	180.00
04/17/08	PMT BY CHECK	DOS 3/5/08 # 0063090823	-180.00
04/17/08	PMT BY CHECK	DOS 4/2/08 # 0063090825	-180.00
05/06/08	PR2/REEVAL	DR CHAN*	180.00
05/19/08	PMT BY CHECK	DOS 5/6/08 # 0063745767	-180.00
06/03/08	PR2/REEVAL	DR CHAN*	180.00
06/18/08	PMT BY CHECK	DOS 6/3/08 # 0064368685	-180.00
07/21/08	PR2/REEVAL	DR CHAN*	180.00
08/13/08	PMT BY CHECK	DOS 7/21/08 # 0065482112	-180.00
08/21/08	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#
03/13/09	26156

Claim # : 002546-000885WC-01
W.C.A.B.: LBO 0388427
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AMERICAN GOLF CORP.
Date Of Injury: 5/14/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/18/08	PRE-OP	DR CHAN @ COAST CITY MEDICAL*	150.00
10/06/08	PMT BY CHECK	DOS 8/21/08 # 0066582119	-180.00
10/08/08	POST-OP	DR CHAN @ COAST CITY MEDICAL*	150.00
10/22/08	PMT BY CHECK	DOS 9/18/08 # 0066932415	-150.00
10/28/08	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
11/19/08	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
11/19/08	PMT BY CHECK	DOS 10/28/08 # 0067535211	-180.00
12/17/08	PMT BY CHECK	DOS 11/19/08 # 0068086436	-180.00
01/07/09	PMT BY CHECK	DOS 10/8/08 # 0068454917	-150.00
01/21/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
02/11/09	PMT BY CHECK	DOS 1/21/09 # 0069172434	-180.00
02/19/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
03/09/09	PMT BY CHECK	DOS 2/19/09 # 0069693083	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

0104826 01 RE **AUTO T3 0 5745 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-909-581-1919
GALLAGHER BASSETT-LA/ONTA
PO BOX 4200
RANCHO CUCAMONGA CA 91729-4200

AMERICAN GOLF CORPORATION

CLAIM NO. 002546 000885 WC 01

CLAIMANT:

DESCRIPTION: INVOICE # 26156

DATE OF SERVICE: 19-Feb-2009 TO 19-Feb-2009

BRANCH NO. 164

ACC. DATE 16-May-2007

CHECK NO. 0069693083

VN. 0000036497

DATE: 09-Mar-2009

PAYMENT AMOUNT: $180.00

PAID

RE0104826-0002_of_0002 57-45-0006321 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0069693083 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#
03/05/09	26562

Claim # : 01324057
W.C.A.B.: ANA 0400719
ADJ # : ADJ2384988
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs UNITED PAINTING INC.
Date Of Injury: 6/5/03

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/07	WCAB SA	MSC	147.00
10/15/07	PENALTIES	FOR DATE OF SERVICE 7/25/07	22.05
10/15/07	INTEREST	FOR DATE OF SERVICE 7/25/07	4.72
11/07/07	WCAB SA	MSC	156.50
04/02/08	PENALTIES	FOR DATE OF SERVICE 11/7/07	23.48
04/02/08	INTEREST	FOR DATE OF SERVICE 11/7/07	8.23
11/06/08	PMT BY CHECK	DOS 7/25/07 THRU 4/2/08 # CP-368467	-361.98
02/18/09	WCAB SA	MSC	156.50
03/02/09	PMT BY CHECK	DOS 2/18/09 # CP-386116	-156.50

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(714)565-5000

Provider Number: 330956713

Check #: **CP-386116**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/02/09
Doc #: 017589864

Medical

26562

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 01324057			
1	26562	02/18/09	02/18/09	Interpreter fees	1		156.50
			Patient Name:	**Claim #:** 01496252			
2	32877	01/15/09	01/15/09	Interpreter fees	1		

Total Allowances: **$313.06**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01324057	156.50	.00	156.50
01496252	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:

01496252 WCAB INTERPRETING;

PAID

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

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

*** INVOICE ***

Date	NO#
05/26/09	26597

Claim # : 011646-0002000WC-01
W.C.A.B.: LBO 0387954
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs PAICO INC.
Date Of Injury: 3/30/07

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/07	FOLLOW-UP	DR ZARGARAFF/DR AMERI*	180.00
10/11/07	PR2/REEVAL	DR ZARGARAFF/DR AMERI*	180.00
11/13/07	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
11/30/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/27/07	PMT BY CHECK	DOS 7/17-10/11/07 #0060813871	-360.00
12/27/07	PMT BY CHECK	DOS 11/13-11/30/07 # 0060813877	-406.50
02/07/08	PR2/REEVAL	DR RAHIMIAN/DR AMERI*	180.00
03/27/08	PR2/REEVAL	DR RAHIMIAN/DR AMERI*	180.00
05/27/08	PR2/REEVAL	DR RAHIMIAN/DR AMERI*	180.00
06/04/08	PMT BY CHECK	DOS 7/17/07 THRU 5/27/08 # 0064061511	-540.00
06/17/08	P AND S	DR RAHIMIAN/DR AMERI*	230.00
07/02/08	PMT BY CHECK	DOS 6/17/08 # 0064644109	-230.00
04/29/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
05/18/09	PMT BY CHECK	DOS 4/29/09 # 0071180326	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

003897 PAGE 1 OF 1 011646

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

GALLAGHER BASSETT SERVICES INC
FOR PARCO, INC

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

CLAIM NO: 011646 000200 WC 01 (400)
CLAIMANT: ***
DESCRIPTION: INVOICE#-26597 DOS-04/29/09

DATES OF SERVICE: 29Apr2009 THRU 29Apr2009
BENEFIT PERIOD: THRU

BRANCH NO.: 164
ACC. DATE: 30Mar07

NO.: 0071180326
VN: 0000011810
DATE 18May09

250.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

*** INVOICE ***

Date	NO#
07/30/09	26690

Claim # : 07321266
W.C.A.B.: LBO 0385442
ADJ # : ADJ4148224
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (PASADENA)
W.C. DEPARTMENT
ATTN: YOLANDA JAMES
P O BOX # 7008
PASADENA, CA 91109

Case: vs MEYER COATINGS INC.
Date Of Injury: 6/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
07/30/07	WCAB LB	EXPEDITED HEARING	147.00
08/15/07	DEPO PREP	@ THE L/O OF LOUIE, STETTLER & LIEBHER	147.00
08/22/07	PMT BY CHECK	DOS 7/30/07 # 33864	-147.00
08/28/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/30/07	PMT BY CHECK	DOS 7/30-8/15/07 # 36858	-294.00
10/17/07	DEPO PREP	@ THE L/O OF LOUIE, STETTLER	156.50
11/15/07	PMT BY CHECK	DOS 8/28-10/17/07 # 60688	-156.50
11/06/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
02/18/08	PENALTIES	FOR DATE OF SERVICE 11/6/07	37.50
02/18/08	INTEREST	FOR DATE OF SERVICE 11/6/07	9.77
04/01/08	PMT BY CHECK	DOS 11/6/07 # 1824259	-250.00
09/04/08	PMT BY CHECK	DOS 11/6/07 THRU 2/18/08 # 1878930	-150.27
06/04/09	WCAB LB	MSC	156.50
06/30/09	PMT BY CHECK	DOS 6/4/09 # 1958161	-156.50
06/22/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
07/27/09	PMT BY CHECK	DOS 6/22/09 # 1964012	-250.00

BALANCE 0.0(

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 07/27/2009
Check Number : 1964012
Check Amount : $500.00

NYH71U

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

gxn4a
00078

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44000484		05/07/2007	26003	Interpreter Fees -	06/26/2009	06/26/2009	
07321266		06/30/2006	26690	Interpreter Fees -	06/22/2009	06/22/2009	$250.00

PAID

78-78

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#
09/29/08 27155

Claim # : 71042488
W.C.A.B.: LAO 0880614
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: _ vs MAYFAIR PLASTICS/CONSOL. CONT.
Date Of Injury: 8/21/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/06/07	INITIAL EXAM	DR DOMARACKI*	230.00
10/01/07	PR2/REEVAL	DR DOMARACKI*	180.00
10/16/07	PMT BY CHECK	DOS 9/6/07 # 24498465	-230.00
10/17/07	PMT BY CHECK	DOS 10/1/07 # 24517455	-180.00
10/22/07	PR2/REEVAL	DR DOMARACKI*	180.00
11/20/07	PMT BY CHECK	DOS 10/22/07 # 24951230	-180.00
11/19/07	PR2/REEVAL	DR DOMARACKI*	180.00
01/08/08	PR2/REEVAL	DR DOMARACKI*	180.00
01/16/08	PR2/REEVAL	DR DOMARACKI*	180.00
01/24/08	INITIAL EXAM	DR GALLONI*	230.00
01/24/08	PMT BY CHECK	DOS 11/19/07 # 25740884	-180.00
01/25/08	PMT BY CHECK	DOS 1/8/08 # 25758331	-180.00
02/04/08	PR2/REEVAL	DR DOMARACKI*	180.00
02/23/08	PMT BY CHECK	DOS 1/16/08 # 26143417	-180.00
02/23/08	PMT BY CHECK	DOS 2/4/08 # 26143419	-180.00
02/25/08	PR2/REEVAL	DR DOMARACKI*	180.00
03/26/08	PR2/REEVAL	DR DOMARACKI*	180.00
04/11/08	PMT BY CHECK	DOS 9/6/07 THRU 3/26/08 # 26762563	-590.00
04/16/08	PR2/REEVAL	DR DOMARACKI*	180.00
07/09/08	PMT BY CHECK	DOS 4/16/088 # 27863702	-180.00
05/22/08	P AND S	DR DOMARACKI*	230.00
07/23/08	PR2/REEVAL	DR DOMARACKI*	180.00
08/12/08	PMT BY CHECK	DOS 5/22/08 THRU 7/23/08 # 28290018	-410.00
08/27/08	PR2/REEVAL	DR DOMARACKI* @ WILLOW MED	180.00
09/25/08	PMT BY CHECK	DOS 8/27/08 # 28845812	-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#
09/29/08	27155

Claim # : 71042488
W.C.A.B.: LAO 0880614
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MAYFAIR PLASTICS/CONSOL. CONT.
Date Of Injury: 8/21/07

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

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7102884581200754784

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

Remittance - **No.:** 28845812
AMERICAN HOME ASSURANCE COMPANY **RFP No.:** 00754784
09/25/2008

Insured: CONSOLIDATED CONTAINER HOLDING
Claimant:
Producer: **Claim Office:** 710
082708-082708 27155

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000004551178	00424488	01	08/21/2007	MED	O	$180.00	$12,747.51

PAID

Use file # 710-00424488 **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#
04/03/09	27603

Claim # : 710124736
W.C.A.B.: LBO 0373764
ADJ # :
S.S.N. :
D.O.B. :
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 FDL INC.
Date Of Injury: 6/9/05

DOS	SERVICE	DESCRIPTION	AMOUNT
10/02/07	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC (3HRS)	225.00
02/19/08	WCAB LB	MSC	156.50
07/16/08	PENALTIES	FOR DATE OF SERVICE 2/19/08	23.48
07/16/08	INTEREST	FOR DATE OF SERVICE 2/19/08	8.23
09/12/08	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
03/31/09	PMT BY CHECK	DOS 10/2/07 THRU 9/12/08 # 31144882	-569.71

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

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7103114488200611502

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

Remittance –
GRANITE STATE INSURANCE COMPANY

No.: 31144882
RFP No.: 00611502
03/31/2009

Insured: TDL, INC & FREIGHT DISTRIBUTIO
Claimant
Produ .
100207-091208 INV# 27603 I

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000006928660	00124736	01	06/08/2005	MED	O	$569.71

PAID

Use file # 710-00124736 **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#
04/20/09	28138

Claim # : 152-C2-CFC-7390-F
W.C.A.B.: LBO 0388320
ADJ # : ADJ4069874
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs WF CINEMA HOLDING
Date Of Injury: 8/1/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/30/07	WCAB LB	MSC	156.50
03/05/08	PENALTIES	FOR DATE OF SERVICE 10/30/07	23.48
03/05/08	INTEREST	FOR DATE OF SERVICE 10/30/07	7.25
09/05/08	PMT BY CHECK	DOS 10/30/07 # 896D 64300005	-156.50
03/23/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
04/15/09	PMT BY CHECK	DOS 10/30/07 THRU 3/23/09 # 891A 78812134	-280.73

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

002451

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

UD01226

891A 78812134

TRAVELERS

DATE: 04/15/09
TIN: 330956713
PROVIDER: JOYCE ALMAN INTERPRETERS

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

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

TRAVELERS CASUALTY AND SURETY COMPANY

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB CFC7390F	10/30/07 - 03/23/09	$ 280.73		INVOICE #28138
	152 CB CFC9392K	09/09/07	$)		27167
					PAID
		Total Amount Paid	$******430.73		

05009782
DETACH CHECK

SUMM -021509
OVRPSUM2-021509
DETACH CHECK

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

*** INVOICE ***

Date	NO#
05/11/09	28488

Claim # : SHO2877
W.C.A.B.: VNO 0552417
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
NAVIGATORS INSURANCE/ SGD
W.C. DEPARTMENT
ATTN: JOANNE QUEANO
9255 CORBIN AVENUE, 200
NORTHRIDGE, CA 91324

Case: vs KEVIN FOLEY/ROBERT DANIELS
Date Of Injury: 2/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/07	INITIAL EXAM	DR NEMAT @ PAIN RELIEF CTR*	230.00
10/27/08	NCV	DIAGNOSTIC STUDY INTERP: U/E & EMG @ PAIN RELIEF*	150.00
11/11/08	PR2/REEVAL	DR NEMAT @ PAIN RELIEF CTR*	180.00
11/20/08	INITIAL EXAM	DR TERRENCE - PSYCH EVAL (2.5 HRS)	287.50
01/27/09	INITIAL EXAM	DR COLLINS @ PAIN RELIEF CTR*	230.00
03/12/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
01/29/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
05/05/09	PMT BY CHECK	DOS 12/11/07 THRU 1/29/09 # 0105710	-1437.50

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

JT² INTEGRATED RESOURCES

P O Box 8021
Pleasanton, CA 94588

Check Date : 05/05/2009
Check Number : 0105710
Check Amount : $1,437.50

2Z471V

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

aw04a
00011

Payment Summary

Claim #	ant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
SHO-0002877		02/08/2007	28488	O45	10/27/2008	01/29/2009	$1,437.50

33062

PAID

11-11

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

*** INVOICE ***
Date NO#
04/21/09 28938

Claim # : 066315371
W.C.A.B.: LBO 0393449
ADJ # : ADJ2233738
S.S.N.
D.O.B. :
Terms : 45 days

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

Case: _ vs PULMUONE- WILDWOOD INC.
Date Of Injury: 7/27/06

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/08	INITIAL EXAM	DR ZAGARAFF/DR AMERI*	230.00
03/03/08	PR2/REEVAL	DR ZAGARAFF/DR AMERI*	180.00
05/06/08	PMT BY CHECK	DOS 1/16/08 THRU 3/3/08 # 1838284	-410.00
07/07/08	PR2/REEVAL	DR ZAGARAFF/DR AMERI*	180.00
07/30/08	PMT BY CHECK	DOS 7/7/08 # 0225987	-180.00
08/06/08	P AND S	@ AMERI CHIRO*	230.00
09/23/08	PMT BY CHECK	DOS 8/6/08 # 1885121	-230.00
01/16/09	C&R READING	@ THE L/O OF DENNIS FUSI (block settlment)	156.50
04/02/09	PENALTIES	FOR DATE OF SERVICE 1/16/09	23.48
04/02/09	INTEREST	FOR DATE OF SERVICE 1/16/09	4.73
04/16/09	PMT BY CHECK	DOS 1/16/08 THRU 4/2/09 # 1940822	-184.71

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

Redwood Fire and Casualty Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/16/2009
Check Number : 1940822
Check Amount : $184.71

E05612

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

9jr4a
00306

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
07320466		01/03/2007	28938	Interpreter Fees -	01/16/2008	04/02/2009	$184.71

PAID

306-306

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

*** INVOICE ***

Date	NO#
03/23/09	28790

Claim # : 05098812
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MASTER LANDSCAPE & MAINTENANCE
Date Of Injury: 7/18/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/08	INITIAL EXAM	DR PAYANDEH*	230.00
04/23/08	PR2/REEVAL	DR PAYANDEH*	180.00
05/21/08	PR2/REEVAL	DR PAYANDEH*	180.00
06/18/08	PMT BY CHECK	DOS 2/1/08 THRU 4/23/08 # CN-323273	-410.00
07/02/08	PMT BY CHECK	DOS 5/21/08 # CN-325883	-180.00
07/07/08	INITIAL EXAM	DR RAHMAN*	230.00
07/02/08	PR2/REEVAL	DR PAYANDEH*	180.00
07/23/08	PR2/REEVAL	DR PAYANDEH*	180.00
08/13/08	PMT BY CHECK	DOS 7/2/08 THRU 7/7/08 # CN-333956	-410.00
08/20/08	PMT BY CHECK	DOS 7/23/08 # CN-335482	-180.00
10/06/08	PR2/REEVAL	DR RAHMAN @ ADVANCE SURGICAL PARTNERS*	180.00
11/17/08	PR2/REEVAL	DR RAHMAN @ ADVANCE SURGICAL PARTNERS*	180.00
01/13/09	PMT BY CHECK	DOS 10/6/08 THRU 11/17/08 # CN-357788	-360.00
01/12/09	PR2/REEVAL	DR RAHMAN @ ADVANCE SURGICAL PARTNERS*	180.00
03/19/09	PMT BY CHECK	DOS 1/12/09 # CN-367795	-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#
03/23/09	28790

Claim # : 05098812
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MASTER LANDSCAPE & MAINTENANCE
Date Of Injury: 7/18/07

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

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CN-367795**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 03/19/09
Doc #: 017699432

Medical

28790

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	05098812	**Date of Injury:**	07/18/07	
	ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL								
1	SF1-SFCA-3617391	01/12/09	99911	Interpreting Service	1	180.00	0	710 723	180.00
							Total Allowances:		**$180.00**

PAID

0121419701769943201 2

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

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

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

*** INVOICE ***

Date	NO#
06/15/09	28965

Claim # : 0028206943
W.C.A.B.: LBO 0380908
ADJ # :
S.S.N. :
D.O.B. : /
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (SD7190)
W.C. DEPARTMENT
ATTN: KRISTA SUTTEN
P.O. BOX # 719025
SAN DIEGO, CA 92171

Case: vs DAVIS BROS. FRAMING
Date Of Injury: 6/29/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/30/06	INITIAL EXAM	DR PAYANDEH*	230.00
09/01/06	INITIAL EXAM	DR THOMAS*	230.00
09/11/06	FOLLOW-UP	DR THOMAS*	180.00
09/06/06	FOLLOW-UP	DR PAYANDEH*	180.00
09/13/06	FOLLOW-UP	DR THOMAS*	180.00
09/18/06	FOLLOW-UP	DR THOMAS*	180.00
09/27/06	FOLLOW-UP	DR PAYANDEH*	180.00
09/25/06	FOLLOW-UP	DR THOMAS*	180.00
09/27/06	EMG TESTING	BY DR BEDZAH: L/E*	125.00
09/27/06	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
10/09/06	FOLLOW-UP	DR THOMAS*	180.00
10/05/06	PMT BY CHECK	DOS 8/30/06 THRU 9/25/06 # 0052306678	-1180.00
10/25/06	FOLLOW-UP	DR PAYANDEH*	180.00
11/10/06	PMT BY CHECK	DOS 9/27/06 # 39255658	-125.00
11/15/06	FOLLOW-UP	DR PAYANDEH*	180.00
11/15/06	FOLLOW-UP	DR THOMAS*	180.00
12/06/06	FOLLOW-UP	DR PAYANDEH*	180.00
12/04/06	FOLLOW-UP	DR THOMAS*	180.00
12/14/06	MRI	REF BY PAYANDEH: LT FOOT*	150.00
12/11/06	FOLLOW-UP	DR THOMAS*	180.00
12/27/06	FOLLOW-UP	DR PAYANDEH*	180.00
12/18/06	FOLLOW-UP	DR THOMAS*	180.00
01/08/07	FOLLOW-UP	DR THOMAS*	180.00
01/10/07	FOLLOW-UP	DR PAYANDEH*	180.00
01/16/07	PMT BY CHECK	DOS 8/30/06 THRU 12/14/06 # 0054187909	-1715.00
01/17/07	FOLLOW-UP	DR THOMAS*	180.00
01/23/07	PMT BY CHECK	DOS 8/30/06 THRU 11/15/06 # 0054309883	-1025.00
02/01/07	PMT BY CHECK	DOS 1/17/07 # 0054483558	-55.00

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#
06/15/09	28965

Claim # : 0028206943
W.C.A.B.: LBO 0380908
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (SD7190)
W.C. DEPARTMENT
ATTN: KRISTA SUTTEN
P.O. BOX # 719025
SAN DIEGO, CA 92171

Case [redacted] vs DAVIS BROS. FRAMING
Date Of Injury: 6/29/06

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/07	FOLLOW-UP	DR PAYANDEH*	180.00
01/24/07	FOLLOW-UP	DR THOMAS*	180.00
01/02/07	PMT BY CHECK	DOS 1/31/07 THRU 1/24/07 # 00054483558	-360.00
02/07/07	FOLLOW-UP	DR THOMAS*	180.00
02/01/07	PMT BY CHECK	DOS 2/7/07 # 0054483558	-180.00
02/28/07	FOLLOW-UP	DR PAYANDEH*	180.00
03/13/07	PMT BY CHECK	DOS 2/28/07 # 0055251149	-180.00
03/21/07	FOLLOW-UP	DR PAYANDEH*	180.00
03/21/07	FOLLOW-UP	DR THOMAS*	180.00
03/29/07	PMT BY CHECK	DOS 11/16/06 # 0055569211	-200.00
04/04/07	FOLLOW-UP	DR THOMAS*	180.00
04/11/07	FOLLOW-UP	DR PAYANDEH*	180.00
04/11/07	FOLLOW-UP	DR THOMAS*	180.00
04/24/07	PMT BY CHECK	DOS 3/21/07 # 0056046263	-360.00
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
05/17/07	PMT BY CHECK	DOS 4/4/07 # 0056495829	-180.00
05/23/07	FOLLOW-UP	DR THOMAS*	180.00
05/21/07	PMT BY CHECK	DOS 4/11/07 THRU 5/2/07 # 0056551407	-520.00
05/30/07	FOLLOW-UP	DR PAYANDEH*	180.00
05/29/07	PMT BY CHECK	DOS 4/23/07 # 0056697875	-180.00
05/29/07	POST-OP	DOS 5/2/07 # 0056697876	-180.00
06/06/07	PMT BY CHECK	DOS 5/29/07 # 0056841797	-180.00
06/20/07	P AND S	DR PAYANDEH*	230.00
06/13/07	FOLLOW-UP	DR THOMAS*	180.00
07/18/07	FOLLOW-UP	DR THOMAS*	180.00
08/01/07	FOLLOW-UP	DR THOMAS*	180.00
08/13/07	FOLLOW-UP	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#
06/15/09	28965

Claim # : 0028206943
W.C.A.B.: LBO 0380908
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (SD7190)
W.C. DEPARTMENT
ATTN: KRISTA SUTTEN
P.O. BOX # 719025
SAN DIEGO, CA 92171

Case: vs DAVIS BROS. FRAMING
Date Of Injury: 6/29/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/22/07	PR2/REEVAL	DR THOMAS*	180.00
09/10/07	PR2/REEVAL	DR THOMAS*	180.00
10/02/07	PR2/REEVAL	DR THOMAS*	180.00
10/16/07	PR2/REEVAL	DR THOMAS*	180.00
10/30/07	PR2/REEVAL	DR THOMAS*	180.00
11/13/07	PR2/REEVAL	DR THOMAS*	180.00
12/12/07	PR2/REEVAL	DR THOMAS*	180.00
12/19/07	PMT BY CHECK	DOS 1/31-11/13/07 #0060684267	-2030.00
12/19/07	PR2/REEVAL	DR THOMAS*	180.00
01/14/08	PR2/REEVAL	DR THOMAS*	180.00
02/12/08	PR2/REEVAL	DR THOMAS*	180.00
02/13/08	WCAB LB	MSC	156.50
03/11/08	PR2/REEVAL	DR THOMAS*	180.00
04/02/08	PR2/REEVAL	DR THOMAS*	180.00
05/19/08	PMT BY CHECK	DOS 12/12/07 THRU 1/4/08 # 004411945	-540.00
05/20/08	PMT BY CHECK	DOS 3/11/08 THRU 4/2/08 # 004412923	-696.50
05/27/08	PR2/REEVAL	DR THOMAS*	180.00
06/10/08	PR2/REEVAL	DR THOMAS*	180.00
06/24/08	PR2/REEVAL	DR THOMAS*	180.00
07/08/08	PR2/REEVAL	DR THOMAS*	180.00
08/05/08	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
08/26/08	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
09/24/08	PR2/REEVAL	DR THOMAS @ COASTLINE PODIATRY*	180.00
10/13/08	PMT BY CHECK	DOS 5/27/08 THRU 8/26/08 # 004506900	-1080.00
10/21/08	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#
06/15/09 28965

Claim # : 0028206943
W.C.A.B.: LBO 0380908
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (SD7190)
W.C. DEPARTMENT
ATTN: KRISTA SUTTEN
P.O. BOX # 719025
SAN DIEGO, CA 92171

Case: S vs DAVIS BROS. FRAMING
Date Of Injury: 6/29/06

DOS	SERVICE	DESCRIPTION	AMOUNT
		PODIATRY*	
11/25/08	PMT BY CHECK	DOS 9/24/08 # 004534793	-180.00
11/18/08	PR2/REEVAL	DR THOMAS @ COASTLINE	180.00
		PODIATRY*	
12/02/08	PR2/REEVAL	DR THOMAS @ COASTLINE	180.00
		PODIATRY*	
01/19/09	PMT BY CHECK	DOS 10/21/08 THRU 11/18/08	-360.00
		# 004566978	
01/06/09	PR2/REEVAL	DR THOMAS @ COASTLINE	180.00
		PODIATRY*	
02/03/09	PR2/REEVAL	DR THOMAS @ COASTLINE	180.00
		PODIATRY*	
03/19/09	PMT BY CHECK	DOS 12/2/08 THRU 1/6/09	-360.00
		# 004604686	
04/01/09	PMT BY CHECK	DOS 2/3/09 # 004613393	-180.00
03/31/09	PR2/REEVAL	DR THOMAS @ COASTLINE	180.00
		PODIATRY*	
05/06/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
05/18/09	PMT BY CHECK	DOS 3/31/09 # 004643301	-180.00
06/11/09	PMT BY CHECK	DOS 5/6/09 # 004654857	-250.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

000142-0001-000142 CAC1 1410289
Cambridge Integrated Services Group, Inc.
5505 13 Mile Rd, Suite 300
Warren, MI 48092-1510

TEMPORARY RETURN SERVICE REQUESTED

Check Date	Check Number
06/11/2009	004654857

Check Code	Handling Code
WFR	DIRECT

ZZ-1-SDM-AUTHN

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

WORKERS COMPENSATION FUND
ADJ-DEMETRIUS DAVIS
OFFICE# PD RANCHO CORDOVA, CA
(916) 631-6407

CLAIM NUMBER	CLAIMANT NAME / DESCRIPTION	D/A	RES	DEPT
2005-0-712320-00147-WC-A		06-29-2006	M	010
DAVIS BROTHERS FRAMING, I 05/06/2009 IN:#28965				

22865

NET BENEFITS: $250.00

PAID

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

*** INVOICE ***

Date	NO#
11/26/08	29083

Claim # : 04894228
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs GOLDEN GATE IRON WORKS, INC.
Date Of Injury: 8/15/06

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/08	INITIAL EXAM	DR KATTAR*	230.00
03/18/08	NCV	DIAGNOSTIC STUDY INTERP: U/E, L/E*	125.00
03/18/08	EMG TESTING	BY DR PARK - U/E, L/E*	125.00
03/25/08	INITIAL EXAM	DR ASHIKYAN - PSYCH EVAL*	230.00
04/21/08	PMT BY CHECK	DOS 1/21/08 # CU-203951	-90.00
05/14/08	PMT BY CHECK	DOS 1/21/08 THRU 3/25/08 # CU-218438	-620.00
09/19/08	PR2/REEVAL	DR KATTAR* @ GARFIELD MED	180.00
10/01/08	P AND S	DR KATTAR* @ GARFIELD MED	230.00
11/21/08	PMT BY CHECK	DOS 9/19/08 THRU 10/1/08 # CU-340708	-410.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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-340708**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 11/21/08
Doc #: 016954863

29083

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	04654980	**Date of Injury:**	12/05/05	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-2932737	10/01/08	99911	Interpreting Service	1	180.00	0	710 723	
	Patient Name:				**Claim #:**	01500548	**Date of Injury:**	04/19/04	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
2	SF1-SFCA-2929670	07/09/04	MDO10	Payment By Order	1	368.49	188.49	961	
3	SF1-SFCA-2929670	10/08/04	MDO10	Payment By Order	1	.00	0	790	.00
								Subtotal:	
	Patient Name:				**Claim #:**	04894228	**Date of Injury:**	08/15/06	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
4	SF1-SFCA-2932410	09/19/08	99911	Interpreting Service	1	180.00	0	710 723	180.00
5	SF1-SFCA-2932410	10/01/08	99911	Interpreting Service	1	230.00	0	710 723	230.00
								Subtotal:	**410.00**
	Patient Name:				**Claim #:**	SA645044	**Date of Injury:**	08/13/05	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
6	SF1-SFCA-2930652	06/03/08	MDO10	Payment By Order	1	.00	0	790	.00
7	SF1-SFCA-2930652	08/13/05	MDO10	Payment By Order	1	1,380.03	375.03	961	1,005.00
								Subtotal:	
	Patient Name:				**Claim #:**	05145360	**Date of Injury:**	09/27/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
8	SF1-SFCA-2932392	10/01/08	99911	Interpreting Service	1	180.00	0	375 723	
	Patient Name:				**Claim #:**	05259640	**Date of Injury:**	01/23/08	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
9	SF1-SFCA-2932350	10/01/08	99911	Interpreting Service	1	180.00	0	723	

Total Allowances: **$2,135.00**

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.

PAID

01207960016954863012

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

*** INVOICE ***

Date	NO#
05/04/09	29118

Claim # : 04996018
W.C.A.B.: LBO0386972
ADJ # : ADJ2558422
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs GARVEY CONSTRUCTION
Date Of Injury: 1/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/08	INITIAL EXAM	DR HERIC*	230.00
02/11/08	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC (2.5 HRS)	187.50
01/29/08	INITIAL EXAM	DR VALDEZ*	230.00
04/03/08	PMT BY CHECK	DOS 1/23/08 THRU 2/11/08 # CU-192710	-610.00
10/01/08	WCAB LB	MSC	156.50
03/06/09	PENALTIES	FOR DATE OF SERVICE 01/29/08	5.63
03/06/09	INTEREST	FOR DATE OF SERVICE 01/29/08	4.99
03/06/09	PENALTIES	FOR DATE OF SERVICE 10/01/08	23.48
03/06/09	INTEREST	FOR DATE OF SERVICE 10/01/08	8.68
04/21/09	PENALTIES	FOR DATE OF SERVICE 2/11/08	5.63
04/21/09	INTEREST	FOR DATE OF SERVICE 2/11/08	5.38
04/21/09	PENALTIES	FOR DATE OF SERVICE 10/1/08	23.48
04/21/09	INTEREST	FOR DATE OF SERVICE 10/1/08	10.95
04/30/09	PMT BY CHECK	DOS 1/30/07 THRU 4/23/09 # CU-428505	-282.22

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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-428505**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/30/09
Doc #: 017964847

29118

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 04996018		
1	FULL/FINAL	01/30/07	04/23/09	Medical Services	1		282.22
						Total Allowances:	**$282.22**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04996018	282.22	.00	282.22

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:

04996018 PER STIP AND ORDER RECEIV; ED 4/23/09. NOT DATED BY; WORKERS' COMPENSATION JU; DGE.;

T F,
CA
OIL

PAID

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.

0121655201796484701 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#
04/06/09	29188

Claim # : C345C5448003
W.C.A.B.: LBO0391713
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

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

Case: vs LENNOX INTERNATIONAL, INC.
Date Of Injury: 7/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
02/13/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
03/13/08	PMT BY CHECK	DOS 1/23/08 THRU 2/13/08 # DA57718043	-406.50
03/21/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
04/04/08	PMT BY CHECK	DOS 3/21/08 # DA57844533	-156.50
04/30/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/28/08	PMT BY CHECK	DOS 4/30/08 $ DA58188405	-250.00
02/17/09	WCAB LB	MSC	156.50
03/02/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
04/02/09	PMT BY CHECK	DOS 2/17/09 THRU 3/2/09 # DA60263730	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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*B0DA602637300409201010904020006321
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 04/02/09

CHECK NO. **DA60263730**

STATEMENT

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

5900A11DA 00 01137 DA60263730
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C5448003

DOLLARS
$*********406.50

* NOT NEGOTIABLE *

FOR
02/17/09 THRU 03/02/09 29188

CLAIMANT

DATE OF EVENT
07/01/07

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

PAID

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#
07/23/09	29229

Claim # : 792CN184287
W.C.A.B.: LBO0394698
ADJ # : ADJ4227248
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (SACRAMENTO)
W.C. DEPARTMENT
ATTN: DEBBIE CAPEWELL
PO BOX 15810
SACRAMENTO, CA 95852

Case: vs DAILY BREEZE
Date Of Injury: 11/26/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/08	INITIAL EXAM	DR DOMARACKI*	230.00
03/17/08	PR2/REEVAL	DR DOMARACKI*	180.00
04/07/08	PR2/REEVAL	DR DOMARACKI*	180.00
04/28/08	PR2/REEVAL	DR DOMARACKI*	180.00
05/19/08	PR2/REEVAL	DR DOMARACKI*	180.00
07/16/08	PR2/REEVAL	DR DOMARACKI*	180.00
08/11/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/30/08	PENALTIES	FOR DATE OF SERVICE 2/15/08	34.50
10/30/08	INTEREST	FOR DATE OF SERVICE 2/15/08	20.15
10/31/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
02/05/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
03/27/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
04/02/09	PMT BY CHECK	DOS 2/15/08 THRU 2/5/09 # 2830746922	-1724.65
04/23/09	PMT BY CHECK	DOS 3/27/09 # 2830786914	-180.00
06/12/09	C&R READING	@ THE L/O OF JON WOODS	250.00
06/17/09	WCAB LB	MSC	156.50
07/20/09	PMT BY CHECK	DOS 6/12/09 THRU 6/17/09 # 2830951452	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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BROADSPIRE®
a Crawford Company

[redacted]

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:

Claim/Seq #: 792180532
Employer Name: THE SAN DIEGO UNION-TRIBUNE, LLC
Patient Ref#: 29229 Adjustor: DMC

Billing ID #: 888-H-10321174
EOR Date: 07/17/2009
Date of Accident: 09/06/2006
Unique Image ID: 23620616
Page: 1

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

CLAIMANT:	EMPLOYER: THE SAN DIEGO UNION-TRIBUNE, LLC	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165** 7/20/09 -
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: Zurich American Insurance Company 1400 American Lane Schaumburg, IL 60196	CK-2830951452

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
02/15/2008	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	113-010, 113-021, 476
03/17/2008	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 476
04/07/2008	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 476
04/28/2008	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 476
05/19/2008	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 476
07/16/2008	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 476
08/11/2008	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 476
10/30/2008	C0103	C0103	MISC SERVICES	1	1	34.50	0.00	113-010, 113-021, 476
10/30/2008	C0103	C0103	MISC SERVICES	1	1	20.15	0.00	113-010, 113-021, 476
10/31/2008	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 476
02/05/2009	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 476
03/27/2009	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 476
06/12/2009	C0103	C0103	MISC SERVICES	1	1	250.00	250.00	113-010, 113-021
06/17/2009	C0103	C0103	MISC SERVICES	1	1	156.50	156.50	113-010, 113-021

(Continued on next page)

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BROADSPIRE®
a Crawford Company

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: HAROLD ARIAS
Claim/Seq #: 792180532
Employer Name: THE SAN DIEGO UNION-TRIBUNE, LLC
Patient Ref#: 29229 Adjustor: DMC

Billing ID #: 888-H-10321174
EOR Date: 07/17/2009
Date of Accident: 09/06/2006
Unique Image ID: 23620616
Page: 2

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

Total Actual Charges	:	$2,311.15	
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$1,904.65	
Contracted % Discount Reduction	:		$0.00
Total Reimbursable Amount	:		$406.50

Summary of Codes

Diagnostic Codes: (1)	959.9	INJURY OTHER AND UNSPECIFIED UNSPECIFIED SITE
E O M B Codes:	476	$1,724.65 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-9831304-0.
	476	$180.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-9943516-0.
	113-021	EXPORT/IMPORT RE-PRICING EXPLANATION 1: 0 Non-participating provider. No discount taken.
	113-010	NETWORK IMPORT RE-PRICING - NON-CONTRACTED SERVICE

Please send all future bills for this claimant to:
BROADSPIRE SERVICES INC., P.O. Box 25104, Lehigh Valley, PA 18002-5104

If you intend to seek reconsideration, please send supporting documentation along with a copy of this EOR and a written request to:
Broadspire, P.O. Box 25104, Lehigh Valley, PA 18002-5104
Business Phone: 800-800-7885

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

*** INVOICE ***

Date	NO#
08/04/08	29442

Claim # : CA308987
W.C.A.B.: LBO 0393927
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (OREGON)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 69129
PORTLAND, OR 92739

Case: vs HHS/ERM LOS ALAMITOS
Date Of Injury: 7/16/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/13/08	INITIAL EXAM	DR ZARGARAFF/DR AMERI*	230.00
03/26/08	PR2/REEVAL	DR ZARGARAFF/DR AMERI*	180.00
04/11/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
04/23/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/07/08	WCAB LB	MSC	156.50
06/04/08	PR2/REEVAL	DR ZARGARAFF/DR AMERI*	180.00
06/20/08	DEPO PREP	@ THE L/O OF ANDREW PRYOR	156.50
06/27/08	PMT BY CHECK	DOS 2/13/08 THRU 6/4/08 # 2293356	-1153.00
07/09/08	PMT BY CHECK	DOS 6/20/08 # 2304402	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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WARNING: THIS ACCOUNT IS PROTECTED AGAINST FRAUD

63-4
630

LUMBERMEN'S UNDERWRITING ALLIANCE

BOCA RATON, FLORIDA 33431

2304402

308987

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
07/16/06	57204-2373	283196	WC-CA-308987	JULY 29, 200

INSURED HOSPITAL HOUSEKEEPING
CLAIMANT
PAYEE TAX ID 330956713

NATURE OF PAYMENT FROM 06/20/08 TO 06/20/08
INV#:29442,CASE#:LBO 0393927
TRANSLATOR

PAY ONE HUNDRED FIFTY SIX AND 50/100 DOLLARS

TO THE ORDER OF

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

BANK OF AMERICA, N.A.

ENDORSEMENT REQUIRED

$ *********156.5

Include Detail on back

VOID IF NOT CASHED WITHIN 6 MONTHS

Christi E. Lynn

AUTHORIZED SIGNATURE

618

2304402

COUNTERSIGNATURE MAY BE REQUIRED

⑈002304402⑈ ⑆063000047⑆ 00360118?388⑈

PAID

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

*** INVOICE ***

Date	NO#
11/24/08	29531

Claim # : 41878929
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
RISK ENTERPRISE SVCS (BRE2314)
W.C. DEPARTMENT
ATTN: ANGELA BUCA
P.O. BOX # 2314
BREA, CA 92822-2314

Case: vs KAVA HOLDINGS INC.
Date Of Injury: 4/20/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/08	INITIAL EXAM	DR BOYER*	230.00
03/19/08	PR2/REEVAL	DR BOYER*	180.00
06/11/08	PR2/REEVAL	DR BOYER*	180.00
06/23/08	PMT BY CHECK	DOS 1/28/08 THRU 6/11/08 # 990007450	-590.00
08/21/08	EMG TESTING	BY DR SCHILLING: U/E*	150.00
08/25/08	PR2/REEVAL	DR BOYER* @ PAIN RELIEF	180.00
09/05/08	PMT BY CHECK	DOS 1/28/08 THRU 8/25/08 # 990009811	-330.00
10/08/08	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
11/19/08	PMT BY CHECK	DOS 10/8/08 # 990011977	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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November 19, 2008

Atlantic Mutual Insurance Company

PAYEE ID: 330956713
NAME: Joyce Altman Interpreters, Inc.

CHECK NUMBER: **990011977**

11/19/08

CLAIM	CLAIMANT	SERVICE DATES	AMOUNT
4187/8929 Invoice # 29531		10/08/2008-10/08/2008	$180.00

PAID

PAID

000009 488574 P1

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

*** INVOICE ***

Date	NO#
02/09/09	29616

Claim # : 20801480079
W.C.A.B.: LBO0384131
ADJ # : ADJ3290136
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INSURANCE (L.A.)
W.C. DEPARTMENT
ATTN: LINDA HIMI
P.O. BOX # 92566
LOS ANGELES, CA 90009-2566

Case: vs BENIHANA INC.
Date Of Injury: 4/4/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/25/08	INITIAL EXAM	DR HERIC*	230.00
03/27/08	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC (2.5 HRS)	187.50
06/27/08	PENALTIES	FOR DATE OF SERVICE 2/25/08	34.50
06/27/08	INTEREST	FOR DATE OF SERVICE 2/25/08	10.36
12/17/08	WCAB LB	MSC	156.50
02/05/09	PMT BY CHECK	DOS 12/17/08 # 1620297395	-156.50
02/05/09	PMT BY CHECK	DOS 2/25/08 THRU 12/17/08 # 1620297394	-462.36

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

02378

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0153421 001 DN	WC 3730601	29616		12/01/06	12/17/08-12/17/08

Check Number	1620297395	Date Issued	02/05/09	Amount	$****156.50
Insured	Benihana Inc				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Roxanne Ervin				
File Supervisor	Darlene Nealy	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	156.50		
		PAID	
TOTAL	$156.50		

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

*** INVOICE ***

Date	NO#
05/15/09	29680

Claim # : 01498722
W.C.A.B.: LBO0362799
ADJ # : ADJ3855740
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CAL/PAC PAINTING ACQUISITION
Date Of Injury: 7/12/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/08	INITIAL EXAM	DR HERIC*	230.00
10/23/08	PMT BY CHECK	DOS 1/7/08 # CS-242184	-230.00
04/21/09	WCAB LB	MSC	156.50
05/11/09	PMT BY CHECK	DOS 4/21/09 # BS-229642	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(951)656-8300

Provider Number: 330956713

Check #: **BS -229642**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/11/09
Doc #: 018029532

29680

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name	**Claim #:** 01498722			
1	KMCGIN	04/21/09	04/21/09	Claimant Incurred Legal Expense	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01498722	156.50	.00	156.50

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:

01498722 INVOICE #29680; CL $156.50; AURELIO RAMIREZ;

PAID

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.

01170910180295320 12

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

*** INVOICE ***
Date NO#
05/19/09 29747

Claim # : 635C9837674
W.C.A.B.: LBO 0382970/336
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COSBY OIL COMPANY
Date Of Injury: 4/3/06, 9/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/12/08	PMT BY CHECK	DOS 3/4/08 # DA58081741	-250.00
06/05/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
07/10/08	PMT BY CHECK	DOS 6/5/08 # DA58473983	-250.00
04/24/09	C&R READING	@ THE L/O OF DENISE KUPER	250.00
05/14/09	PMT BY CHECK	DOS 4/24/09 # DA60556338	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

*BODA60556338049700101090514000673 6
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31083
TAMPA FL 33631-3083

DATE 05/14/09

CHECK NO. **DA60556338**

STATEMENT

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

5900A11DA 00 01360 DA60556338
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
635C9837674

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

* NOT NEGOTIABLE *

FOR
04/24/09 THRU 04/24/09 INV#29747

CLAIMANT

DATE OF EVENT
09/12/06

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

BOA16B (CC,'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#
04/08/09	29848

Claim # : 05188324
W.C.A.B.: LBO 0394744
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PAMPA FURNITURE
Date of Injury: 12/6/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/08	INITIAL EXAM	DR CHAN*	230.00
05/09/08	PMT BY CHECK	DOS 3/4/08 # CU-215791	-230.00
07/14/08	PR2/REEVAL	DR CHAN*	180.00
08/15/08	PMT BY CHECK	DOS 7/14/08 # CU-281248	-180.00
08/25/08	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
09/26/08	PMT BY CHECK	DOS 8/25/08 # CU-3077775	-90.00
10/06/08	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
10/28/08	PMT BY CHECK	DOS 8/25/08 # CU-326909	-90.00
03/03/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
04/06/09	PMT BY CHECK	DOS 3/4/08 THRU 3/3/09 # CU-411611	-430.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-411611**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 04/06/09
Doc #: 017796865

29548

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	SA618129	**Date of Injury:**	06/01/01	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-3706585	10/04/01	99911	Interpreting Service	1	90.00	0	710	
2	SF1-SFCA-3706585	10/04/01	A9270	Non-Covered Item Or	1	15.30	15.3	219	
3	SF1-SFCA-3706585	10/09/01	99911	Interpreting Service	1	90.00	0	710	
4	SF1-SFCA-3706585	12/09/01	A9270	Non-Covered Item Or	1	15.30	15.3	219	
								Subtotal:	
		Patient Name:			**Claim #:**	05188324	**Date of Injury:**	12/06/07	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
5	SF1-SFCA-3708226	03/03/09	MDS10	Settlement For Dispu	1	.00	0	790	.00
6	SF1-SFCA-3708226	03/04/08	MDS10	Settlement For Dispu	1	430.00	0	961	430.00
								Subtotal:	**430.00**

Total Allowances: **$610.00**

F.F

EV

OK

PAID

Please refer to the last page(s) of EOR for an explanation of reduction codes and payment comments.
To insure prompt payment of your bill, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(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#
02/02/09	29905

Claim # : 20071035028,20041024449
W.C.A.B.: LBO0391026
ADJ # : ADJ1224329
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14563)
W.C. DEPARTMENT
ATTN: MARY TUCSON
P.O. BOX 14563
LEXINGTON, KY 40512

Case: vs FOOD 4 LESS/RALPH'S/KROGER
Date Of Injury: 10/13/04, 9/29/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/08	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
04/10/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/15/08	PMT BY CHECK	DOS 3/21/08 THRU 4/10/08 # 0001294827	-406.50
12/22/08	WCAB LB	MSC	156.50
01/28/09	PMT BY CHECK	DOS 12/22/08 # 0001466786	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Sedgwick Claims Management Services, Inc
PO Box 14563
Lexington, KY 40512-4563

DATE	CHECK AMT	CHECK NO.
01/28/2009	156.50	0001466786

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

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services	001

*009486 0001466786 00001 OF 00001 OAM 090128 1015

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

Claimant Name	Loss Date	Claim Number	SSN
	10/13/2004	20041024449-0001	

Amt Paid: 156.50 Description: Miscellaneous Medical
Amt Billed: 156.50 Invoice: 29905 ICN: 200410244490001
Dates: 03/21/2008 - 12/22/2008 Comment: 512009012008578R000

PAID

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

E1991.1 RM (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#
02/17/09	29910

Claim # : 22004085
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SD85479)
W.C. DEPARTMENT
ATTN: CHRISTINA MOHN
P.O. BOX 85479
SAN DIEGO, CA 92186

Case: [illegible] vs COMFORT INN
Date Of Injury: 9/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/08	INITIAL EXAM	DR JUANENGO*	230.00
04/02/08	PR2/REEVAL	DR JUANENGO*	180.00
04/16/08	PR2/REEVAL	DR JUANENGO*	180.00
05/12/08	PR2/REEVAL	DR JUANENGO*	180.00
05/15/08	MRI	REF BY DR JUANENGO: C/S, L/S*	150.00
05/27/08	PMT BY CHECK	DOS 3/19/08 THRU 5/12/08 # 0039505	-360.00
06/09/08	PR2/REEVAL	DR JUANENGO*	180.00
04/09/08	PR-2	DR JUANENGO*	180.00
07/09/08	PR2/REEVAL	DR JAUNENGO*	180.00
07/15/08	PMT BY CHECK	DOS 3/19/08 THRU 4/9/08 # 0046753	-920.00
08/07/08	PMT BY CHECK	DOS 7/9/08 # 0049777	-180.00
08/14/08	PR2/REEVAL	DR JUANENGO* @ IN GOOD HANDS	180.00
09/25/08	PR2/REEVAL	DR JUANENGO* @ IN GOOD HANDS	180.00
09/25/08	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR GREEN (3 HRS)	225.00
02/12/09	PMT BY CHECK	DOS 3/19/08 THRU 9/25/08 # 0076711	-585.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 02/12/2009
Check Number : 0076711
Check Amount : $960.79

RX9515

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

5614a
00047

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22004085		09/15/2007	29910	Interpreter Fees -	03/19/2008	09/25/2008	$585.00
22007507		04/10/2008	31401	Interpreter Fees -	07/31/2008	01/21/2009	

PAID

47-47

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

*** INVOICE ***

Date	NO#
09/29/08	30004

Claim # : 01108879
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs POYEYE'S CHICKEN
Date Of Injury: 6/22/02

DOS	SERVICE	DESCRIPTION	AMOUNT
04/01/08	INITIAL EXAM	DR JUANENGO*	230.00
05/01/08	PR2/REEVAL	DR JUANENGO*	180.00
05/30/08	PMT BY CHECK	DOS 4/1/08 # CD-375306	-230.00
06/09/08	PMT BY CHECK	DOS 4/1/08 # CD-377672	-180.00
06/12/08	PR2/REEVAL	DR JUANENGO*	180.00
07/28/08	PR2/REEVAL	DR AIKEN/DR JUANENGO* DR AMENDED	180.00
08/25/08	PMT BY CHECK	DOS 6/12/08 THRU 7/28/08 # CD-392876	-360.00
09/04/08	PR2/REEVAL	DR JUANENGO* @ PAIN RELIEF	180.00
09/26/08	PMT BY CHECK	DOS 9/4/08 # CD-399175	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(858)552-7100

Provider Number: 330956713

Check #: **CD-399175**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 09/26/08
Doc #: 016576691

30004

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	01108879	**Date of Injury:**	06/22/02	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-2587520	09/04/08	99911	Interpreting Service	1	180.00	0	710 723	180.00
							Total Allowances:		**$180.00**

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.

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

*** INVOICE ***

Date	NO#
05/11/09	30158

Claim # : 608598949
W.C.A.B.: LBO0391708/07
ADJ # : ADJ2108477/3581715
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ALCAL ARCADE CONTRACTING INC.
Date Of Injury: 9/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/07/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
05/20/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/20/08	PENALTIES	FOR DATE OF SERVICE 4/7/08	23.48
05/06/09	INTEREST	FOR DATE OF SERVICE 4/7/08	20.41
08/20/08	PENALTIES	FOR DATE OF SERVICE 5/20/08	37.50
05/06/09	INTEREST	FOR DATE OF SERVICE 5/20/08	29.22
01/16/09	C&R READING	@ THE L/O OF DENNIS FUSI (block settlement)	156.50
05/06/09	PENALTIES	FOR DATE OF SERVICE 1/16/09	23.48
05/06/09	INTEREST	FOR DATE OF SERVICE 1/16/09	6.41
05/07/09	PMT BY CHECK	DOS 4/7/08 THRU 5/6/09 # 91133454	-703.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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BRANCH OFFICE ADDRESS:
PO BOX 989000
W SACRAMENTO, CA 95798
916-564-1792

Liberty Mutual.

B. CODE	CHECK NUMBER	CHECK DATE
189	91133454	05/07/09
	CHECK AMOUNT ****$703.50	BLOCK NUMBER 006420

CLAIM #: WC 608-598949
CONTRACT #: WA7-66D-064561-016-92

OSN: EE2801050703-003940
CONTROL #: 000001286 ID: C608C14

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 05/0[illegible]7
EMPLOYEE:

EMPLOYER: ALCAL ARCADE CONTRACTING INC
DATES OF SERVICE 05/07/09-05/07/09
LOCATION CODE: 42110

30158

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	EXPL PAYABLE	CODE
05/07/09	05/07/09	EXPENSE		.00	703.50	703.50	

NOTE: PAYS LIEN

TOTAL CHARGES	703.50
TOTAL PAYABLE:	703.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	703.50

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#
03/17/09 30193

Claim # : 152A9M7909H, 152A9M1419H
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CACIQUE INC.
Date Of Injury: 11/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/08	INITIAL EXAM	DR RAHIMIAN/DR AMERI*	230.00
05/22/08	PR2/REEVAL	DR RAHIMIAN/DR AMERI*	180.00
07/18/08	PMT BY CHECK	DOS 4/10/08 THRU 5/2/08 # 896d 61384752	-410.00
08/05/08	PR2/REEVAL	@ AMERI CHIRO*	180.00
09/18/08	PMT BY CHECK	DOS 8/5/08 # 896D 65015046	-180.00
10/02/08	PR2/REEVAL	@ AMERI CHIRO*	180.00
12/23/08	PMT BY CHECK	DOS 10/2/08 # 896D 70788321	-180.00
01/22/09	P AND S	DR RAHIMIAN @ AMERI CHIRO*	230.00
03/13/09	PMT BY CHECK	DOS 1/22/09 # 896D 73932134	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

001881

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

UD01881

896D 73932134

TRAVELERS

DATE: 03/13/09
LOSS DATE: 11/15/07
FILE NUMBER: 152 CB A9M1419 H

EMPLOYEE

ACCOUNT NAME:
CACIQUE INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/22/2009

TOTAL PAID: $230.00
TAX INFO: 3309567133317481Y
PAY MISC: 30193
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: JOSEPH A KING AT (909)612-3079

072008558
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
02/02/09	30224

Claim # : 494C0156695
W.C.A.B.: LBO 0391129
ADJ # : ADJ695619
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ZESTA SCREEN PRINTING
Date Of Injury: 9/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/11/08	+DEPO PREP	@ L/O OF DENNIS FUSI	156.50
04/30/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
05/16/08	PMT BY CHECK	DOS 4/11/08 THRU 4/30/08 # DA58119785	-313.00
05/21/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/17/08	PMT BY CHECK	DOS 5/21/08 # DA58323707	-250.00
11/21/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/19/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL II	250.00
01/29/09	PMT BY CHECK	DOS 11/21/08 THRU 12/19/08 # DA59836819	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

"!0DA59836819037770101090129001038 5
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31083
TAMPA FL 33631-3083

DATE 01/29/09

CHECK NO. DA59836819

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

STATEMENT

5900A21DA 00 00841 DA59836819
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C0156695

DOLLARS
$*********406.50

* NOT NEGOTIABLE *

FOR
11/21/08 THRU 12/19/08 30224

CLAIMANT

DATE OF EVENT
09/27/07

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

PAID

BOA18B (06/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
02/09/09	30315

Claim # : 710493318
W.C.A.B.: LBO 0395700
ADJ # : ADJ3178392
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RANCHO FRAMING, INC.
Date Of Injury: 3/31/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/08	INITIAL EXAM	DR RAHIMIAN/DR AMERI*	230.00
05/29/08	PR2/REEVAL	DR RAHIMIAN/DR AMERI*	180.00
08/20/08	PENALTIES	FOR DATE OF SERVICE 4/22/08	34.50
08/20/08	INTEREST	FOR DATE OF SERVICE 4/22/08	10.15
09/25/08	DEPO PREP	@ THE L/O OF ADELSON, BRUNDO TESTAN	156.50
10/17/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/18/08	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
01/05/09	DEPO PREP	@ THE L/O OF ADELSON & TESTAN	156.50
02/06/09	PMT BY CHECK	DOS 4/22/08 THRU 1/5/09 # 30501362	-1197.65

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 5 7103050136200064373

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

Remittance – **No.:** 30501362
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH **RFP No.:** 00064373
02/06/2009

Insured: RANCHO FRAMING INC
Claimant:
Producer: **Claim Office:** 710
ACT: 30315 042208-010509

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000001593582	00493318	01	03/31/2008	MED	O	$1,197.65	$10,593.28

PAID

Use file # 710-00493318 **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#
08/28/08	30482

Claim # : 40400700010
W.C.A.B.: LBO 0392529
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CLAIM QUEST (WALNUT)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
675 BREA CANYON RD, STE #4
WALNUT, CA 91789-3065

Case: vs RAMONA'S MEXICAN FOOD PRODUCTS
Date Of Injury: 12/6/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/06/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/18/08	PMT BY CHECK	DOS 5/13/08 # 00001974	-156.50
08/20/08	PMT BY CHECK	DOS 6/6/08 # 00002053	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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RAMONA'S MEXICAN FOOD PRODUCTS, INC.
Workers' Compensation Program

EMPLOYER	PROVIDER NO	CHECK NO	CHECK DATE	SDJH
Deli #2	330956713	00002053	08/20/2008	1

CLAIM NUMBER	INJURY DATE	EMPLOYEE	DEPT / LOC	DAYS LOST	ACCOUNT CODE	TYPE	AMOUNT
4040 07 00010	12/06/2007					A	250.00

DOS: 06/06/2008-06/06/2008
INV#: 30482 06/27/2008
DEPO REVIEW

PAID

Direct questions/inquiries to ClaimQuest, Inc (909)594-9400

PAYMENT TYPES							
	A - ALLOCATED EXPENSE	G - MILEAGE	M - MEDICAL	T - TEMPORARY DISABILITY	Z - MISCELLANEOUS
	D - DEATH BENEFIT	H - OTHER REHABILITATION	P - PERMANENT DISABILITY	X - OTHER COMPENSATION	
	F - LIFETIME PENSION	L - OTHER ALLOCATED EXPENSE	R - TEMPORARY DISABILITY (REHAB)	Y - OTHER MEDICAL	

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

*** INVOICE ***

Date	NO#
09/29/08	30531

Claim # : 792182626
W.C.A.B.: LBO 0390365
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (LEHIGH 25100)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5100

Case: vs LIZ CLAIRBORNE
Date Of Injury: 5/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/09/08	INITIAL EXAM	DR DOMARACKI*	230.00
05/30/08	PR2/REEVAL	DR DOMARACKI*	180.00
06/18/08	PR2/REEVAL	DR DOMARACKI*	180.00
07/01/08	PMT BY CHECK	DOS 5/9/08 THRU 5/30/08 # 2830211076	-410.00
07/08/08	PMT BY CHECK	DOS 6/18/08 # 2830220200	-180.00
07/11/08	PR2/REEVAL	DR DOMARACKI*	180.00
07/22/08	PMT BY CHECK	DOS 7/11/08 # 2830244867	-180.00
08/07/08	PR2/REEVAL	DR DOMARACKI* @ WILLOW MED	180.00
08/28/08	PR2/REEVAL	DR DOMARACKI* @ WILLOW MED	180.00
09/02/08	PMT BY CHECK	DOS 8/7/08 THRU 8/28/08 # 2830327238	-360.00
09/05/08	PR2/REEVAL	DR DOMARACKI* @ WILLOW MED	180.00
09/24/08	PMT BY CHECK	DOS 9/5/08 # 2830368384	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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BROADSPIRE
a Crawford Company

[redacted]

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: EVA CUEVA

Claim/Seq #: 792182626
Employer Name: LIZ CLAIBORNE, INC.-TPA
Patient Ref#: 305351 30521 Adjustor: KMB2

Billing ID #: 888-H-8876866
EOR Date: 09/23/2008
Date of Accident: 05/08/2007
Unique Image ID: 21608125
Page: 1

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

CLAIMANT:	EMPLOYER: LIZ CLAIBORNE, INC.-TPA LUCKY BRAND JEANS 660 TOPANGA CANYON BLVD CANOGA PARK, CA 91303-0000	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165** 9/24/08 LK-283036838
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: Zurich American Insurance Company 1400 American Lane Schaumburg, IL 60196	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
05/09/2008	C0103	C0103	MISC SERVICES	1	1	230.00	0.00	113-010, 113-021, 476
05/30/2008	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 886
06/18/2008	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 476
07/11/2008	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 476
08/07/2008	C0103	C0103	MISC SERVICES	1	1	180.00	0.00	113-010, 113-021, 476
08/28/2008	C0103	C0103	MISC SERVICES	1	1	130.00	180.00	113-010, 113-021

Total Actual Charges	:	$1,130.00	
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$950.00	
Contracted % Discount Reduction	:		$0.00
Total Reimbursable Amount	:		$180.00

PAID

Summary of Codes

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

E O M B Codes: 476 $180.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-8598185-0.

476 $230.00 OF THE CHARGES ARE DUPLICATES OF BILL # 888-H-8499627-0.

(Continued on next page)

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

*** INVOICE ***

Date	NO#
09/29/08	30578

Claim # : 99314980408738
W.C.A.B.: MON 0361561
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs LABOR READY CORP.
Date Of Injury: 4/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/21/08	INITIAL EXAM	DR PAYANDEH*	230.00
06/02/08	INITIAL EXAM	DR RAHMAN*	230.00
06/16/08	PR2/REEVAL	DR RAHMAN*	180.00
06/05/08	EMG TESTING	BY DR PAYANDEH: L/E*	125.00
06/05/08	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
06/18/08	EMG TESTING	@ ADVANCED CARE SPECIALIST: U/E*	150.00
07/23/08	PR2/REEVAL	DR PAYANDEH*	180.00
08/04/08	PR2/REEVAL	DR RAHMAN*	180.00
08/08/08	PMT BY CHECK	DOS 5/21/08 THRU 7/23/08 # FE39555291	-1220.00
08/14/08	INITIAL EXAM	DR PARVIN: PSYCH EVAL*	230.00
08/20/08	P AND S	DR PAYANDEH* @ ADVANCE CARE	230.00
09/10/08	PMT BY CHECK	DOS 8/4/08 THRU 8/14/08 # FE39658166	-410.00
09/24/08	PMT BY CHECK	DOS 8/20/08 # FE39704616	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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*C0FE39704616016900101080924000330 6
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 09/24/08

CHECK NO. FE39704616

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00424 FE39704616
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
9931498040873

DOLLARS
$*********230.00

* NOT NEGOTIABLE *

FOR
08/20/08 THRU 08/20/08 30578

CLAIMANT

DATE OF EVENT
04/24/08

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

PAID

BOA10B (09/2002)

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#
12/16/08	30618

Claim # : 05304148
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs POMONA SCRAP METAL INC.
Date Of Injury: 4/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/08	INITIAL EXAM	DR RAHIMIAN/DR AMERI*	230.00
07/03/08	PR2/REEVAL	DR RAHIMIAN/DR AMERI*	180.00
08/28/08	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
10/22/08	PMT BY CHECK	DOS 5/22/08 THRU 8/28/08 # CY-318525	-590.00
10/23/08	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
12/12/08	PMT BY CHECK	DOS 10/23/08 # CY-326391	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(951)656-8300

Provider Number: 330956713

Check #: **CY-318525**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 10/22/08
Doc #: 016741520

30618

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	05304148	**Date of Injury:**	04/11/08	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-2737053	05/22/08	99911	Interpreting Service	1	230.00	0	723	230.00
2	SF1-SFCA-2737053	07/03/08	99911	Interpreting Service	1	180.00	0	723	180.00
3	SF1-SFCA-2737053	08/28/08	99911	Interpreting Service	1	180.00	0	723	180.00
							Total Allowances:		**$590.00**

01206224016741520012

PAID

Please refer to the last page(s) of EOR for an explanation of reduction codes and review/appeal processes.

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(951)656-8300

Provider Number: 330956713

Check #: **CY-326391**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 12/12/08
Doc #: 017087432

30618

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	05304148	**Date of Injury:**	04/11/08	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-3056286	10/23/08	99911	Interpreting Service	1	180.00	0	710 723	180.00
							Total Allowances:		**$180.00**

PAID

0120905601708743201 2

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

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

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

*** INVOICE ***

Date	NO#
09/29/08	30680

Claim # : E2036189
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS. (VAN NUYS)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 10149
VAN NUYS, CA 91410-0149

Case: vs EASY LIFE FURNITURE
Date Of Injury: 4/6/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/08	INITIAL EXAM	DR SCHILLING*	230.00
06/10/08	EMG TESTING	BY DR SCHILLING: U/E*	150.00
07/25/08	PR2/REEVAL	DR PAYANDEH*	180.00
08/05/08	PMT BY CHECK	DOS 5/27/08 THRU 6/10/08 # 8810001992	-380.00
08/29/08	PMT BY CHECK	DOS 7/25/08 # 8810011637	-180.00
08/25/08	PR2/REEVAL	DR PAYANDEH* @ ADVANCE CARE	180.00
09/25/08	PMT BY CHECK	DOS 8/25/08 # 8810022984	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Los Angeles Service Center

Check Number: 8810022984

Date: 09/25/2008

$180.00******

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

To the order of
Inv# 30680
Joyce Altman Interpreters, Inc.
PO Box 4165
Tustin Ca 92781-4165

01 01 000247 09915290W1 CC09:5P2 02 000247

Claimant/Patient:			
Insured:	Easy Life Furniture Inc		
Date of Loss:	04/06/2008	User ID	WE2CC61
Claim Number:	E2036189	CRID	E25087
Check Number:	8810022984		
Payment Under Insured's:			
Correspondence Reference:	09915290W1		
Description			

INTERPRETER	$180.00

PAID

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

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

*** INVOICE ***

Date	NO#
07/30/09	30700

Claim # : 05420558
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs KAN DO PONDS
Date Of Injury: 9/14/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/08	INITIAL EXAM	DR PAYANDEH*	230.00
06/18/08	EMG TESTING	@ ADVANCED CARE SPECIALIST: L/E*	150.00
01/21/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
02/18/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
05/11/09	INITIAL EXAM	DR RAHMAN @ ADVANCED CARE*	230.00
05/11/09	P AND S	DR PAYANDEH @ ADVANCED CARE*	230.00
07/27/09	PMT BY CHECK	DOS 6/4/08 THRU 5/11/09 # CP-407088	-1200.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(714)565-5000

Provider Number: 330956713

Check #: **CP-407088**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 07/27/09
Doc #: 018539938

Medical

30700

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	05420558	**Date of Injury:**	09/14/07	
		ICD-9 Code:999.9	OTH&UNSPEC COMPS MEDICAL						
1	SF1-SFCA-4413379	01/21/09	99911	Interpreting Service	1	180.00	.00	723	180.00
2	SF1-SFCA-4413379	02/18/09	99911	Interpreting Service	1	180.00	.00	723	180.00
3	SF1-SFCA-4413379	05/11/09	99911	Interpreting Service	1	230.00	.00	723	230.00
4	SF1-SFCA-4413379	05/11/09	99911	Interpreting Service	1	230.00	.00	723	230.00
5	SF1-SFCA-4413379	06/04/08	99911	Interpreting Service	1	230.00	.00	723	230.00
6	SF1-SFCA-4413379	06/18/08	99911	Interpreting Service	1	150.00	.00	723	150.00
							Total Allowances:		**$1,200.00**

0132222101853938012

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.

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

*** INVOICE ***

Date	NO#
09/29/08	30790

Claim # : 345C5431074
W.C.A.B.: LBO 0390932
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MASON ELECTRIC
Date Of Injury: 5/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/08	WCAB VNO	TRIAL	156.50
08/21/08	PMT BY CHECK	DOS 6/12/08 # DA58766194	-156.50
08/18/08	WCAB VNO	TRIAL	156.50
09/24/08	PMT BY CHECK	DOS 8/18/08 # DA58995335	-156.50

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

*I0DA58995335029760101080924000822 3
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 09/24/08

CHECK NO. DA58995335

STATEMENT

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

5900A21DA 00 00657 DA58995335
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C5431074

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

* NOT NEGOTIABLE *

FOR
08/18/08 THRU 08/18/08 30790

CLAIMANT

DATE OF EVENT
05/01/07

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

PAID

BOA18B (06/2008)

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#
03/17/09	30810

Claim # : 000822-009137-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case [redacted] 7-UP RC BOTTLING CO.
Date Of Injury: 4/23/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/13/08	SHOCK WAVE	THERAPY W/ TECH BIANCA RIVAS*	150.00
03/13/09	PMT BY CHECK	DOS 6/13/08 # 0069793345	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

004025 PAGE 1 OF 1 000822

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

GALLAGHER BASSETT SERVICES INC
FOR INSURANCE CO STATE OF PA

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

CLAIM NO: 000822 009137 WC 01 (81416)
CLAIMANT:
DESCRIPTION: INV#30810

BRANCH NO.:187
ACC. DATE: 23Apr08

NO.: 0069793345
VN: 0000167248
DATE 13Mar09

DATES OF SERVICE: 13Jun2008 THRU 13Jun2008
BENEFIT PERIOD: THRU

150.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

*** INVOICE ***

Date	NO#
12/29/08	30814

Claim # : 2080180697
W.C.A.B.: LBO 0393706
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INSURANCE (L.A.)
W.C. DEPARTMENT
ATTN: EMELDA NICKOLES
P.O. BOX # 92566
LOS ANGELES, CA 90009-2566

Case: vs HYGEIA APOTHECARY DBA BOTICA
Date Of Injury: 1/23/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/08/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/02/08	PMT BY CHECK	DOS 6/12/08 THRU 7/8/08 # 1080876070	-406.50
09/17/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
11/04/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/23/08	PMT BY CHECK	DOS 9/17/08 THRU 11/4/08 # 1080896590	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

American Zurich Ins. Co.

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

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00404

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0180697 001 IN	WC 4280027	30814		01/23/08	09/17/08-11/04/08

Check Number	1080896590	Date Issued	12/23/08	Amount	$****406.50
Insured	HYGEIA APOTHECARY INC. DBA: BOTICA DEL SOL				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Yetta Steward				
File Supervisor	Imelda Nicolas	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	406.50		
TOTAL	$406.50		

PAID

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

*** INVOICE ***

Date	NO#
09/29/08	30827

Claim # : 80700161254
W.C.A.B.: LBO 0390540
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs OAK QUARRY GOLF CLUB
Date Of Injury: 6/14/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/08	JOB DESCRIPT	@ THE L/O OF DENNIS FUSI	156.50
08/01/08	PMT BY CHECK	DOS 6/16/08 # 8070223147	-156.50
08/26/08	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
09/24/08	PMT BY CHECK	DOS 8/26/08 # 8070236309	-156.50

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

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

EMPLOYERS℠

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

ISSUE DATE	CHECK NO.
08/01/08	8070223147

08/01/08 Claimant: $156.50

ClaimNo: 80700161254 Date of Injury: 06/14/2007

Vendor Invoice: 30827 Billing Date: 07/17/08

IRS Number: 330956713

Payment For:

SvcPeriod: 06/16/08 to 06/16/08 Billed Amt: $156.50

Expenses: Interpreter: INTERPRETING SERVICES FOR JOB

DESCRIPTION

PAID

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

EMPLOYERS℠

ISSUE DATE 09/24/08 | CHECK NO. 8070236309

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

09/24/08 Claimant: $156.50

ClaimNo: 80700161254 Date of Injury: 06/14/2007

Vendor Invoice: 30827 Billing Date: 09/15/08

IRS Number: 330956713

Payment For:

SvcPeriod: 08/26/08 to 08/26/08 Billed Amt: $156.50

Expenses: Interpreter: INTERPRETING SERVICES FOR C&R READING

PAID

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

*** INVOICE ***
Date NO#
08/18/08 30829

Claim # : PZC0040008877
W.C.A.B.: LBO 0395803
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DEL MAR DIE CASTING
Date Of Injury: 8/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/08	DEPO PREP	@ THE L/O OF ADELSON & TESTAN	156.50
07/15/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/25/08	PMT BY CHECK	DOS 6/16/08 # 0000944655	-156.50
08/15/08	PMT BY CHECK	DOS 7/15/08 # 0000963260	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CRUM&FORSTER

Number: 0000963260

Vendor Number: 408694399 Issuing Location: Orange County Claims Check Date: 08/15/2008

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
NO# 30829	PZC00400877	EXP	30829	03/17/2008	$250.00

PAID

TOTAL: $250.00

Send Inquiries to:
P.O. Box 14217
Orange, CA 92863
800-209-9819

Processor: **D. Nguyen**

Please Detach Before Depositing

Internal Reference No: 30829

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

*** INVOICE ***

Date	NO#
08/04/08	30871

Claim # : 08001478
W.C.A.B.: ANA 0409061
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ATHENS ADMIN (CONCORD)
W.C. DEPARTMENT
ATTN: BETTY HUWITT
P.O. BOX # 696
CONCORD, CA 94522

Case: vs MCKESSON MEDICAL SURGICAL
Date Of Injury: 10/31/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/08	INITIAL EXAM	DR ZARGARAFF/DR AMERI*	230.00
07/23/08	PR2/REEVAL	DR ZARGARAFF/DR AMERI*	180.00
07/23/08	PMT BY CHECK	DOS 6/16/08 # 105590	-230.00
07/31/08	PMT BY CHECK	DOS 7/23/08 # 105701	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ENDORSEMENT REQUIRED. VOID IF OVER $1,000. TRIED BACKGROUND AND A WATERMARK. HOLD TO THE LIGHT TO VIEW.

MCKESSON CORPORATION

WORKERS' COMPENSATION PROGRAM
ADMINISTERED BY: ATHENS ADMINISTRATORS
P.O. BOX 696, CONCORD, CALIFORNIA 94522

Bank of America
Customer Service Americas No. 1233
1850 Gateway Blvd.
Concord, CA 94520

11-35
1210

CHECK NO: 105701

DATE: 07/31/2008

FOR:

30871

Old Republic

TYPE	FROM	THROUGH
M160	06/16/2008	07/23/2008

cLAIMANT:

CLAIM NO: 08001478

THIS CHECK IS VOID AFTER 180 DAYS

PAY *One hundred eighty and 00/100 Dollars*

AMOUNT
******$180.00

PAYABLE TO
JOYCE ALTMAN INTERPRETERS, INC.
P.O. Box 4165
Tustin, CA 92781

AUTHORIZED SIGNATURE

TWO SIGNATURES ARE REQUIRED

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRI

⑈00105701⑈ ⑆121000358⑆ 12331 13647⑈

30871

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#
07/25/08 30880

Claim # : 155218243015
W.C.A.B.: LBO 0392470
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SEAPORT FISH CORP.
Date Of Injury: 7/30/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/09/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/21/08	PMT BY CHECK	DOS 6/9/08 # 523017	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Safeco

www.safeco.com

Check No. 523017

ISSUE DATE JUL 21, 2008

SAFECO INSURANCE COMPANIES
SOUTHWEST ACCOUNTING
P.O. BOX 25150
SANTA ANA CA 92799-5150

CLAIM NO. 155218243015
ACS REF NO. 19W072111401
POLICY NO. 25WC007569

LOSS DATE 07-30-07

ADJUSTER:
SANDRA JONES
PHONE NO: (800) 332-3226

AGENT: 16-1349
THOMAS R HAYES INS SER INC

First National Insurance Company of America

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

PAYMENT PERIOD:
06-09-08 TO 06-09-08

COVERAGES PAID THIS CHECK:

250.00 IND PERM PERMANENT DISABILITY

****250.00 TOTAL PAID THIS CHECK
INSURED: Y.M.B.D., INC.
CLAIMANT:
IN PAYMENT OF: INVOICE #30880

PAID

W-910 10/05

Tear on Perforation

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

*** INVOICE ***

Date	NO#
03/02/09	30892

Claim # : 000770-000192-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: TONY TIET
P.O. BOX # 70003
ANAHEIM, CA 92825-0003

Case: [redacted] vs RECYCLE TO CONSERVE, INC.
Date Of Injury: 6/5/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/08	INITIAL EXAM	DR KATTAR (2.5 HRS)	287.50
02/24/09	PMT BY CHECK	DOS 6/18/08 # 0069408839	-287.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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GALLAGHER BASSETT-LA/ANAHEIM-S
P.O. BOX 70003
ANAHEIM CA 92825-0003

007052 PAGE 1 OF 1 000770

GAL.*95110*.0435087012.03095.03095.GALCK03D 003095

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

GALLAGHER BASSETT SERVICES INC
FOR SCOPE INDUSTRIES

DIRECT CHECK INQUIRIES TO:
PHONE: 714-938-0172
GALLAGHER BASSETT-LA/ANAHEIM-S
P.O. BOX 70003
ANAHEIM CA 92825-0003

CLAIM NO: 000770 000192 WC 01 (51)
CLAIMANT:
DESCRIPTION: INV# 30892

DATES OF SERVICE: 18Jun2008 THRU 18Jun2008
BENEFIT PERIOD: THRU

BRANCH NO.: 102
ACC. DATE: 05Jun08

NO.: 0069408839
VN: 0000014117
DATE 24Feb09

287.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

*** INVOICE ***
Date NO#
08/04/08 30896

Claim # : 03041240
W.C.A.B.: AHM 0150417/8
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs LUCKY MOVING
Date Of Injury: 8/30/05

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/08	INITIAL EXAM	DR KATTAR*	230.00
06/27/08	INITIAL EXAM	DR HOSSAIN*	230.00
07/30/08	PMT BY CHECK	DOS 6/23/08 # CU-271722	-230.00
07/31/08	PMT BY CHECK	DOS 6/27/08 # CU-272592	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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-272592**

JOYCE ALTMAN INTERPRETERS
Po Box 4165
Tustin Ca 92781

Issue Date: 07/31/08
Doc #: 016161715

Medical

30896

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:		**Claim #:**	03041240	**Date of Injury:**	08/30/05	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-2188457	06/27/08	99911	Interpreting Service	1	230.00	0	710 723	230.00
							Total Allowances:		**$230.00**

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.

0120144801616171501 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#
03/23/09	30898

Claim # : 011975045496;01197504846
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ELK GROVE)
W.C. DEPARTMENT
ATTN: MARTHA WARREN
P.O. BOX # 1390
ELK GROVE, CA 95759

Case: vs GOYA FOODS OF CA.
Date Of Injury: 3/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/23/08	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
06/27/08	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
08/08/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
08/12/08	NCV	DIAGNOSTIC STUDY INTERP: U/E, L/E & EMG W/ PARK*	150.00
09/15/08	PR2/REEVAL	DR KATTAR @ GARFIIELD HEALTH*	180.00
10/10/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
11/07/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
12/05/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
01/02/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
02/13/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
03/19/09	PMT BY CHECK	DOS 6/23/08 THRU 2/13/09 # 0069949195	-1870.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GB-SACRAMENTO, CA (ELK GROVE)
P.O. BOX 1390
ELK GROVE CA 95759-1390

0104554 01 RE **AUTO T3 0 5753 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-916-683-5550
GB-SACRAMENTO, CA (ELK GR
P.O. BOX 1390
ELK GROVE CA 95759-1390

PENNSYLVANIA MANUFACTURERS ASSOCIATION

CLAIM NO. 011975 045496 WC 01

CLAIMANT:

DESCRIPTION: INV# 30898

DATE OF SERVICE: 23-Jun-2008 TO 13-Feb-2009

BRANCH NO. 175

ACC. DATE 02-Mar-2008

CHECK NO. 0069949195

VN. 0000956180

DATE: 19-Mar-2009

PAYMENT AMOUNT: $1,870.00

PAID

RE0104554-0001_of_0003 5753-0005983 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0069949195 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#
08/22/08 30968

Claim # : 162827, 187227
W.C.A.B.: LBO 0397478
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MARRIOTT CLAIMS SVCS (ARIZONA)
W.C. DEPARTMENT
ATTN: BRIGET MEIER
P.O. BOX # 29210
HOT SPRINGS, AR 71903-9210

Case: vs RESIDENCE INN MARRIOTT
Date Of Injury: 3/17/08; 8/3/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/08	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
08/01/08	PMT BY CHECK	DOS 6/25/08 # 86292800	-156.50
07/22/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/15/08	PMT BY CHECK	DOS 7/22/08 # 86298053	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

MCS - on behalf of Marriott

PO Box 250054 Plano, TX 75025-0054

Workers Compensation

Payee: Joyce Altman Interpreting, Inc.
Employer: Ri Lax-Torrance
Claim Number: 162827
Claimant Name:
Injury Date: 08/03/2007
Description: Deposition Expense
Instruction: No Attachment or Special Instruction Required
Comment:

IRS/SSN: 330956713
Check Number: 86298053
Claimant SSN:
Invoice Number: 30968
Account Number:

Examiner: BMEIER
Check Total: 250.00
Check Date: 08/15/2008
From Date: 07/22/2008
Through Date: 07/22/2008
Status: Open
Delivery Type: Regular Mail

Document Number:

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#
04/10/09	30969

Claim # : 900120072400
W.C.A.B.: MON 0359505
ADJ # :
S.S.N.
D.O.B. :
Terms : 45 days

BILL TO:
CITY OF LOS ANGELES (TEMPLE)
W.C. DEPARTMENT
ATTN: EDITH OLEA
700 E. TEMPLE STREET,STE.210
LOS ANGELES, CA 90012

Case: vs CITY OF L.A./ ONTARIO AIRPORT
Date Of Injury: 12/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/08	AME	DR GLENN MARSHAK (2HRS 15MIN)	258.75
10/30/08	PENALTIES	FOR DATE OF SERVICE 6/25/08	38.81
10/30/08	INTEREST	FOR DATE OF SERVICE 6/25/08	11.98
04/07/09	PMT BY CHECK	DOS 6/25/08 THRU 10/30/08 # I 4439624	-309.54

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

CITY OF LOS ANGELES

200 N. Main Street, Room 300 CHE, Los Angeles, CA 90012

30969

GENERAL DEMAND FUND 824
WORKERS' COMPENSATION
REMITTANCE ADVICE

PAY TO:

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

DEMAND/WARRANT: I 4439624
CHECK DATE: Apr 07, 2009
CHECK AMOUNT: $309.54

FUND/DEPT: 100 / 61
ACCOUNT: 9910
OBJECT/SUBOBJ: 151/01
FISCAL YEAR: 09

PAYEE ID: 330956713
DEPT. NAME: PERSONNEL

CASE NUMBER	EMPLOYEE NAME	PAY CODE	PAYMENT DESCRIPTION	AMOUNT
INVOICE NO.	SERV FROM	SERV TO	DOI	EMP. DEPT.	SSN.	TRANS. ID.	VOUCHER NO.
9001-2007-2400			32	INTERPRETER FEE			309.54
	06/25/2008	06/25/2008	12/01/2007	0101	*****2306	0407091946	9460255

PAID

IMPORTANT MESSAGE FOR CITY OF LOS ANGELES EMPLOYEES RECEIVING TEMPORARY DISABILITY BENEFITS

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.

ADVERTENCIA: Es necesario que usted le avise a su patrón o a su compañía de seguro todo dinero que usted ha ganado por trabajar, durante el tiempo cubierto por éste cheque, y antes de cambiar éste cheque. Si usted no sigue estos reglamentos, Usted puede estar en violación de la ley y el castigo podría ser cárcel o prisión, una multa, y pérdida de beneficios.

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

*** INVOICE ***

Date	NO#
04/13/09	30984

Claim # : 0007140221 92WC01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

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

Case: vs READY PAC PRODUCE
Date Of Injury: 1/12/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/30/08	INITIAL EXAM	DR ELIE SAMAAN*	230.00
07/11/08	INITIAL EXAM	DR GOLAM HOSSAIN*	230.00
08/22/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
10/24/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
11/21/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
12/19/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
01/16/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
02/04/09	INITIAL EXAM	DR NAZIR @ GARFIELD HEALTH*	230.00
02/27/09	P AND S	DR HOSSAIN @ GARFIELD HEALTH*	230.00
09/26/08	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
04/07/09	PMT BY CHECK	DOS 6/30/08 THRU 9/26/08 # 0070311405	-2000.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

0104662 01 RE "AUTO T3 0 5766 92781

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

DIRECT INQUIRIES TO:

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

RAFFLES INSURANCE, LTD.

CLAIM NO. 000714 022192 WC 01

CLAIMANT:

DESCRIPTION: INVOICE# 30984

DATE OF SERVICE: 30-Jun-2008 TO 27-Feb-2009

BRANCH NO. 165

ACC. DATE 12-Jan-2008

CHECK NO. 0070322405

VN. 0000440823

DATE: 07-Apr-2009

PAYMENT AMOUNT: $2,000.00

PAID

RE0104662-0001_01_0002 5766-0006215 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0070322405 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#
08/07/08	30999

Claim # : E2035747
W.C.A.B.: LBO 0395805
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS. (VAN NUYS)
W.C. DEPARTMENT
ATTN: DANG PHUONG
P.O. BOX # 10149
VAN NUYS, CA 91410-0149

Case: vs SOLO TIRE
Date Of Injury: 1/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/08	DEPO PREP	@ THE L/O OF EARLY & MASLACH	156.50
07/14/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/05/08	PMT BY CHECK	DOS 6/27/08 # 8810001975	-156.50
08/05/08	PMT BY CHECK	DOS 7/14/08 # 8810001990	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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30999

Los Angeles Service Center

Check Number: 8810001990

Date: 08/05/2008

$250.00******

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

To the order of
Inv 30999 Dos 7-14-08
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin Ca 92781-4165

01 01 000237 09339780W1 CC0805P2 02 000237

Claimant/Patient:			
Insured:	Raysheil Inc.		
Date of Loss:	01/15/2008	User ID	WE1MT06
Claim Number:	E2035747	CRID	E14300
Check Number:	8810001990		
Payment Under Insured's:			
Correspondence Reference:	09339780W1		
Description			

COMMUNICATIONS $250.00

PAID

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

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

*** INVOICE ***

Date	NO#
11/24/08	31035

Claim # : A9M9693
W.C.A.B.: AHM 0151194
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ACCURIDE INTERNATIONAL INC.
Date Of Injury: 5/13/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/08/08	INITIAL EXAM	DR SAMUEL CHAN*	230.00
07/14/08	PR2/REEVAL	DR CHAN*	180.00
07/30/08	MRI	REF BY DR CHAN: C/S, L/S*	150.00
08/29/08	PR2/REEVAL	@ COAST CITY MEDICAL*	180.00
09/30/08	PR2/REEVAL	@ COAST CITY MEDICAL*	180.00
10/22/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
11/19/08	PMT BY CHECK	DOS 7/8/08 THRU 10/22/08 # 891A 76195584	-1076.50

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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002101

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
UC02101

891A 76195584

TRAVELERS

DATE: 11/19/08
TIN: 330956713
PROVIDER: JOYCE ALMAN INTERPRETERS

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

Our Customer Service Phone is 1-800-842-7354
Please contact us if you have any questions.

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	158 CB A9M9693F	07/08/08 - 10/22/08	$ 1,076.50		INV 31035
	158 CB A9P8962K	09/03/08 - 10/01/08	$ -		INV 31650
	158 CB CDA1887M	09/29/08	$		INV 25135
		Total Amount Paid	$*****1816.50	TOTAL	

PAID

024007627
DETACH CHECK

SUMM -1212
OVRPSUM2-12
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#
12/16/08	31077

Claim # : SD196680
W.C.A.B.: ANA 0386410
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs WARE DISPOSAL COMPANY INC.
Date Of Injury: 4/13/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/03/08	WCAB SA	MSC	156.50
12/12/08	PMT BY CHECK	DOS 7/3/08 # CY-410161	-156.50

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(858)552-7100

Provider Number: 330956713

Check #: **CD-410161**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/12/08
Doc #: 017092135

31077

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** SD196680		
1	31077	07/03/08	07/03/08	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SD196680	156.50	.00	156.50

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.

PAID

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.

0120007801709213501 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#
04/10/09	31127

Claim # : YLR32582C
W.C.A.B.: LAO 0888984
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LA HABRA)
W.C. DEPARTMENT
ATTN: MATT MASON
P.O. BOX 7007
LA HABRA, CA 90632

Case [redacted] 's STAFF ANEX
Date Of Injury: 5/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/08	INITIAL EXAM	DR HOSSAIN*	230.00
07/01/08	INITIAL EXAM	DR WALEED KATTAR*	230.00
08/05/08	NCV	DIAGNOSTIC STUDY INTERP: U/E & L/E*	125.00
08/05/08	EMG TESTING	BY DR PARK: U/E & L/E*	125.00
04/06/09	PMT BY CHECK	DOS 7/11/08 THRU 8/5/08 # 101069470 7	-710.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

SRS
SPECIALTY RISK SERVICES

000852
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00953 *

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 101069470 7

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
31127 05-05-08	72HMC TQ1344 YLRC 32582	[redacted]	$710.00

Nature of Payment:	Service Dates	Amount Paid
Miscellaneous Medical	07-11-2008 07-11-2008	$230.00
Miscellaneous Medical	07-01-2008 07-01-2008	$230.00
Miscellaneous Medical	08-05-2008 08-05-2008	$125.00
Miscellaneous Medical	08-05-2008 08-05-2008	$125.00

Claim Handler: Matthew J. Mesa
800-221-5473
SO California SRS Claim Office
P.O. Box 7007
La Habra, CA 90632-7007

PAID

Additional Comments:

Issue Date	04-06-2009	Check Number	101069470 7	Total Amount of Check	$710.00

Please keep the above information for your records.

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

081112796

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

*** INVOICE ***

Date	NO#
09/15/08	31129

Claim # : 710439319
W.C.A.B.: LBO 0393436
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CHRISTIE MOLD & MACH
Date Of Injury: 8/30/07

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
08/09/08	PMT BY CHECK	DOS 7/11/08 # 28271514	-156.50
08/15/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/09/08	PMT BY CHECK	DOS 8/15/08 # 28626179	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), 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 7102862617900555695

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

Remittance -
AMERICAN HOME ASSURANCE COMPANY

No.: 28626179
RFP No.: 00555695
09/09/2008

Insured: MCP INDUSTRIES, INC.
Claimant:
Producer:
ACT: 31129

Claim Office: 710

081508-081508

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003423868	00439319	01	08/30/2007	EXP	O	$250.00	

PAID

Use file # 710-00439319 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#
02/02/09	31130

Claim # : ECA900019504
W.C.A.B.: LBO 0393766/67
ADJ # : ADJ3808306
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: KIMBERLY HUE
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs REYES WHOLESALE PRODUCE
Date Of Injury: 1/5/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/08/08	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS	156.50
07/31/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/23/08	WCAB LB	EXPEDITED HEARING	156.50
10/30/08	WCAB LB	EXPEDITED HEARING	156.50
12/04/08	WCAB LB	EXPEDITED TRIAL	156.50
01/23/09	PMT BY CHECK	DOS 7/8/08 THRU 12/4/08 # 304892	-876.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

UNDERWRITERS

PO Box 3188
Omaha, NE 68103-0188

Claim Number: ECA900019504
Name: JOYCE ALTMAN INTERPRETERS INC

Claims Disbursement
Check Number: 304892
Check Date: 01/23/2009
Check Amount: 876.00

Check Information

Check Description:
EOR REFERENCE:
POLICY NUMBER: WEN0014036
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number: 31130
Invoice Date: 12/22/2008

Service From: 07/08/2008 **Service to:** 12/04/2008

Claimant Last Name:
Claimant First Name:

Additional Information: 07/08/2008 12/04/2008

PAID

CFCCL

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

*** INVOICE ***

Date	NO#
06/04/09	31152

Claim # : 04348780
W.C.A.B.: N/A
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs WILLIE BITAK PRODUCTIONS
Date Of Injury: 12/6/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/10/08	INITIAL EXAM	DR NEMAT*	230.00
09/03/08	PMT BY CHECK	DOS 7/10/08 # CU-290968	-230.00
03/30/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
06/02/09	PMT BY CHECK	DOS 3/30/09 # CU-444865	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

Provider Number: 330956713

Check #: **CU-444865**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 06/02/093
Doc #: 018165468

Medical

3152

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
12	SF1-SFCA-4051218	12/09/08	99911	Interpreting Service	1	230.0	0	0710 723	
13	SF1-SFCA-4051218	12/19/08	99911	Interpreting Service	1	230.0	0	0710 723	
14	SF1-SFCA-4051218			Medical Penalty					
15	SF1-SFCA-4051218			Medical Interest					
								Subtotal:	
		Patient Name: [redacted]			**Claim #:**	04348780	**Date of Injury:**	12/06/05	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
16	SF1-SFCA-4051892	03/30/09	99911	Interpreting Service	1	150.0	0	0710 723	150.00
		Patient Name: Ochoa, Eloina			**Claim #:**	05298646	**Date of Injury:**	10/19/04	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
17	SF1-SFCA-4061606	02/16/09	99911	Interpreting Service	1	230.0	0	0790	
				Sub-Totals:		230.00	.00		
				Adjustment:		-230.00	-230.00		.00
				Totals:		.00	-230.00		
		Patient Name:			**Claim #:**	05417722	**Date of Injury:**	02/05/09	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
18	SF1-SFCA-4051878	04/06/09	99911	Interpreting Service	1	180.0	0	0710 723	
		Patient Name:			**Claim #:**	SA642263	**Date of Injury:**	04/29/05	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
19	SF1-SFCA-4057286	01/30/09	99911	Interpreting Service	8	250.0	0	0710 723	
20	SF1-SFCA-4057286			Medical Penalty					
21	SF1-SFCA-4057286			Medical Interest					
								Subtotal:	
		Patient Name:			**Claim #:**	05259640	**Date of Injury:**	01/23/08	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
22	SF1-SFCA-4051976	04/03/09	99911	Interpreting Service	1	180.0	0	0710 723	

Total Allowances: **$3,421.46**

PAID

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

*** INVOICE ***

Date	NO#
11/24/08	31162

Claim # : 710493121
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TOTAL WOMAN
Date Of Injury: 3/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/08	NCV	DIAGNOSTIC STUDY INTERP: U/E & L/E*	125.00
07/18/08	EMG TESTING	BY DR BLUSH: U/E & L/E*	125.00
10/30/08	PENALTIES	FOR DATE OF SERVICE 7/18/08	37.50
10/30/08	INTEREST	FOR DATE OF SERVICE 7/18/08	9.76
11/20/08	PMT BY CHECK	DOS 7/18/08 # 29560698	-297.26

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), 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 71029560698003257 35

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

Remittance –
AMERICAN HOME ASSURANCE COMPANY

No.: 29560698
RFP No.: 00325735
11/20/2008

Insured: TW HOLDINGS, INC DBA TOTAL WOM
Claimant:
Producer:
ACT: 31162

Claim Office: 710

071808-103008

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003425974	00493121	01	03/24/2008	MED	O	$297.26	$1,372.34

PAID

Use file # 710-00493121 **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#
04/28/09	31169

Claim # : 107633
W.C.A.B.: N/A
ADJ # :
S.S.N. : [illegible]6
D.O.B. : [illegible]
Terms : 45 days

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 349016
SACRAMENTO, CA 95834

Case: [illegible] s DAYBREAK CARE CENTER
Date Of Injury: 4/25/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/08	INITIAL EXAM	DR ROBERE MISSIRIAN (4 HRS)	460.00
03/16/09	INITIAL EXAM	DR FONSECA @ NOBLE COMMUNITY (7.5 HRS)	675.00
04/14/09	PMT BY CHECK	DOS 7/17/08 THRU 3/16/09 # 32841	-1135.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000107633		04/25/2008	31169	07/17/2008 - 03/16/2009

Reference: *keyed RC 4-13-09*
Comments:

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Medical Miscellaneous		07/17/2008 - 03/16/2009	1,135.00	1,135.00

Fee Sched Discount:	0.00	PPO Discount:	0.00	Other Discounts:	0.00	Lien:	0.00

CK-32841
4/14/09

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#
09/09/08	31172

Claim # : 5639494011606
W.C.A.B.: LBO 0394518
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ABM JANITORIAL SERVICES
Date Of Injury: 1/30/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/16/08	DEPO PREP	@ THE L/O OF STOCKWELL, HARRIS & WIDOM	156.50
08/06/08	PMT BY CHECK	DOS 7/16/08 # FE39546242	-156.50
08/08/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/05/08	PMT BY CHECK	DOS 8/8/08 # FE39644235	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

*C0FE396442350170101010809050002682
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 09/05/08

CHECK NO. FE39644235

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00761 FE39644235
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
5639494011160

DOLLARS
$********250.00

* NOT NEGOTIABLE *

FOR
08/08/08 THRU 08/08/08 DEPO REVIEW 31172

CLAIMANT

DATE OF EVENT
01/31/08

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

PAID

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
09/19/08	31177

Claim # : 080000000033
W.C.A.B.: LBO 0394966
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
INTERCARE INS (SAC348180)
W.C. DEPARTMENT
ATTN: STEVEN SCOTT
P.O. BOX # 348180
SACRAMENTO, CA 95834

Case: vs 09/29/2008STAFF IT - MAINSTAY
Date Of Injury: 2/6/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/08	WCAB LB	EXP. HEARING	156.50
08/13/08	PMT BY CHECK	DOS 7/21/08 # 58889	-156.50
09/10/08	WCAB LB	TRIAL	156.50
09/24/08	PMT BY CHECK	DOS 9/10/08 # 61084	-156.50

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

System Generated

Payee: Joyce Altman Interpeters DBA:

Check Number: 61084 Check Date: 09/24/2008 Check Amount: $156.50

Claim # / Category	SSN / Explanation	Case Name	ITN	Amount	Dates Of Service
08000000033	621245635			$156.50	09/24/2008 - 09/24/2008
Medical	Inv #31177				

PAID

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

*** INVOICE ***

Date	NO#
12/16/08	31180

Claim # : 0007140188873WC01
W.C.A.B.: LBO 0396559
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (TUCSON, AZ)
W.C. DEPARTMENT
ATTN: ALMA RODRIGUEZ
P.O. BOX # 23812
TUCSON, AZ 85734

Case: ; vs READY PAC
Date Of Injury: 2/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/08	PR2/REEVAL	DR PAYANDEH*	180.00
08/11/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
09/22/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
10/27/08	P AND S	DR PAYANDEH @ ADVANCED CARE*	230.00
10/29/08	DEPO PREP	@ THE L/O OF MALMQUIST, FIELDS & CAMASTRA	156.50
12/11/08	PMT BY CHECK	DOS 7/21/08 THRU 10/29/08 # 0067956488	-926.50

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

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

0104437 01 RE **PRSRT T8 0 5039 92781

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

DIRECT INQUIRIES TO:

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

RAFFLES INSURANCE, LTD.

CLAIM NO. 000714 018873 WC 01

CLAIMANT: ,

31180

DESCRIPTION: INVOICE# 31303 DOS 7/21/08-10/29/08

DATE OF SERVICE: 21-Jul-2008 TO 29-Oct-2008

BRANCH NO. 165

ACC. DATE 18-Feb-2008

CHECK NO. 0067956488

VN. 0000409036

DATE: 11-Dec-2008

PAYMENT AMOUNT: $926.50

PAID

RE0104437-0001_of_0001 5039-0005478 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0067956488 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#
07/21/09	31185

Claim # : 624-107-0303564L
W.C.A.B.: MON0362983
ADJ # : ADJ1629636
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
PEGASUS INSURANCE (MODESTO)
W.C. DEPARTMENT
ATTN: GERALD WILLIAMS
P.O. BOX # 5038
MODESTO, CA 95352

Case: vs MISSION LODGE
Date Of Injury: 6/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/23/08	INITIAL EXAM	DR ZARGARAFF/ DR AMERI*	230.00
06/15/09	P AND S	DR ZARGARAFF @ AMERI CHIRO*	230.00
07/15/09	PMT BY CHECK	DOS 7/23/08 THRU 6/15/09 # 390208	-460.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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: 327 MISSION LODGE ALZHEIMER CENTER
CLAIM #.: 777-624-107-0303564 CLAIMANT:
D/A.....: 6/09/08 Examiner : AW1 Aubrey Williams

CHECK#.....: 390208
CHECK AMOUNT..: 460.00
CHECK DATE....: 7/15/09

PMT VAL 1.....: M3 INTERPRETER AT MEDICAL EXAM
RESERVE.....: ME MEDICAL
PAYMENT PERIOD: 7/23/08 - 6/15/09

REMARKS

31185

31185

PAID

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

*** INVOICE ***

Date	NO#
03/23/09	31220

Claim # : SQ102910
W.C.A.B.: LBO 0324136
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs IN HOME SUPPORTIVE SERVICES
Date Of Injury: 3/13/01

DOS	SERVICE	DESCRIPTION	AMOUNT
07/24/08	INITIAL EXAM	DR NEMAT*	230.00
09/23/08	PR2/REEVAL	DR NEMAT* @ PAIN RELIEF	180.00
10/20/08	PMT BY CHECK	DOS 7/24/08 # C7-411514	-230.00
11/21/08	PMT BY CHECK	DOS 9/23/08 # C7-420066	-180.00
12/12/08	NCV	DIAGNOSTIC STUDY INTERP: U/E & EMG @ PAIN RELIEF*	150.00
12/18/08	PR2/REEVAL	DR NEMAT @ PAIN RELIEF CTR*	180.00
01/27/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
01/27/09	INITIAL EXAM	DR COLLINS @ PAIN RELIEF CTR*	230.00
03/19/09	PMT BY CHECK	DOS 7/24/08 THRU 1/27/09 # C7-450541	-740.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 59901
Riverside, CA 92517-1901
(951)697-7300

Provider Number: 330956713

Check #: **C7 -420066**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 11/21/08
Doc #: 016957048

Medical

v31220

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	SQ102910	**Date of Injury:**	03/13/01	
	ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC								
1	2008111915535478ERG 01U	09/23/08	TXI	Interpreting	1	180.00	.00	G04	180.00
	Patient Name:			ia	**Claim #:**	SQ104849	**Date of Injury:**	04/14/03	
	ICD-9 Code: 999 COMPLICATIONS OF MEDICAL CARE NEC								
2	2008111913584814RXA 01U	10/02/08	TXI	Initial Exam	1	230.00	.00	G32	
							Total Allowances:		**$410.00**

0120030016957048012

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 65005
Pinedale, CA 93650-5065
(951)697-7300

Provider Number: 330956713

Check #: C7 -450541

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 03/19/09
Doc #: 017702912

Medical

3122

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	SQ103627	**Date of Injury:**	02/06/02	
1	2004061412312316DXP 01U	05/08/03	INTERP	Appearance Fee	1	0	.00	G01	
2	2004061412312316DXP 01U			Medical Penalty					
3	2004061412312316DXP 01U			Medical Interest					
								Subtotal:	
		Patient Name:			**Claim #:**	05168956	**Date of Injury:**	10/01/07	
	ICD-9 Code:959.9 INJURY UNSPECIFIED SITE NOS								
4	2009031715342410A1M 01U	07/28/08	INTREP	Reeval Noble Communi	1	270.00	90.00	G04	
		Patient Name:			**Claim #:**	SQ102910	**Date of Injury:**	03/13/01	
	ICD-9 Code:959.9 INJURY UNSPECIFIED SITE NOS								
5	2009031816225204A1M 01U	01/27/09	INTREP	Initial Exam Dr Coll	1		.00		230.00
6	2009031816225204A1M 01U	01/27/09	INTREP	Reeval Dr Sotelo	1		.00		180.00
7	2009031816225204A1M 01U	12/12/08	INTREP	Ncv @ Pain Relief	1		.00		150.00
8	2009031816225204A1M 01U	12/18/08	INTREP	Reeval Dr Nemat	1		.00		180.00
								Subtotal:	740.00
		Patient Name:			**Claim #:**	SQ103771	**Date of Injury:**	04/19/02	
	ICD-9 Code:959.9 INJURY UNSPECIFIED SITE NOS								
9	2009031715172094A1M 01U	04/09/08	INTREP	Reeval Dr Simon Lavi	1		.00	G04	
		Patient Name:			**Claim #:**	SQ104956	**Date of Injury:**	10/02/03	
	ICD-9 Code:959.9 INJURY UNSPECIFIED SITE NOS								
10	2009031715080754A1M 01U	04/03/06	INTREP	Mri Rt Knee	1		.00	G04	

Total Allowances: **$1,405.09**

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.

PAID

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

*** INVOICE ***

Date	NO#
08/25/08	31292

Claim # : 1011811
W.C.A.B.: LBO 0392156
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHURCH MUTUAL INS. (WINSCON)
W.C. DEPARTMENT
ATTN: TINA NOVOTNY
P.O. BOX # 342
MERRILL, WI 54452

Case: vs COMMUNITY BAPTIST CHURCH OF MA
Date Of Injury: 7/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/19/08	PMT BY CHECK	DOS 7/25/08 # 1989708	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Detach before depositing - Please cash within 30 days

Account/Policy No.:	0072875-07-783261	Date of Check:	08/19/08
Claim No.:	1011811	Check No.:	1989708
Date of Loss:	07/05/07		

Insured: COMMUNITY BAPTIST CHURCH OF MANHATTAN BEACH DBA
MANHATTAN BEACH, CA 90266

Claimant:

Description of Loss: RT SHOULDER, Lt eye blurry, nasaua,stress&insomnia

Church Mutual INSURANCE COMPANY

3000 Schuster Lane
P.O. Box 342
Merrill, Wisconsin
54452-0342

Mail To: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

The above check reflects payment for the following:

Payment: $250.00

Patient No.:
Billing Ref. No.: 31292
Service Dates: 07/25/08

MEDICAL - TT OR TPD
Miscellaneous

PAID !

For questions concerning your claim, please call 1-800-554-2642. Select option 2 and enter my extension number; Teena T. Novotny, Ext.4912.

EOB

Control No: 2524127

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

*** INVOICE ***

Date	NO#
05/06/09	31303

Claim # : 269126128
W.C.A.B.: LBO 0396559
ADJ # :
S.S.N.
D.O.B.
Terms : 45 days

BILL TO:
ZURICH INSURANCE (L.A.)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 92566
LOS ANGELES, CA 90009-2566

Case: vs READY PAC
Date Of Injury: 2/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/08	PR2/REEVAL	DR PAYANDEH*	180.00
08/11/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
09/22/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
10/27/08	P AND S	DR PAYANDEH @ ADVANCED CARE*	230.00
10/29/08	DEPO PREP	@ THE L/O OF MALMQUIST, FIELDS & CAMASTRA	156.50
12/11/08	PMT BY CHECK	DOS 7/21/08 THRU 10/29/08 # 0067956488	-926.50
12/01/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
03/23/09	PENALTIES	FOR DATE OF SERVICE 12/01/08	37.50
03/23/09	INTEREST	FOR DATE OF SERVICE 12/01/08	10.40
04/30/09	PMT BY CHECK	DOS 12/1/09 THRU 3/23/09 # 0070844913	-297.90

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

0102242 01 RE **AUTO T7 0 5783 92781

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

DIRECT INQUIRIES TO:

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

RAFFLES INSURANCE, LTD.

CLAIM NO. 000714 018873 WC 01

CLAIMANT:

DESCRIPTION: INVOICE# 31303

DATE OF SERVICE: 01-Dec-2008 TO 23-Mar-2009

BRANCH NO. 165

ACC. DATE 18-Feb-2008

CHECK NO. 0070844913

VN. 0000447689

DATE: 30-Apr-2009

PAYMENT AMOUNT: $297.90

PAID

RE0102242-0004_of_0004 5783-0002526 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0070844913 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#
03/30/09	31317

Claim # : 608-220-121
W.C.A.B.: LBO 0337172
ADJ # : ADJ120208
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (ORANGE-14219)
W.C. DEPARTMENT
ATTN: TRACY BARRIL
P.O. BOX # 14219
ORANGE, CA 92863

Case: vs PARISH ENTERPRISES, LTD CERVIC
Date Of Injury: 5/22/00

DOS	SERVICE	DESCRIPTION	AMOUNT
08/04/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
08/13/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/06/08	DEPO PREP	@ THE L/O OF HUTCHINS COURT REPORTERS	156.50
11/04/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/20/08	WCAB LB	MSC	156.50
12/04/08	PMT BY CHECK	DOS 8/4/08 THRU 11/4/08 # 90260598	-813.00
12/05/08	C&R READING	@ THE L/O OF DENNIS FUSI (CLIENT DIDN'T SIGN)	95.00
01/16/09	C&R READING	@ THE L/O OF DENNIS FUSI (CLIENT DIDN'T SIGN)	95.00
02/26/09	WCAB LB	MSC	156.50
03/25/09	PMT BY CHECK	DOS 12/5/08 THRU 2/26/09 # 90886941	-503.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

BRANCH OFFICE ADDRESS:
PO BOX 989000
W SACRAMENTO, CA 95798
916-564-1792

Liberty Mutual.

B. CODE	CHECK NUMBER	CHECK DATE
189	90886941	03/25/09
	CHECK AMOUNT ****$503.00	BLOCK NUMBER 005922

OSN: EE2801032503-003430

CLAIM #: WC 608-220121
CONTRACT #: WA1-62D-004112-970-94

CONTROL #: 000006840 ID: C608D44

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 22/08
EMPLOYEE:

EMPLOYER: CIVACON
DATES OF SERVICE 11/20/08-02/26/09
LOCATION CODE: FF1703

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
11/20/08	02/26/09	EXPENSE		.00	503.00	503.00	

NOTE: PAYS INVOICE # 31317 DG

TOTAL CHARGES	503.00
TOTAL PAYABLE:	503.00
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	503.00

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#
09/29/08	31349

Claim # : A7T1129
W.C.A.B.: LAO0888365
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs KAZI FOODS, INC.
Date Of Injury: 6/23/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/28/08	INITIAL EXAM	DR FONSECA* @ NOBLE COMMUN. (4 HRS)	460.00
09/04/08	PMT BY CHECK	DOS 7/28/08 # 896D 64199853	-460.00
09/08/08	PR2/REEVAL	DR FONSECA* @ NOBLE COMMUN. (2 HRS 40 MIN)	247.50
09/24/08	PMT BY CHECK	DOS 7/28/08 THRU 9/8/08 # 896D 65386206	-247.50

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

002070

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

UC02070

896D 65386206

TRAVELERS

DATE: 09/24/08
LOSS DATE: 06/23/08
FILE NUMBER: 152 CB A7T1129 K

EMPLOYEE

ACCOUNT NAME:
KAZI FOODS INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 09/08/2008

TOTAL PAID: $247.50
TAX INFO: 330956713372l476Y
PAY MISC: 31349
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: PATRICIA S MARSHALL AT (909)612-3047

268007628
DETACH CHECK

UNSUMM -050
OVRPUNS2-121
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#
06/18/09	31379

Claim # : 310W04058
W.C.A.B.: N/A
ADJ # .
S.S.N.
D.O.B. :
Terms : 45 days

BILL TO:
INTERCARE INS (IRVINE)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 19544
IRVINE, CA 92623

Case: vs MK CONSTRUCTION
Date Of Injury: 7/10/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/08	INITIAL EXAM	DR NEMAT* @ PAIN RELIEF	230.00
10/06/08	SHOCK WAVE	THERAPY @ PAIN RELIEF*	150.00
10/01/08	PR2/REEVAL	DR NEMAT* @ PAN RELIEF	180.00
10/10/08	SHOCK WAVE	THERAPY W/ TECH LOPEZ @ PAIN RELIEF CTR*	150.00
11/26/08	PR2/REEVAL	DR KASSIMIAN @ PAIN RELIEF CTR*	180.00
12/24/08	PR2/REEVAL	DR KASSIMIAN @ PAIN RELIEF CTR*	180.00
12/18/08	PR2/REEVAL	DR NEMAT @ PAIN RELIEF CTR*	180.00
01/27/09	INITIAL EXAM	DR COLLINS @ PAIN RELIEF CTR*	230.00
02/26/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
04/09/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
06/15/09	PMT BY CHECK	DOS 8/5/08 THRU 4/9/09 # 0020125482	-1840.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

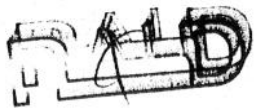
SUA Insurance Company
Chicago, IL

Check # 0020125482

Payee: **Joyce Altman Interpreters**

Check Date 06/15/2009

Bill Id	Invoice #	Policy #	Claim #	Claimant Name	Service From-To	Amount Paid
	inv 31379	WSATMEC00380901	310W08104058		08/05/08-04/09/09	1,840.00



Net Check Amount $ 1,840.00

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

*** INVOICE ***

Date	NO#
04/06/09	31390

Claim # : A7T1718
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RYERSON INC.
Date Of Injury: 7/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/08	INITIAL EXAM	DR HA @ SIDHU CHIRO*	230.00
09/24/08	PR2/REEVAL	DR HA @ SIDHU CHIRO*	180.00
11/14/08	PR2/REEVAL	DR HA @ SIDHU CHIRO*	180.00
12/22/08	PR2/REEVAL	DR HA @ SIDHU CHIRO*	180.00
03/20/09	PENALTIES	FOR DATE OF SERVICE 08/08/08	34.50
03/20/09	INTEREST	FOR DATE OF SERVICE 08/08/08	17.68
03/11/09	PR2/REEVAL	DR SIDHU @ SIDHU CHIRO*	180.00
03/31/09	PMT BY CHECK	DOS 8/8/08 THRU 3/11/09 # 896D 74034934	-1002.18

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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002798

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

UD01435

896D 74034934

TRAVELERS

DATE: 03/31/09
LOSS DATE: 07/02/08
FILE NUMBER: 152 CB A7T1718 H

EMPLOYEE

ACCOUNT NAME:
RYERSON INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 08/08/2008 TO: 03/11/2009

TOTAL PAID: $1002.18
TAX INFO: 330956713372l476Y
PAY MISC: INVOICE: 31390
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: ERIKA A SCHWARTZ AT (909)612-3454

090010101
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
01/05/09	31399

Claim # : 01486656
W.C.A.B.: LBO 0361599
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs LEONEL MODULAR SERVICES
Date Of Injury: 6/27/04

DOS	SERVICE	DESCRIPTION	AMOUNT
07/06/08	WCAB LB	STATUS CONFERENCE	156.50
09/15/08	PMT BY CHECK	DOS 7/06/08 # CS-237911	-156.50
12/03/08	WCAB LB	MSC	156.50
12/31/08	PMT BY CHECK	DOS 12/3/08 # BS-220248	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(951)656-8300

Provider Number: 330956713

Check #: **BS -220248**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/31/08
Doc #: 017213019

31399

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 01458301			
1	DAKROU	04/24/07	04/24/07	Claimant Incurred Legal Expense	1		
2	DAKROU	05/31/07	05/31/07	Claimant Incurred Legal Expense	1		
3	DAKROU	07/09/07	07/09/07	Claimant Incurred Legal Expense	1		
4	DAKROU	06/05/08	06/05/08	Claimant Incurred Legal Expense	1		
						Subtotal:	
			Patient Name:	**Claim #:** 01486656			
5	NAGUIL	12/03/08	12/03/08	Claimant Incurred Legal Expense	1		156.50
						Total Allowances:	**$754.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01458301	597.50	.00	597.50
01486656	156.50	.00	156.50

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:

01458301 CL $147.00; $147.00; CL $147.00;
01458301 CL $156.50;
01486656 CL $156.50;

PAID

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

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

*** INVOICE ***

Date	NO#
02/17/09	31401

Claim # : 22007507
W.C.A.B.: LBO 0396297
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SD85479)
W.C. DEPARTMENT
ATTN: MICHELL MENDOZA
P.O. BOX 85479
SAN DIEGO, CA 92186

Case: vs CHANGALL DESIGN LIMITED
Date Of Injury: 4/10/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/31/08	+DEPO PREP	@ L/O OF GOLDMAN & MAGDALIN	156.50
10/06/08	+DEPO PREP	@ L/O OF GOLDMAN & MAGDALIN	156.50
01/21/09	PENALTIES	FOR DATE OF SERVICE 7/31/08	23.48
01/21/09	INTEREST	FOR DATE OF SERVICE 7/31/08	9.57
01/21/09	PENALTIES	FOR DATE OF SERVICE 10/6/08	23.48
01/21/09	INTEREST	FOR DATE OF SERVICE 10/6/08	6.26
02/12/09	PMT BY CHECK	DOS 7/31/08 THRU 1/21/09 # 0076711	-375.79

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 02/12/2009
Check Number : 0076711
Check Amount : $960.79

RX9515

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

5614a
00047

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22004085		09/15/2007	29910	Interpreter Fees -	03/19/2008	09/25/2008	
22007507		04/10/2008	31401	Interpreter Fees -	07/31/2008	01/21/2009	$375.79

47-47

PAID

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

*** INVOICE ***

Date	NO#
03/23/09	31417

Claim # : A7T0538
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CARL'S JR.
Date Of Injury: 6/10/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/12/08	INITIAL EXAM	DR PAYANDEH @ ADVANCED CARE*	230.00
08/19/08	EMG TESTING	BY DR SCHILLING: L/E*	150.00
09/15/08	PMT BY CHECK	DOS 8/12/08 # 896D 64820871	-230.00
09/12/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
10/13/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
01/20/09	P AND S	DR PAYANDEH @ ADVANCED CARE*	230.00
01/26/09	INITIAL EXAM	DR RAHMAN @ ADVANCED CARE*	230.00
02/20/09	PMT BY CHECK	DOS 8/19808 THRU 1/20/09 # 896D 73808935	-740.00
03/17/09	PMT BY CHECK	DOS 1/26/09 # 896D 73951134	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

000917

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
UF00397

896D 73951134

TRAVELERS

DATE: 03/17/09
LOSS DATE: 06/10/08
FILE NUMBER: 152 CB A7T0538 E

EMPLOYEE

ACCOUNT NAME:
CKE RESTAURANTS INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/26/2009

TOTAL PAID: $230.00
TAX INFO: 330956713372l476Y
PAY MISC: 31417
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: AARON W FOUTS AT (909)612-3840

076012225
DETACH CHECK

UNSUMM -02
OVRPUNS2-12
DETACH CHECK

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

*** INVOICE ***

Date	NO#
01/09/09	31438

Claim # : SAC0000102740
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CALIFORNIA ENERGY CONSTRUCTION
Date Of Injury: 10/10/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/12/08	PR2/REEVAL	DR NEMAT* @ PAIN RELIEF	180.00
09/10/08	PMT BY CHECK	DOS 8/12/08 # 5993	-180.00
09/22/08	SHOCK WAVE	THERAPY @ PAIN RELIEF HEALTH CTR*	150.00
10/10/08	SHOCK WAVE	THERAPY W/ TECH LOPEZ @ PAIN RELIEF CTR*	150.00
10/20/08	PMT BY CHECK	DOS 9/22/08 # 7109	-150.00
11/07/08	DEPO PREP	THE L/O OF DENNIS FUSI	156.50
12/11/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/05/09	PMT BY CHECK	DOS 8/12/08 THRU 12/11/08 # 9065	-556.50

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

Payee: JOYCE ALTMAN INTERPRETERS

IRS/SSN: XX-XXX6713

Check Number: 9065

Check Date: 01/05/2009

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
SAC0000102740	[redacted]	10/10/2007	Interpreting Fees	08/12/2008	12/11/2008	12/24/2008	31438	556.50

PAID

REORDER 901 • U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

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

*** INVOICE ***

Date	NO#
09/29/08	31439

Claim # : C494C0356466
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ASUKUMA RESTARUANT
Date Of Injury: 4/6/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/08	INITIAL EXAM	DR PAYANDEH* @ ADVANCE CARE	230.00
08/19/08	EMG TESTING	BY DR SCHILLING: L/E*	150.00
09/09/08	PR2/REEVAL	DR PAYANDEH* @ ADVANCE CARE	180.00
09/25/08	PMT BY CHECK	DOS 8/8/08 THRU 9/9/08 # DA590004285	-560.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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*10DA590042850373701010809250010513
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31083
TAMPA FL 33631-3083

DATE 09/25/08

CHECK NO. DA59004285

STATEMENT

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

5900A21DA 00 00950 DA59004285
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C0356466

DOLLARS
$*********560.00

* NOT NEGOTIABLE *

FOR
08/08/08 THRU 09/09/08 31439

CLAIMANT

DATE OF EVENT
04/03/08

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



BOA18B (06/2008)

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#
12/11/08	31441

Claim # : 0864235
W.C.A.B.: LBO 0396040
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
HAZELRIGG RISK MGMT (CHINO)
W.C. DEPARTMENT
ATTN: PAULA TOLUWALOJO
P.O. BOX # 669
CHINO, CA 91708

Case: vs CHAFFEY JOINT UNION HIGH SCH.
Date Of Injury: 5/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/12/08	DEPO PREP	@ THE L/O OF CALLAS & HEISE	156.50
09/18/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/22/08	PMT BY CHECK	DOS 8/12/08 # 23797	-156.50
10/06/08	PMT BY CHECK	DOS 9/18/08 # 23885	-250.00
11/14/08	DEPO PREP	@ THE L/O OF CALLAS & HEISE	156.50
12/08/08	PMT BY CHECK	DOS 11/14/08 # 24363	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Chaffey Joint Union High School District
Hazelrigg Risk Management
P.O. Box 669
Chino, CA 91708

Payee: Joyce Altman (dba) Interpreters, Inc.
Policy ID: CJS 10001 31 null
Claim Number: 08-64235
Incident Date: 05/01/2007
Invoice No: 31441
For:

Examiner: PT
Claimant Name:
From: 11/14/2008 **Through:** 11/14/2008
Document No:

Check Number: 24363
Check Amount: $156.50
Check Date: 12/08/2008
Description: Expenses - General

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#
04/13/09	31445

Claim # : 2080176454
W.C.A.B.: ANA 0405540
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
ZURICH INSURANCE (L.A.)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 92566
LOS ANGELES, CA 90009-2566

Case: vs CAMBRO MANUFACTURING
Date of Injury: 5/4/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/08	WCAB SA	EXP. HEARING	156.50
03/23/09	PENALTIES	FOR DATE OF SERVICE 08/19/08	23.48
03/23/09	INTEREST	FOR DATE OF SERVICE 08/19/08	11.64
04/09/09	PMT BY CHECK	DOS 8/19/08 THRU 3/23/09 # 1620014109	-191.62

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

ZURICH SERVICES CORP

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

06676

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0176454 001 MR	WC 9375236	31445		05/04/07	08/19/08-03/23/09

Check Number	1620014109	**Date Issued**	04/09/09	**Amount**	$****191.62
Customer	Cambro Manufacturing Company				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Roxanne Ervin				
File Supervisor	Eva Reale	**Phone Number**	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	191.62		
TOTAL	$191.62		

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#
09/29/08 31453

Claim # : 05231702, 05231720
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs THE INDUSTRIAL LABOR MGMT. GRP
Date Of Injury: 1/4/08, 1/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/08	MRI	REF BY DR HAFEZI: RT WRIST*	150.00
09/25/08	PMT BY CHECK	DOS 8/19/08 # CY-314711	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(951)656-8300

Provider Number: 330956713

Check #: **CY-314711**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 09/25/08
Doc #: 016565454

314 83

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	05231702	**Date of Injury:**	01/04/08	
	ICD-9 Code: 959.9	INJURY OTHER&UNSPEC UNSP							
1	SF1-SFCA-2579465	08/19/08	99911	Interpreting Service	1	150.00	0	710 723	150.00
		Patient Name:			**Claim #:**	04764332	**Date of Injury:**	03/23/06	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
2	SF1-SFCA-2579840	01/11/08	99911	Interpreting Service	17	488.75	258.75	711 723	
				Sub-Totals:		488.75	258.75		
				Adjustment:		-488.75	-488.75		.00
				Totals:		.00	-230.00		

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.

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

*** INVOICE ***

Date	NO#
12/16/08	31486

Claim # : CA374962
W.C.A.B.: LBO 0391259
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (OREGON)
W.C. DEPARTMENT
ATTN: MICHELL BRUK
P.O. BOX # 69129
PORTLAND, OR 92739

Case: vs ACCOUNT ABILITIES
Date Of Injury: 9/22/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/01/08	DEPO PREP	@ THE L/O OF SCHOLSSBERG & UMHOLTZ	156.50
10/17/08	PMT BY CHECK	DOS 8/1/08 # 2332094	-156.50
10/14/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
12/11/08	PMT BY CHECK	DOS 10/14/08 # 2353221	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

WARNING: THIS ACCOUNT IS PROTECTED AGAINST FRAUD

LUMBERMEN'S UNDERWRITING ALLIANCE

BOCA RATON, FLORIDA 33431

2353221

314962

DATE REQUESTED	ACCOUNT NO	POLICY NO	CLAIM NO	ISSUE DATE
09/22/07	58397-0865	284008	WC-CA-314962	DECEMBER 11, 2008

PAY TO THE ORDER OF: ACCOUNTABILITIES

330756713

NATURE OF PAYMENT: FROM 10/14/08 TO 10/14/08
INV# 31486
INDEMNITY-TRANSLATOR

PAY: TWO HUNDRED FIFTY 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

*****250.00

VOID IF NOT CASHED WITHIN 180 DAYS

Christine B. Lynn

AUTHORIZED SIGNATURE

644

2353221

COUNTERSIGNATURE MAY BE REQUIRED

⑈000235322⑈ ⑆063000047⑆ 00360118 7388⑈

RALD

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

*** INVOICE ***

Date	NO#
02/02/09	31546

Claim # : 2080184293
W.C.A.B.: LBO0396090
ADJ # : ADJ4196365
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INSURANCE (L.A.)
W.C. DEPARTMENT
ATTN: KATLYN RICHARDSON
P.O. BOX # 92566
LOS ANGELES, CA 90009-2566

Case: vs BROADWAY SOLUTIONS
Date Of Injury: 3/14/08

DOS	SERVICE	DESCRIPTION	AMOUNT
08/15/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
09/05/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/12/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/18/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/22/08	WCAB LB	MSC	156.50
01/23/09	PMT BY CHECK	DOS 8/15/08 THRU 11/12/08 # 1080902069	-563.00
01/28/09	PMT BY CHECK	DOS 12/22/08 # 1080902808	-156.50
01/30/09	PMT BY CHECK	DOS 12/22/08 # 1010598399	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

00116

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0184293 001 KW	WC 4865671	31546		03/14/08	12/18/08-12/18/08

Check Number	1010598399	Date Issued	01/30/09	Amount	$****250.00
Insured	SCI @ Broadway Corps, Inc				
Claimant					
Nature of Payment	MEDICAL-LEGAL COSTS				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Kesha Roy				
File Supervisor	Katelin Richardson	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC WAGE LOSS & DISABILITY	250.00		

PAID

TOTAL	$250.00

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

*** INVOICE ***

Date	NO#
07/17/09	31621

Claim # : GDO537628, GDO537627
W.C.A.B.: N/A
ADJ # : ADJ6565827
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MATRIX INS (ROCKLIN 779005)
W.C. DEPARTMENT
ATTN: KEVIN HALL
P.O. BOX 779005
ROCKLIN, CA 95677

Case: vs PRECISION PLASTER/CONT. SCAFFO
Date Of Injury: 2/4/08, 2/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/04/08	INITIAL EXAM	DR PAYANDEH* @ ADVANCE CARE	230.00
11/17/08	DEPO PREP	@ THE L/O OF MONTGOMERY & ASSOC.	156.50
12/15/08	PMT BY CHECK	DOS 9/4/08 THRU 11/17/08 # 57582	-386.50
12/10/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/20/09	PMT BY CHECK	DOS 12/10/08 # 59935	-250.00
01/15/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
01/27/09	DEPO PREP	@ THE L/O OF PAGE & MONTGOMERY	156.50
02/12/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
02/24/09	DEPO PREP	@ THE L/O OF PAGE & MONTGOMERY	156.50
04/03/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/14/09	PMT BY CHECK	DOS 9/4/08 TO 4/3/09 # 71584	-993.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

System Generated

Payee: Joyce Altman Interpreters DBA:

Check Number: 57582 Check Date: 12/15/2008 Check Amount: $386.50

Client Name: Contractors Access Program of California

Claim # / Category	SSN / Explanation	Case Name	Amount	Dates Of Service
08000045337				
Medical	31621		$386.50	09/04/2008 - 11/17/2008

PAID

System Generated

Payee: Joyce Altman Interpreters DBA:

Check Number: 59935 Check Date: 01/20/2009 Check Amount: $250.00

Client Name: Contractors Access Program of California

Claim # / Category	SSN / Explanation	Case Name	Amount	Dates Of Service
08000045337			$250.00	09/04/2008 - 12/10/2008
Expense	inv. 31621 depo			

PAID

System Generated

Payee: Joyce Altman Interpreters DBA:

Check Number: 71584 Check Date: 07/14/2009 Check Amount: $993.00

Client Name: Contractors Access Program of California

Claim # / Category	SSN / Explanation	Case Name	Amount	Dates Of Service
08000045337	XXXXX2153		$993.00	09/04/2008 - 04/03/2009
Expense	31621			

PAID

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

*** INVOICE ***

Date	NO#
12/01/08	31678

Claim # : 608589033
W.C.A.B.: LBO 0388273
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (ORANGE-14219)
W.C. DEPARTMENT
ATTN: BRIDGET COFFEE
P.O. BOX # 14219
ORANGE, CA 92863

Case: [redacted] vs CHILI'S RESTAURANT
Date Of Injury: 5/23/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/13/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/26/08	PMT BY CHECK	DOS 9/16/08 THRU 10/13/08 # 90226503	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

BRANCH OFFICE ADDRESS:
PO BOX 989000
W SACRAMENTO, CA 95798
916-564-1792

Liberty Mutual

B. CODE	CHECK NUMBER	CHECK DATE
189	90226503	11/26/08
	CHECK AMOUNT ****$406.50	BLOCK NUMBER 010573

OSN: EE2801112603-004414

CLAIM #: WC 608-589033
CONTRACT #: WA7-69D-004102-306-34

CONTROL #: 000005222 ID: C608B73

PAYEE: JOYCE ALTMAN INTERPRETING

DATE OF INJURY: 05/23/07
EMPLOYEE:

EMPLOYER: CHILIS GRILL AND BAR
DATES OF SERVICE 11/13/08-11/13/08
LOCATION CODE: 01A1094

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	PERIOD	WEEKLY RATE	GROSS	PAYABLE	EXPL CODE
11/13/08	11/13/08	EXPENSE		.00	406.50	406.50	

NOTE: PAYS FOR INVOICE # 31678 DATED 11/13/2008

TOTAL CHARGES	406.50
TOTAL PAYABLE:	406.50
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	406.50

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#
12/01/08	31714

Claim # : 1946630
W.C.A.B.: LBO 0395817
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MATRIX INS (ROCKLIN 779005)
W.C. DEPARTMENT
ATTN: NORA NIETO
P.O. BOX 779005
ROCKLIN, CA 95677

Case: vs SUPERIOR WAREHOUSE
Date Of Injury: 7/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/09/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/09/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/20/08	PMT BY CHECK	DOS 9/9/08 THRU 10/9/08 # 0001016875	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

P9741028001

Matrix Absence Management, Inc.
P.O. Box 779005
Rocklin, CA 95765

200811210113

Return Service Requested

3-DIGIT 927
45550 0.3840 AT 0.346

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

184

Claim: 1946630 / , Accident date: 07/08/2007.
Insured: Superior Super Warehouse, Policy: WC 9306015-04.

The payment is for Defense - Legal expenses from 09/09/2008 to 10/09/2008.
Check: 0001016875, issued: 11/20/2008, for $406.50 Invoice: 31714

To the Order of: Joyce Altman Interpreters
: P O Box 4165
: Tustin, CA 92781

Please contact Nora Nieto, telephone: (866) 683-5319 in Las Vegas NV, email: NORA.NIETO@MATRIXCOS.COM, if you have questions regarding this payment.

PAID

1 OF 1
ENV 45550

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

*** INVOICE ***

Date	NO#
03/16/09	31776

Claim # : 011975049342WC01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ELK GROVE)
W.C. DEPARTMENT
ATTN: PAIGE McATEE
P.O. BOX # 1390
ELK GROVE, CA 95759

Case: vs NEW HAVEN MOVING EQUIPMENT
Date Of Injury: 8/14/08

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/08	INITIAL EXAM	DR ZARGARAFF @ AMERI CHIRO*	230.00
11/17/08	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
01/28/09	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
03/10/09	PMT BY CHECK	DOS 9/24/08 THRU 1/28/09 # 0069733068	-590.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GB-SACRAMENTO, CA (ELK GROVE)
P.O. BOX 1390
ELK GROVE CA 95759-1390

0104729 01 RE **AUTO T3 0 5746 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-916-683-5550
GB-SACRAMENTO, CA (ELK GR
P.O. BOX 1390
ELK GROVE CA 95759-1390

PENNSYLVANIA MANUFACTURERS ASSOCIATION

CLAIM NO. 011975 049342 WC 01

CLAIMANT:

DESCRIPTION: INV# 31776

DATE OF SERVICE: 24-Sep-2008 TO 28-Jan-2009

BRANCH NO. 175

ACC. DATE 14-Aug-2008

CHECK NO. 0069733068

VN. 0000952255

DATE: 10-Mar-2009

PAYMENT AMOUNT: $590.00

PAID

RE0104729-0001_of_0003 5746-0006182 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0069733068 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#
12/01/08	31790

Claim # : 2080183263-001
W.C.A.B.: LBO0394963
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INSURANCE (L.A.)
W.C. DEPARTMENT
ATTN: SHARON GOCHEL
P.O. BOX # 92566
LOS ANGELES, CA 90009-2566

Case: vs ELAN HOTEL
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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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 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

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

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

*** INVOICE ***

Date	NO#
03/27/09	31796

Claim # : 221-CB-ABL7666E
W.C.A.B.: LBO 0390887
ADJ # : ADJ609513
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (ORANGE)
W.C. DEPARTMENT
ATTN: JILL CASPERIGE
P.O. BOX # 14246
ORANGE, CA 92863

Case: [redacted] RES vs SIT ON IT SEATING/ EXEMPLIS
Date Of Injury: 10/5/04

DOS	SERVICE	DESCRIPTION	AMOUNT
09/23/08	WCAB LB	MSC	156.50
11/11/08	PMT BY CHECK	DOS 9/23/08 # 896D 68348556	-156.50
11/25/08	WCAB LB	MSC	156.50
12/30/08	PMT BY CHECK	DOS 11/25/08 # 896D 71070354	-156.50
01/13/09	WCAB LB	TRIAL	156.50
02/02/09	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
03/23/09	PMT BY CHECK	DOS 1/13/09 THRU 2/2/09 # 896d 73985231	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

001400

THE TRAVELERS - ORANGE CL CLAIM
WC CLAIM DEPT
PO BOX 14246
ORANGE CA 92863

UC01400

896D 73985231

TRAVELERS

DATE: 03/23/09
LOSS DATE: 10/05/04
FILE NUMBER: 221 CB ABL7666 E

EMPLOYEE

ACCOUNT NAME:
SITONIT INC

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

ST. PAUL FIRE AND MARINE

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 09/23/2008 TO: 02/02/2009

TOTAL PAID: $313.00
TAX INFO: 330956713372147 6Y
PAY MISC: INV# 31796 DATE: 03/09/09
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: JILL CASPERITE AT (714)620-0641

082006936
DETACH CHECK

UNSUMM -02
OVRPUNS2-12
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#
06/15/09	31862

Claim # : 05038855
W.C.A.B.: AHM 0130016
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (PASADENA)
W.C. DEPARTMENT
ATTN: DEBRAH CARLSON
P O BOX # 7008
PASADENA, CA 91109

Case: vs SUNSPORTS
Date Of Injury: 5/19/05

DOS	SERVICE	DESCRIPTION	AMOUNT
10/09/08	WCAB AHM	MSC	156.50
11/26/08	PMT BY CHECK	DOS 10/9/08 # 0066682	-156.50
03/06/09	C&R READING	@ THE L/O OF LON E. PEEK	250.00
06/01/09	PENALTIES	FOR DATE OF SERVICE 3/6/09	37.50
06/01/09	INTEREST	FOR DATE OF SERVICE 3/6/09	8.43
06/12/09	PMT BY CHECK	DOS 10/9/08 THRU 6/1/09 # 0097596	-295.93

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 11/26/2008
Check Number : 0066682
Check Amount : $156.50

U4741E

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

zln4a
00080

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
05038855		05/19/2005	31862	Interpreter Fees -	10/09/2008	10/09/2008	$156.50

PAID

80-80

Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 06/12/2009
Check Number : 0097596
Check Amount : $1,165.93

E7Z61R

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

dlf4a
00028

Payment Summary

Claim #		Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
05038855	GONZALEZ, CANDELARIA	05/19/2005	31862	Interpreter Fees -	03/06/2009	03/06/2009	$295.93
07045528		01/03/2007	33414	Interpreter Fees -	03/17/2009	05/22/2009	

33394

PAID

28-28

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#
11/24/08	31869

Claim # : 152F251875F
W.C.A.B.: LBO 0334998
ADJ # :
S.S.N. :
D.O.B. :
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: . vs BRECKENRIDGE GROUP INC.
Date Of Injury: 6/20/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/08	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
11/19/08	PMT BY CHECK	DOS 10/10/08 # 896D 68814027	-156.50

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

002102

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

UC02102

~~896D~~ 68814027

TRAVELERS

DATE: 11/19/08
LOSS DATE: 06/20/07
FILE NUMBER: 152 CB FZS1875 F

EMPLOYEE

ACCOUNT NAME:
BRECKENRIDGE FOOD SYSTEMS INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/10/2008

TOTAL PAID: $156.50
TAX INFO: 330956713331748 1Y
PAY MISC: INVOICE # 31869
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: RANDY V OCEAN AT (909)612-3010

324007628
DETACH CHECK

UNSUMM -0507
OVRPUNS2-1212
DETACH CHECK

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

*** INVOICE ***

Date	NO#
01/19/09	31874

Claim # : 200710472600001
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ROSS STORES
Date Of Injury: 7/21/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/13/08	INITIAL EXAM	DR FONSECA @ NOBLE COMMUNITY (4 HRS 15 MINS)	488.75
11/17/08	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
12/01/08	PR2/REEVAL	DR FONSECA @ NOBLE COMMUNITY*	180.00
12/18/08	PMT BY CHECK	DOS 10/13/08 # 0019621684	-488.75
01/13/09	PMT BY CHECK	DOS 10/13/08 THRU 12/18/08 # 0019801165	-360.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

DATE	CHECK AMT	CHECK NO.
12/18/2008	488.75	0019621684

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

SCMS UNIT	PAGE
100 Sedgwick Claims Management Services	1

1063

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

Claimant Name	Loss Date	Claim Number	SSN
	07/21/2007	20071047260-0001	

Amt Paid: 488.75 Description:
Amt Billed: 488.75 Invoice: 31874
Dates: 10/13/2008 - 10/13/2008 Comment:

ICN: 200710472600001

PAID

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

FM #8009084 072008

5800200.2009010579501.00380

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

RETURN SERVICE REQUESTED

DATE	CHECK AMT	CHECK NO.
1/13/2009	360.00	0019801165

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

SCMS UNIT	PAGE
100 Sedgwick Claims Management Services	1

380

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

Claimant Name	Loss Date	Claim Number	SSN
	07/21/2007	20071047260-0001	

Amt Paid: 360.00 Description:
Amt Billed: 360.00 Invoice: 31874 ICN: 200710472600001
Dates: 10/13/2008 - 12/18/2008 Comment:

PAID

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

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

*** INVOICE ***

Date	NO#
06/18/09	31882

Claim # : 310W08104292
W.C.A.B.: LBO0396091
ADJ # : ADJ2278224
S.S.N.
D.O.B. .
Terms : 45 days

BILL TO:
INTERCARE INS (IRVINE)
W.C. DEPARTMENT
ATTN: DEBRA
P.O. BOX # 19544
IRVINE, CA 92623

Case: [redacted] vs XAVIER AGUIRRE dba ABX INNOVAT
Date Of Injury: 2/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/08	DEPO PREP	@ THE L/O OF MCDERMOTT & CLAWSON	156.50
11/07/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/16/08	PMT BY CHECK	DOS 10/10/08 THRU 11/7/08 # 0020083113	-406.50
03/16/09	WCAB LB	MSC	156.50
03/02/09	PMT BY CHECK	DOS 10/10/08 # 0020100749	-156.50
04/16/09	WCAB LB	TRIAL	156.50
05/21/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
06/08/09	PMT BY CHECK	DOS 4/16/09 # 0020123509	-156.50
06/15/09	PMT BY CHECK	DOS 5/21/09 # 0020125481	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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SUA Insurance Company
Chicago, IL

Check # 0020125481

Payee: **Joyce Altman Interpreters**

Check Date 06/15/2009

Bill Id	Invoice #	Policy #	Claim #	Claimant Name	Service From-To	Amount Paid
	inv 31882 dos 05/21/	WSATMEC00372201	310W08104292		05/21/09-05/21/09	250.00

PAID

Net Check Amount $ 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#
11/24/08	31884

Claim # : 001968-001976-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: ADAM SCOTT
P.O. BOX # 70003
ANAHEIM, CA 92825-0003

Case: vs DART CONTAINER CORP.
Date Of Injury: 2/21/05

DOS	SERVICE	DESCRIPTION	AMOUNT
10/07/08	STIPULATION	READING OF DOCUMENT @ L/O OF DENNIS FUSI	156.50
11/19/08	PMT BY CHECK	DOS 10/7/08 # 0067519604	-156.50

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

GALLAGHER BASSETT-LA/ANAHEIM-S
P.O. BOX 70003
ANAHEIM CA 92825-0003

003166 PAGE 1 OF 1 001968

GAL.+97210+0423887008 03797 03797 GALCK03D

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

GALLAGHER BASSETT SERVICES INC
FOR FIDELITY & GUARANTY INS CO.

DIRECT CHECK INQUIRIES TO:
PHONE: 714-938-0172
GALLAGHER BASSETT-LA/ANAHEIM-S
P.O. BOX 70003
ANAHEIM CA 92825-0003

CLAIM NO: 001968 001976 WC 01 (005F451)
CLAIMANT: ,
DESCRIPTION: INV# 31884

BRANCH NO.: 102
ACC. DATE: 02Jun06

NO.: 0067519604
VN: 0000069426
DATE 19Nov08

DATES OF SERVICE: 07Oct2008 **THRU** 07Oct2008
BENEFIT PERIOD: **THRU**

156.50

PAID

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

*** INVOICE ***

Date	NO#
12/01/08	31937

Claim # : 01453768
W.C.A.B.: LBO0360892
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: ___ vs PACIFIC SUPPLY CO.
Date Of Injury: 4/28/04

DOS	SERVICE	DESCRIPTION	AMOUNT
10/03/08	DEPO PREP	@ THE L/O OF SCIF	156.50
10/29/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
11/24/08	PMT BY CHECK	DOS 10/3/08 THRU 10/29/08 # CD-408090	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(858)552-7100

Provider Number: 330956713

Check #: **CD-408090**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/24/08
Doc #: 016968447

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 01453768			
1	31937	10/03/08	10/29/08	Interpreter fees	1		406.50
					Total Allowances:		**$406.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01453768	406.50	.00	406.50

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.

PAID

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.

012080770169684470 12

Joyce Altman Interpreters, Inc.
P.O. BOX # 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	31950

Claim # : 96204
W.C.A.B.: LBO 0349651
ADJ # : ADJ1251849
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs C & L REFRIGERATION
Date Of Injury: 5/23/03

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/08	WCAB LB	TRIAL	156.50
12/11/08	PMT BY CHECK	DOS 10/1/08 # 12464	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

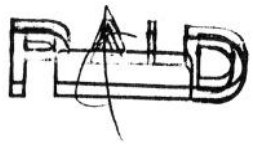
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is 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), and any and all benefit printouts, depo transcripts and documentary evidence.

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000096204		05/23/2003	31950	10/01/2008 - 10/01/2008

Reference: *keyed kp 12/10/08*
Comments:

Service	Service Dates	Amount Paid
Legal	10/01/2008 - 10/01/2008	156.50

Ck# 12464
12/11/08



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

*** INVOICE ***

Date	NO#
11/24/08	31951

Claim # : 000747-049338-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MICHAELS STORES
Date Of Injury: 7/14/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/09/08	WCAB LB	MSC	156.50
11/19/08	PMT BY CHECK	DOS 10/9/08 # 0067516967	-156.50

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

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

003167 PAGE 1 OF 1 000747

GAL.+97100+.042388700B.03796.03796.GALCK03D 003697

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO: 000747 049338 WC 01 (1301)
CLAIMANT:
DESCRIPTION: INV# 31951 DOS 10/09/08

DATES OF SERVICE: 09Oct2008 THRU 09Oct2008
BENEFIT PERIOD: THRU

BRANCH NO.: 176
ACC. DATE: 14Jul06

NO.: 0067516967
VN: 0000241684
DATE 19Nov08

156.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

*** INVOICE ***

Date	NO#
04/10/09	32025

Claim # : 20070763468
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14442)
W.C. DEPARTMENT
ATTN: TRISHA LARUE
P.O. BOX # 14442
LEXINGTON, KS 40512

Case: vs SUNRISE SENIOR LIVING
Date Of Injury: 6/26/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/20/08	MRI	REF BY DR BOYARSKY:BIL KNEES*	150.00
03/18/09	PENALTIES	FOR DATE OF SERVICE 10/20/08	22.50
03/18/09	INTEREST	FOR DATE OF SERVICE 10/20/08	7.99
04/07/09	PMT BY CHECK	DOS 10/20/08 THRU 3/18/09 # 0020748957	-180.49

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

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

DATE	CHECK AMT	CHECK NO.
04/07/2009	180.49	0020748957

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

SCMS UNIT	PAGE
331 Sedgwick Claims Management Services	001

*002752 0020748957 00001 OF 00001 OPM 090406 1448

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

Claimant Name	Loss Date	Claim Number	SSN
	07/26/2007	20070763468-0001	

Amt Paid: 180.49 Description: Miscellaneous Medical
Amt Billed: 180.49 Invoice: 32025 ICN: 20070763468O001
Dates: 10/20/2008 - 03/18/2009 Comment:

PAID

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

EI991.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#
01/23/09	32052

Claim # : 0995083A025
W.C.A.B.: LBO0397476
ADJ # : ADJ2007091
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
NOVAPRO RISK SOLUTIONS (TUST)
W.C. DEPARTMENT
ATTN: WENDY ADAMSON
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs FIELD FRESH FOODS
Date Of Injury: 1/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/08	DEPO PREP	@ THE L/O OF TOBIN LUCKS	156.50
12/16/08	PMT BY CHECK	DOS 10/29/08 # 000001222	-156.50
12/16/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/22/09	PMT BY CHECK	DOS 12/16/08 # 000001250	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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REORDER 801B • U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

Bank of America
San Diego, CA

16-66/1220

NOVAPRO RISK SOLUTIONS
AS AGENT FOR
FOOD PRODUCTS CA WC PROGRAM

BRANCH: S083 ORG
NOVAPRO RISK SOLUTIONS, LP
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLAIM#: 0995 AVI 0000025
CLAIMANT:
LOSS DATE: 5/16/2008

PAYMENT AMOUNT: ******250.00**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000001250
ISSUE DATE: 1/22/2009

PAYMENT SETTLEMENT: SERVICES ON #32052 10/29/2008-12/16/2008

PAID

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

*** INVOICE ***

Date	NO#
12/29/08	32101

Claim # : ECA900026431
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: BERNARDETTE GAERLAN
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs CJ CONSTRUCTION
Date Of Injury: 11/28/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/08	INITIAL EXAM	DR THOLEN (2 H 55 M)	345.00
12/19/08	PMT BY CHECK	DOS 10/6/08 # 284712	-345.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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FIRST COMP UNDERWRITERS

PO Box 3188
Omaha, NE 68103-0188

Claim Number: ECA900026431
Name: JOYCE ALTMAN INTERPRETERS INC

Claims Disbursement
Check Number: 284712
Check Date: 12/19/2008
Check Amount: 345.00

Check Information

Check Description:
EOR REFERENCE:
POLICY NUMBER: WEN0034088
CLAIMS TYPE: EX EXPENSE TYPE: 10

Invoice Number: 32101
Invoice Date: 11/21/2008

Service From: 10/06/2008 **Service to:** 10/06/2008

Claimant Last Name:
Claimant First Name:

Additional Information: 10/06/2008 10/06/2008

RALD

CFCCL

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

*** INVOICE ***

Date	NO#
04/01/09	32106

Claim # : 002979008102-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs BEN'S ASPHALT
Date Of Injury: 9/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/28/08	INITIAL EXAM	DR CHAN @ COAST CITY MEDICAL*	230.00
11/12/08	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
12/18/08	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
01/08/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
02/12/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
03/04/09	PR2/REEVAL	DR CHAN @ COAST CITY MEDICAL*	180.00
03/26/09	PMT BY CHECK	DOS 10/28/08 THRU 3/4/09 # 0070065465	-1130.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

002816 PAGE 1 OF 1 002979

GAL *84310* 055300606 04283 04283 GALCK03D

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

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INS OF PA

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

CLAIM NO: 002979 008102 WC 01 (1W3675001)
CLAIMANT:
DESCRIPTION: INVOICE # 32106

DATES OF SERVICE: 28Oct2008 THRU 04Mar2009
BENEFIT PERIOD: THRU

BRANCH NO.:165
ACC. DATE: 24Sep08

NO.: 0070065465
VN: 0000173964
DATE 26Mar09

1130.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

*** INVOICE ***

Date	NO#
03/13/09	32134

Claim # : 05354926
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ARTCON DECORATIVE
Date Of Injury: 10/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/08	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
11/11/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/16/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
12/30/08	PMT BY CHECK	DOS 10/8/08 THRU 11/11/08 # CY-328532	-410.00
01/20/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
03/11/09	PMT BY CHECK	DOS 12/16/08 THRU 1/20/09 # CY-338406	-360.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(951)656-8300

Provider Number: 330956713

Check #: **CY-338406**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 03/11/09
Doc #: 017649703

Medical

32134

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	05183358	**Date of Injury:**	11/29/07	
	ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL								
1	SF1-SFCA-3563554	01/21/09	99911	Interpreting Service	1		0	723	
	Patient Name:				**Claim #:**	05354926	**Date of Injury:**	10/01/07	
	ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL								
2	SF1-SFCA-3565497	01/20/09	99911	Interpreting Service	1	180.00	0	723	180.00
3	SF1-SFCA-3565497	12/16/08	99911	Interpreting Service	1	180.00	0	723	180.00
								Subtotal:	360.00

Total Allowances:

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.

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

*** INVOICE ***

Date	NO#
05/08/09	32215

Claim # : 710545719
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

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

Case: vs K & A TRANSPORTATION
Date Of Injury: 9/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/03/08	INITIAL EXAM	DR ZARGARAFF @ AMERI CHIRO*	230.00
01/07/09	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
03/24/09	PENALTIES	FOR DATE OF SERVICE 11/3/08	34.50
03/24/09	INTEREST	FOR DATE OF SERVICE 11/3/08	11.67
03/25/09	PR2/REEVAL	DR ZARARAFF @ AMERI CHIRO*	180.00
05/05/09	PMT BY CHECK	DOS 11/3/08 THRU 3/25/09 # 31579622	-636.17

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7103157962200934895

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

Remittance – **No.:** 31579622
GRANITE STATE INSURANCE COMPANY **RFP No.:** 00934895
05/05/2009

Insured:
Claimar
Producer:
ACT: 32215 110308-032509

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000005557737	00545719	01	09/08/2008	MED	O	$636.17

PAID

Use file # 710-00545719 **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#
02/09/09	32261

Claim # : 82811973
W.C.A.B.: LBO0362018
ADJ # : ADJ4089160
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (BREA6500)
W.C. DEPARTMENT
ATTN: GREG MALORIE
P.O. BOX # 6500
BREA, CA 92822-6500

Case: vs REMEDY INTELLIGENT STAFFING
Date Of Injury: 3/29/04

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/08	DEPO PREP	@ THE L/O OF FABIANO, GILMORE & SIEFKES	156.50
12/16/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/08/09	PMT BY CHECK	DOS 11/5/08 # 104142448	-156.50
02/05/09	PMT BY CHECK	DOS 12/16/08 # 104155507	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

JOYCE ALTMAN INTERPRETERS INC

ISSUE DATE 02/05/09

CHECK NO 104155507

ALC 02C

VENDOR NO 06374

CNA

CLAIM NO/ REASON	DT/ SFX	DATE OF LOSS	POLICY NUMBER	INSURED/ CLAIMANT	
82 807619 WI		10/04/02	249189207	KELLY STAFF LEASING INC.	
IN FULL AND FINAL					
82 809024 WI		01/31/03	249215904	[illegible] INC	
INV 11216 WCAB MSC, DEPO PREP & REV					
82 811973 WI		03/29/04	271018440	KELLY SERVICES [illegible]	$250.00
INV 32261 DEPO REV					

SUBTOTAL $1,126.00
TOTAL $1,126.00

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
TUSTIN CA 92781-4165

PAID

0000020010415550706374000000000002893

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

*** INVOICE ***

Date	NO#
12/11/08	32276

Claim # : 05348792
W.C.A.B.: N/A
ADJ # : N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (RIVERSIDE-59901)
W.C. DEPARTMENT
ATTN: MARK BLANCO
P.O. BOX # 59901
RIVERSIDE, CA 92517-1901

Case: [redacted] vs LA COUNTY DEPT OF SOCIAL SVCS
Date Of Injury: 7/08

DOS	SERVICE	DESCRIPTION	AMOUNT
07/23/08	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
08/06/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/22/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
09/04/08	INITIAL EXAM	DR HARRISON @ WILLOW MED*	230.00
10/13/08	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
10/02/08	PR2/REEVAL	DR HARRISON @ WILLOW MED*	180.00
12/08/08	PMT BY CHECK	DOS 7/23/08 THRU 10/2/08 # C7-424300	-1180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 59901
Riverside, CA 92517-1901
(951)697-7300

Provider Number: 330956713

Check #: C7 -424300

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

32276
31250

Issue Date: 12/08/08
Doc #: 017054797

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** SQ104849			
1	04513	09/29/03	11/21/08	Medical Services	1		
			Patient Name:	**Claim #:** 05348792			
2	32276	07/23/08	10/13/08	Medical Services	1		1,180.00
					Total Allowances:		**$1,400.29**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05348792	1,180.00	.00	1,180.00
SQ104849		.00	

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

PAID

To assure prompt payment of your bills, list 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.

0127878501705479701 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#
12/30/08	32282

Claim # : 22005154
W.C.A.B.: LBO0392327
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (PASADENA)
W.C. DEPARTMENT
ATTN: JOEL SHERMAN
P O BOX # 7008
PASADENA, CA 91109

Case: vs XENON INVESTMENTS CORP.
Date Of Injury: 10/21/07

DOS	SERVICE	DESCRIPTION	AMOUNT
11/27/07	INITIAL EXAM	DR NEMAT*	230.00
02/01/08	MRI	REF BY DR CHADRAVI -RT ANKLE*	150.00
03/05/08	NCT	DIAGNOSTIC STUDY INTERP: L/E*	150.00
04/25/08	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (3 HRS)	345.00
05/06/08	WCAB LB	MSC	156.50
04/21/08	SHOCK WAVE	THERAPY W/ TECH RIVAS*	150.00
06/09/08	SHOCK WAVE	THERAPY W/ TECH RIVAS*	150.00
07/30/08	PR2/REEVAL	DR NEMAT*	180.00
09/30/08	WCAB LB	MSC	156.50
11/11/08	C&R READING	@ THE L/O OF DENNIS FUSI (BERKSHIRE ONLY)	156.50
12/24/08	PMT BY CHECK	DOS 11/27/07 THRU 11/11/08 # 0069292	-1824.50

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

Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 12/24/2008
Check Number : 0069292
Check Amount : $1,824.50

RFH41E

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

1f24a
00025

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22005154		10/21/2007	32282	Interpreter Fees -	11/27/2007	11/11/2008	$1,824.50

PAID

25-25

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

*** INVOICE ***

Date	NO#
12/29/08	32309

Claim # : 002343-000944WC01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: MILA CANAMASO
P.O. BOX # 70003
ANAHEIM, CA 92825-0003

Case: vs MENZIEZ AVIATION
Date Of Injury: 3/3/07

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
12/23/08	PMT BY CHECK	DOS 11/4/08 # 0068188556	-156.50

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

GALLAGHER BASSETT-LA/ANAHEIM-S
P.O. BOX 70003
ANAHEIM CA 92825-0003

005899 PAGE 1 OF 1 002343

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 714-938-0172
GALLAGHER BASSETT-LA/ANAHEIM-S
P.O. BOX 70003
ANAHEIM CA 92825-0003

CLAIM NO: 002343 000944 WC 01 (LAX)
CLAIMANT:
DESCRIPTION: INV# 32309

BRANCH NO.: 102
ACC. DATE: 03Mar07

NO.: 0068188556
VN: 0000045762
DATE 23Dec08

DATES OF SERVICE: 04Nov2008 THRU 04Nov2008
BENEFIT PERIOD: THRU

156.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

*** INVOICE ***

Date	NO#
03/16/09	32321

Claim # : 33007949
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SUPER KING MARKET # 2
Date Of Injury: 10/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/14/08	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
11/12/08	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
01/14/09	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
02/20/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
02/26/09	PMT BY CHECK	DOS 11/14/08 THRU 1/14/09 # 0079644	-640.00
03/12/09	PMT BY CHECK	DOS 2/20/09 # 0082527	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 03/12/2009
Check Number : 0082527
Check Amount : $180.00

G9P513

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

7284a
00111

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
33007949		10/21/2008	32321	Interpreter Fees -	11/14/2008	02/26/2009	$180.00

PAID

111-111

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

*** INVOICE ***
Date NO#
06/18/09 32355

Claim # : 05321120
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

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

Case: vs WILMONGTON WOODWORKS
Date Of Injury: 7/3/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/18/08	EMG TESTING	BY DR SCHILLING: L/E @ ADVANCED CARE*	150.00
11/03/08	INITIAL EXAM	DR PAYANDEH @ ADVANCED CARE*	230.00
12/02/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
01/09/09	PMT BY CHECK	DOS 11/3/08 THRU 11/18/08 # CN-357236	-380.00
01/29/09	PMT BY CHECK	DOS 12/2/08 # CN-360949	-180.00
01/23/09	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (4 HRS)	300.00
02/05/09	INITIAL EXAM	DR PARVIN: PSYCH EVAL @ ADVANED CARE*	230.00
01/06/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
02/06/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
03/13/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
03/18/09	PMT BY CHECK	DOS 1/6/09 THRU 2/6/09 # CN-367585	-890.00
04/17/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
04/21/09	P AND S	DR PAYANDEH @ ADVANCED CARE*	230.00
05/04/09	PMT BY CHECK	DOS 3/13/09 # CN-373398	-180.00
06/16/09	PMT BY CHECK	DOS 4/17/09 THRU 4/21/09 # CN-380200	-410.00

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#
06/18/09	32355

Claim # : 05321120
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs WILMONGTON WOODWORKS
Date Of Injury: 7/3/08

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

Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CN-380200**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 06/16/09
Doc #: 018264942

Medical

32355

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	05321120	**Date of Injury:**	07/03/08	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-4156654	04/17/09	99911	Interpreting Service	1	180.00	0	710 723	180.00
2	SF1-SFCA-4156654	04/21/09	99911	Interpreting Service	1	230.00	0	710 723	230.00
								Subtotal:	**410.00**
		Patient Name:			**Claim #:**	01399635	**Date of Injury:**	10/07/03	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
3	SF1-SFCA-4155889	04/16/09	99911	Interpreting Service	1		0	710 723	
								Total Allowances:	**$590.00**

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.

01319093018264942012

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

*** INVOICE ***

Date	NO#
12/29/08	32364

Claim # : 80700161233
W.C.A.B.: LBO 0388525
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

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

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/08	WCAB LB	MSC	156.50
12/22/08	PMT BY CHECK	DOS 11/10/08 # 8070259370	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

EMPLOYERS℠

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

ISSUE DATE	CHECK NO.
12/22/08	8070259370

12/22/08 Claimant: $156.50

ClaimNo: 80700161233 Date of Injury: 03/05/2007

Vendor Invoice: 32364 Billing Date: 12/18/08

IRS Number: 330956713

Payment For:

SvcPeriod: 11/10/08 to 11/10/08 Billed Amt: $156.50

Expenses: Interpreter: INTERPRETER SERVICES @ WCAB

PAID

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

*** INVOICE ***

Date	NO#
12/29/08	32372

Claim # : 45093450002519
W.C.A.B.: N/A
ADJ # : ADJ1960336
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AMERICAN BLDG. MAINTENANCE
Date Of Injury: 11/13/02

DOS	SERVICE	DESCRIPTION	AMOUNT
11/19/08	WCAB LB	FULL DAY STATUS CONFERENCE (C&R WENT TO 1:30PM)	313.00
12/23/08	PMT BY CHECK	DOS 11/19/08 # FE39998776	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

*C0FE39998776022940101081223000 4752
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 12/23/08

CHECK NO. FE39998776

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00725 FE39998776
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
4509345000251

DOLLARS
$*********313.00

* NOT NEGOTIABLE *

FOR
11/19/08 THRU 11/19/08 32372

CLAIMANT

DATE OF EVENT
11/13/02

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

PAID

BOA10B (09/2002)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
02/26/09	32387

Claim # : 02000007
W.C.A.B.: N/A
ADJ # : ADJ6539070
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PEERLESS BLDG./TFE INC.
Date Of Injury: 8/13/08

DOS	SERVICE	DESCRIPTION	AMOUNT
11/29/08	INITIAL EXAM	DR NEMAT @ PAIN RELIEF CTR*	230.00
11/26/08	PR2/REEVAL	DR KASSIMIAN @ PAIN RELIEF CTR*	180.00
02/04/09	DEPO PREP	@ THE L/O OF PIERCE & WEISS	156.50
02/24/09	PMT BY CHECK	DOS 11/29/08 THRU 2/4/09 # 1407	-566.50

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

Payee: JOYCE ALTMAN INTERPRETERS

IRS/SSN: XX-XXX6713

Check Number: 1407

Check Date: 02/24/2009

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
02000007		08/13/2008	Interpreting Fees	11/26/2008	02/04/2009		32387	566.50

PAID

REORDER 901 • U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 6030000

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

*** INVOICE ***
Date NO#
04/06/09 32491

Claim # : 05276504
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs JOHN STRYKER FARMS
Date Of Injury: 4/28/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/01/08	INITIAL EXAM	DR RAHMAN @ ADVANCED SURGICAL PARTNERS*	230.00
01/19/09	PR2/REEVAL	DR RAHMAN @ ADVANCED SURGICAL PARTNERS*	180.00
03/10/09	PMT BY CHECK	DOS 12/1/08 # CK-374698	-230.00
04/03/09	PMT BY CHECK	DOS 1/19/09 # CK-378397	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 3171
Suisun City, CA 94585-6171
(209)476-2600

Provider Number: 330956713

Check #: **CK-378397**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 04/03/09
Doc #: 017789668

32491

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	05276504	**Date of Injury:**	04/28/08	
	ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL								
1	SF1-SFCA-3703973	01/19/09	99911	Interpreting Service	1	180.00	0	710 723	180.00
							Total Allowances:		**$180.00**

PAID

0121501801778966801 2

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

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

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

*** INVOICE ***

Date	NO#
08/24/09	32493

Claim # : LBO00467121
W.C.A.B.: N/A
ADJ # : ADJ6636638
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RLS PLASTERING, INC.
Date Of Injury: 6/25/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/03/08	INITIAL EXAM	DR PAYANDEH @ ADVANCED CARE*	230.00
06/12/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/15/09	PMT BY CHECK	DOS 6/12/09 # 466007	-156.50
07/16/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
08/18/09	PMT BY CHECK	DOS 12/3/08 THRU 7/16/09 # 482406	-480.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CLAIM ID: LB000467121 DATE OF LOSS: 6/25/08 ACCOUNT: D2 CHECK NO.: 482406
CLAIMANT: DATE: 8/18/09
INSURED: RLS Plastering, Inc. AMOUNT: ********480.00
PAYEE: Joyce Altman Interpreting REF. NO.: 003824173
USER-ID: 18527/LB

INVOICE NO.: 32493
MEMO:

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	12/03/08-07/16/09	MI	32493	1	Lot	480.00	480.00

TOTAL	480.00	480.00

PAID

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

*** INVOICE ***

Date	NO#
02/17/09	32517

Claim # : 44011950
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (PASADENA)
W.C. DEPARTMENT
ATTN: TRACEY PIERCE
P O BOX # 7008
PASADENA, CA 91109

Case: vs SERVICIOS AGRICOLAS MEX.
Date Of Injury: 9/30/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/08	INITIAL EXAM	DR SOTELO @ PAIN RELIEF CTR*	230.00
01/20/09	PMT BY CHECK	DOS 12/8/08 # 1918066	-230.00
12/18/08	INITIAL EXAM	DR MISSIRIAN @ PAIN RELIEF CTR*	230.00
01/22/09	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (2.5 HRS)	287.50
02/13/09	PMT BY CHECK	DOS 12/8/08 THRU 1/22/09 # 1925702	-517.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Payee: JOYCE ALTMAN INTERPRETERS

IRS/SSN: XX-XXX713

Check Number: 1925702

Check Date: 02/13/2009

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
44011950		09/30/2008	Interpreter Fees - Medical	12/08/2008	01/22/2009	02/05/2009	32517	517.50

PAID

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

*** INVOICE ***

Date	NO#
03/02/09	32527

Claim # : 33005013
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SD85479)
W.C. DEPARTMENT
ATTN: JOHN LAPIERRE
P.O. BOX 85479
SAN DIEGO, CA 92186

Case: vs HOLLAND FLOWER MARKET, INC.
Date Of Injury: 4/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/08	C&R READING	@ THE L/O OF DENNIS FUSI (CLIENT DIDN'T SIGN)	95.00
02/05/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
02/26/09	PMT BY CHECK	DOS 12/12/08 THRU 2/5/09 # 79825	-325.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Payee: Joyce Altman Interpreters Inc

IRS/SSN: XX-XXX6713

Check Number: 79825

Check Date: 02/26/2009

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
33005013		05/01/2008	Interpreter Fees - Medical	12/12/2008	02/05/2009	02/19/2009	32527	325.00
33006977		09/27/2007	Interpreter Fees - Medical	09/09/2008	02/04/2009	02/19/2009	31760	

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#
04/20/09	32598

Claim # : C6U9306
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: s NATURE BEST
Date Of Injury: 3/7/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/04/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
11/06/08	INITIAL EXAM	DR PAYANDEH @ ADVANCED CARE*	230.00
01/12/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
02/09/09	P AND S	DR PAYANDEH @ ADVANCED CARE*	230.00
04/14/09	PMT BY CHECK	DOS 12/4/08 THRU 2/9/09 # 896D 74115468	-820.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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002081

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

UD01041

896D 74115468

TRAVELERS

DATE: 04/14/09
TIN: 330956713
PROVIDER: JOYCE ALMAN INTERPRETERS

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

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB CBC3667K	03/02/09	$		32524
	152 CB C6U9306R	01/12/09 02/09/09	$ 410.00		32598
	152 CB C6U9306R	12/04/08 11/06/08	$ 410.00		32598
					$820-00
					PAID
		Total Amount Paid	$*****1000.00		

104009646
DETACH CHECK

SUMM -021509
OVRPSUM2-021509
DETACH CHECK

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

*** INVOICE ***

Date	NO#
03/03/09	32655

Claim # : CBU5821
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (ORANGE)
W.C. DEPARTMENT
ATTN: KIMBERLY GERBER
P.O. BOX # 14246
ORANGE, CA 92863

Case: vs EXEMPLIS/SITONIT
Date Of Injury: 12/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/30/08	INITIAL EXAM	DR PAYANDEH @ ADVANCED CARE*	230.00
01/13/09	EMG TESTING	BY DR SCHILLING: U/E @ ADVANCED CARE*	150.00
01/23/09	INITIAL EXAM	DR PARVIN: PSYCH EVAL @ ADVANCED CARE*	230.00
01/09/09	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (4 HRS)	300.00
02/27/09	PMT BY CHECK	DOS 12/30/08 THRU 1/9/09 # 896D 73850022	-910.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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002488

THE TRAVELERS - ORANGE CL CLAIM
WC CLAIM DEPT
PO BOX 14246
ORANGE CA 92863

0

896D 73850022

TRAVELERS

DATE: 02/27/09
LOSS DATE: 12/11/08
FILE NUMBER: 221 CB CBU5821 F

EMPLOYEE

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

ACCOUNT NAME:
SITONIT INC

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 12/30/2008 TO: 01/09/2009

TOTAL PAID: $910.00
TAX INFO: 330956713331748 1Y
PAY MISC: INVOICE# 32655
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: KIMBERLY A GERBER AT (714)922-1782

058015715
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
03/17/09	32679

Claim # : 2080199234
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INSURANCE (L.A.)
W.C. DEPARTMENT
ATTN: BURTON PALMER
P.O. BOX # 92566
LOS ANGELES, CA 90009-2566

Case: vs GUY YOCUM COSNTRUCTION
Date Of Injury: 11/11/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
01/09/09	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
02/06/09	PMT BY CHECK	DOS 1/7/09 # 1010599502	-230.00
02/06/09	PMT BY CHECK	DOS 1/9/09 # 1010599505	-230.00
02/20/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
03/13/09	PMT BY CHECK	DOS 2/20/09 # 1010605417	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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PO BOX 968002
SCHAUMBURG IL 60196 8002
415 538-7100

Zurich American Insurance Co.

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

00152

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0199234 001 BP	WC 9674333	022009 32679		11/11/08	02/20/09-02/20/09

Check Number	1010605417	**Date Issued**	03/13/09	**Amount**	$*****180.00
Insured	Guy Yocom Construction Inc				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Kesha Roy				
File Supervisor	Barton Palmer	**Phone Number**	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		

PAID

TOTAL	$180.00

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

*** INVOICE ***

Date	NO#
05/18/09	32680

Claim # : 002335-009280-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N.
D.O.B. .
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: FONTALVO
P.O. BOX # 70003
ANAHEIM, CA 92825

Case: vs LEGGETT AND PLATT, INC.
Date Of Injury: 12/8/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
01/30/09	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
03/13/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
03/10/09	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
04/24/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
05/11/09	PMT BY CHECK	DOS 1/6/09 THRU 4/24/09 # 0071042833	-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), and any and all benefit printouts, depo transcripts and documentary evidence.

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

005387 PAGE 1 OF 1 002335

GAL..*83110*.055887.1010.01383.01383.GALCK03D 001383

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

GALLAGHER BASSETT SERVICES INC
FOR LEGGETT & PLATT INC.

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

CLAIM NO: [illegible]335 009286 WC 01 (0E00)
CLAIMANT:
DESCRIPTION: INVOICE 32680

BRANCH NO.: 170
ACC. DATE: 08Dec08

NO.: 0071042833
VN: 0000190181
DATE 11May09

1000.00

DATES OF SERVICE: 30Apr2009 THRU 30Apr2009
BENEFIT PERIOD: THRU

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

*** INVOICE ***

Date	NO#
03/13/09	32687

Claim # : 9381520
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MOLA SEWING, INC.
Date Of Injury: 11/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/31/08	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
02/13/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
02/17/09	PR2/REEVAL	DR COLLINS @ PAIN RELIEF CTR*	180.00
03/04/09	PMT BY CHECK	DOS 12/31/08 THRU 2/13/09 # 0028065232	-410.00
03/11/09	PMT BY CHECK	DOS 2/17/09 # 0028065611	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

DETACH AND RETAIN FOR YOUR RECORDS

MARCH 11, 2009

0028065611

Invoice Number	Invoice Date	Control #	Claim #	Claimant Name	Unit	Exm.	Service From	Service To	Amounts Billed	Amounts Paid
	3/06/09	32687	09381520		01	004	2/17/09	2/17/09	180.00	180.00
								Total		180.00

PAID

Republic Indemnity Co. of Calif.
P.O. Box 20036 Encino, CA 91416-0036

(818) 990-9860

Financial Institutions require two (2) pieces of identification when cashing your check.

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

*** INVOICE ***

Date	NO#
02/13/09	32699

Claim # : 01023703
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SIZZLER RESTAURANT
Date Of Injury: 2/16/02

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/09	INITIAL EXAM	DR SOTELO @ PAIN RELIEF CTR*	230.00
02/11/09	PMT BY CHECK	DOS 1/7/09 # CN-362642	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

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

Provider Number: 330956713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Check #: **CN-362642**

Issue Date: 02/11/09
Doc #: 017480155

Medical

32699

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	01023703	**Date of Injury:**	02/16/02	
	ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL								
1	SF1-SFCA-3409812	01/07/09	99911	Interpreting Service	1	230.00	0	710 723	230.00
	Patient Name:				**Claim #:**	01054875	**Date of Injury:**	04/16/02	
	ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL								
2	SF1-SFCA-3409118	01/06/09	99911	Interpreting Service	1		0	710 723	-
							Total Allowances:		**$410.00**

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.

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

*** INVOICE ***

Date	NO#
04/13/09	32748

Claim # : 5681695
W.C.A.B.: N/A
ADJ # : ADJ6622859
S.S.N. : [redacted]
D.O.B. :
Terms : 45 days

BILL TO:
FRANK GATES/AVIZENT (ARKANSAS)
W.C. DEPARTMENT
ATTN: SADIE WHITE
P.O. BOX # 1288
BENTONVILLE, AR 72712

Case: [redacted] vs WAL-MART
Date Of Injury: 7/3/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/08	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
01/20/09	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
03/06/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
04/13/09	PMT BY CHECK	DOS 12/10/08 THRU 3/6/09 # 9889907	-586.50

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

Frank Gates Service Co.
PO Box 1288
Bentonville,, AR 72712-1288

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

Claim Number:	5681695		**Check Amount:**	$ 586.50	**Check No.:** 9889907
Claimant Name:			**Coverage:**		**Invoice No.:** 32748
Service/Indemnity From:	12/10/2008	**Thru:** 03/06/2009			**Vendor Tax ID No.:** 330956713
Insurance Company:	National Union Fire				**Invoice Comments:**
Comments:					

PAID

DETACH AT 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#
03/20/09	32753

Claim # : CA319759
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (OREGON)
W.C. DEPARTMENT
ATTN: VALERIE
P.O. BOX # 69129
PORTLAND, OR 92739

Case: vs SPIN SHADES CO.
Date Of Injury: 4/14/08

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/08	INITIAL EXAM	DR SOTELO @ PAIN RELIEF CTR*	230.00
12/18/08	INITIAL EXAM	DR MISSIRIAN @ PAIN RELIEF CTR*	230.00
01/22/09	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (3 HRS)	345.00
01/30/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
03/17/09	PMT BY CHECK	DOS 12/17/08 THRU 1/30/09 # 2394118	-985.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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WARNING: THIS ACCOUNT IS PROTECTED AGAINST FRAUD

634
630

LUMBERMEN'S UNDERWRITING ALLIANCE

BOCA RATON, FLORIDA 33431

319759

2394118

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
04/14/08	58438-0022	277022	WC-CA-319759	MARCH 17, 2009

INSURED TRI-STATE STAFFING, INC.

CLAIMANT

PAYEE PAYID 330956713

NATURE OF PAYMENT FROM 12/17/08 TO 01/30/09
INV# 32753
CTRL# 4060-H-8635664-0

PAY NINE HUNDRED EIGHTY FIVE AND 00/100 DOLLARS

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

BANK OF AMERICA N.A.

AMOUNT ********985.00

644

2394118

⑈002394118⑈ ⑆063000047⑆ 00360118?388⑈

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#
02/27/09	32776

Claim # : 01401729
W.C.A.B.: VNO 0484652
ADJ # : ADJ4342534
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TEXACO / NIKOLAN TANK LINES
Date Of Injury: 9/30/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/09	WCAB VNO	MSC	156.50
02/25/09	PMT BY CHECK	DOS 1/8/09 # CT-173203	-156.50

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 3171
Suisun City, CA 94585-6171
(661)664-4000

Provider Number: 330956713

Check #: **CT-173203**

JOYCE ALTMAN INTERPRETERS
Po Box 4165
Tustin CA 92781

Issue Date: 02/25/09
Doc #: 017561809

32778

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 01401729			
1		01/08/09	01/08/09	WCAB or court records	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01401729	156.50	.00	156.50

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:

01401729 WCAB:VNO 0484652;

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

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

*** INVOICE ***

Date	NO#
02/27/09	32825

Claim # : 39025427
W.C.A.B.: AHM 0112570
ADJ # : ADJ1658291
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ACCA (SAN DIEGO)
W.C. DEPARTMENT
ATTN: MONROW McBRIDE
P.O. BOX # 85479
SAN DIEGO, CA 92186

Case: vs CEYCAL, INC.
Date Of Injury: 10/26/02

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/09	WCAB LB	MSC	156.50
02/25/09	PMT BY CHECK	DOS 1/14/09 # 1421752	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Everest National Insurance Company

P.O. Box 7027
San Francisco, CA 94120

Check Date : 02/25/2009
Check Number : 1421752
Check Amount : $156.50

FWC51N

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

5yx4a
00095

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
39025427		10/26/2002	32825	Interpreter Fees -	01/14/2009	01/14/2009	$156.50

PAID

95-95

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#
04/03/09	32859

Claim # : 003438-000023-WC-01
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (CORONA)
W.C. DEPARTMENT
ATTN: BUKOLA BROWN
P.O. BOX # 6900
CORONA, CA 92878-6900

Case: vs PETERSON DEAN INC.
Date Of Injury: 11/7/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/23/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
03/02/09	PMT BY CHECK	DOS 1/23/09 # 0069548927	-180.00
03/05/09	EPIDURAL	W/DR AFLATOON @ MONROVIA COMM. HOSP. (2.5HRS)	187.50
03/30/09	PMT BY CHECK	DOS 3/5/09 # 0070158774	-187.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

0104797 01 RE **AUTO T3 0 2066 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-866-855-0230
GALLAGHER BASSETT - CORON
P.O BOX 6900
CORONA CA 92878-6900

PETERSEN-DEAN INC

CLAIM NO. 003438 000023 WC 01

CLAIMANT:

DESCRIPTION: INV#32859 NVDAT03/19/09 DOS03/05/09

DATE OF SERVICE: 05-Mar-2009 TO 05-Mar-2009

BRANCH NO. 170

ACC. DATE 07-Nov-2008

CHECK NO. 0070158774

VN. 0000000776

DATE: 30-Mar-2009

PAYMENT AMOUNT: $187.50

PAID

RE0104797-0001_of_0001 2066-0006364 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0070158774 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#
04/23/09	32876

Claim # : TOTM0096
W.C.A.B.: N/A
ADJ # : ADJ6543012
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SO. CA. RISK MGMT (RIVERSIDE)
W.C. DEPARTMENT
ATTN: STEVE SCHMIDT
P.O. BOX # 59914
RIVERSIDE, CA 92517

Case: [redacted] vs TOPLINE STAFFING
Date Of Injury: 10/17/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
02/17/09	WCAB LB	MSC	156.50
02/19/09	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
03/24/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP VOL I	250.00
04/20/09	PMT BY CHECK	DOS 1/15/09 THRU 3/24/09 # 433584	-719.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

INSURANCE FRAUD IS A CRIME AND IS PUNISHABLE BY LAW

32876

Mailing Information:

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

Claim Number: TCRM0096
Claimant:
Date of Loss: 10/17/2008

Check Number: 433584
Check Date: 04/20/2009
Check Amount: $719.50
Type of Payment: WC Expense
61 MISC. ALL OTHER

Location: 82 MEYER & SON 4019 MEDFORD STREET

For Period: 01/15/2009 to 03/24/2009
InvoiceNo: 32876
IRS #: 33-0956713
Detail: ENTERED BY PACMED

PAID

REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING

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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#
06/10/09	32891

Claim # : E2038041
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS. (SANTA ANA)
W.C. DEPARTMENT
ATTN: TINO HELENA
P.O. BOX # 928
SANTA ANA, CA 92702-0928

Case: vs SONORA CLUB
Date Of Injury: 9/26/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/06/09	INITIAL EXAM	DR VAZQUEZ @ RIVERSIDE WORK CONDITIONING*	230.00
02/09/09	PR2/REEVAL	DR VAZQUEZ @ RIVERSIDE WORK CONDITIONING*	180.00
03/05/09	PR2/REEVAL	DR VAZQUEZ @ RIVERSIDE WORK CONDITIONING*	180.00
04/13/09	PR2/REEVAL	DR VAZQUEZ @ RIVERSIDE WORK CONDITIONING*	180.00
06/04/09	PMT BY CHECK	DOS 1/6/06 THRU 4/13/09 # 8810113963	-770.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Los Angeles Service Center

Check Number: 8810113963

Date: 06/04/2009

$770.00******

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

32891

To the order of
For Period 01-06-2009 To 04-13-2009
Joyce Altman Interpreters
PO Box 4165
Tustin Ca 92781

01 01 000184 12480490W1 CC0604P2 02 000212

Claimant/Patient:			
Insured:	Sonora Club, Inc.		
Date of Loss:	09/26/2008	User ID	WE2CR223
Claim Number:	E2038041	CRID	E22530
Check Number:	8810113963		
Payment Under Insured's:			
Correspondence Reference:	12480490W1		
Description			

INTERPRETER $770.00

PAID

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

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

*** INVOICE ***

Date	NO#
04/13/09	32951

Claim # : 710-451635
W.C.A.B.: N/A
ADJ # : ADJ4399329
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PREFERRED PERSONNEL
Date Of Injury: 5/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/09	WCAB LB	STATUS CONFERENCE	156.50
03/27/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
04/10/09	PMT BY CHECK	DOS 1/21/09 THRU 3/27/09 # 31281059	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 71031281059006734 92

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

Remittance -
AMERICAN HOME ASSURANCE COMPANY

No.: 31281059
RFP No.: 00673492
04/10/2009

Insured: CORPORATE PERSONNEL NETWORK, I
Claimant:
Producer:
ACT: 32951

Claim Office: 710

012109-032709

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001242445	00451635	01	05/08/2007	EXP	O	$406.50

PAID

Use file # 710-00451635 **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#
07/17/09	33036

Claim # : 33036
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MEGGAITT DEFENSE SYSTEM
Date Of Injury: 3/19/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/09	INITIAL EXAM	DR GHODS @ ADVANCED CARE*	230.00
02/09/09	INITIAL EXAM	DR PAYANDEH @ ADVANCED CARE*	230.00
04/30/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
03/19/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
02/09/09	INITIAL EXAM	DR PAYANDEH @ ADVANCED CARE*	230.00
07/13/09	PMT BY CHECK	DOS 2/5/09 THRU 2/9/09 # 896D 74619839	-1050.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

UC01162

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

UC01162

896D 74619839

TRAVELERS

DATE: 07/13/09
TIN: 330956713
PROVIDER: JOYCE ALMAN INTERPRETERS

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

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB A9M0620A	06/25/09	$		29319
	152 CB A9M6999E	02/05/09 - 04/30/09	$ 1,050.00		33036

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

*** INVOICE ***

Date	NO#
06/25/09	33038

Claim # : 101754
W.C.A.B.:
ADJ # :
S.S.N.
D.O.B.
Terms : 45 days

BILL TO:
LWP CLAIMS SOLUTION (SAC)
W.C. DEPARTMENT
ATTN: CECILIA CARRILLO
P.O. BOX 349016
SACRAMENTO, CA 95834

Case: [redacted] vs K&R CORP dba McDONALD'S
Date Of Injury: 8/22/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/09	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
03/02/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
01/20/09	INJECTION	DR MILLER @ MONROVIA HOSPITAL (8 HRS)	600.00
04/09/09	PMT BY CHECK	DOS 2/5/09 THRU 3/2/09 # 150718	-406.50
06/23/09	PMT BY CHECK	DOS 5/2/09 THRU 1/20/09 # 153361	-600.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000101754	Eva Ramirez	08/22/2007	33038	01/20/2009 - 01/20/2009

Reference: *keyed CD 6/22/09*
Comments:

Service	Service Dates	Amount Paid
Interpretation (depositions-le	01/20/2009 - 01/20/2009	600.00

CK-153361 -

6/23/09

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#
07/21/09	33046

Claim # : 002048-009973-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (607-S.CARO)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 607
FORT MILL, SC 29716

Case: vs ROCK SOLID
Date Of Injury: 6/3/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/03/09	INITIAL EXAM	DR COLLINS @ PAIN RELIEF CTR*	230.00
01/14/09	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
03/26/09	EMG TESTING	BY DR TORRES: L/E @ PAIN RELIEF CTR*	125.00
03/26/09	NCV	DIAGNOSTIC STUDY INTERP: L/E @ PAIN RELIEF CTR*	125.00
04/14/09	PR2/REEVAL	DR COLLINS @ PAIN RELIEF CTR*	180.00
04/16/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
05/21/09	PMT BY CHECK	DOS 2/3/09 THRU 4/14/09 # 0071266896	-890.00
04/21/09	INITIAL EXAM	DR DE LA LLANA @ PAIN RELIEF CTR*	230.00
05/19/09	PR2/REEVAL	DR DE LA LLANA @ PAIN RELIEF CTR*	180.00
06/02/09	PMT BY CHECK	DOS 2/3/09 THRU 4/21/09 # 0071479035	-380.00
06/25/09	INITIAL EXAM	DR GALLONI @ PAIN RELIEF CTR*	230.00
07/13/09	PMT BY CHECK	DOS 2/3/09 THRU 6/25/09 # 0072302881	-410.00
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GALLAGHER BASSETT - ROCK HILL
P.O. BOX 607
FORT MILL SC 29716-0607

002048 PAGE 1 OF 1 002371

0004294
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

LLAGHER BASSETT SERVICES INC
O WESTPORT INSURANCE COMPANY

DIRECT CHECK INQUIRIES TO:
PHONE: (803) 547-8036
GALLAGHER BASSETT - ROCK HILL
P.O. BOX 607
FORT MILL SC 29716-0607

IM NO.: 002048 009973 WC 01 (0012407001)
IMANT:
CRIPTION: INVOICE 33046

ES OF SERVICE: 03Feb2009 THRU 25Jun2009
EFIT PERIOD: THRU

BRANCH NO.: 183
ACC DATE: 03Jun08

NO.: 0072302881
VN: 0000357026
DATE: 13Jul09
AMOUNT: 410.00

PAID

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

*** INVOICE ***

Date	NO#
06/08/09	33133

Claim # : 002154-001993-WC-01
W.C.A.B.:
ADJ # : ADJ6650679
S.S.N. :
D.O.B. : [redacted]
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (70300-NV)
W.C. DEPARTMENT
ATTN: KELLY FERRELL
P.O. BOX 70300
LAS VEGAS, NV 89170

Case: [redacted] vs CABRO STAFF MANAGEMENT
Date Of Injury: 10/22/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/09	INITIAL EXAM	DR PAYANDEH @ ADVANCED CARE*	230.00
03/16/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
04/13/09	P AND S	DR PAYANDEH @ ADVANCED CARE*	230.00
04/19/09	PMT BY CHECK	DOS 1/21/09 # 0070595019	-230.00
05/15/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/03/09	PMT BY CHECK	DOS 1/21/09 THRU 5/15/09 # 0071514516	-566.50

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

GALLAGHER BASSETT - LAS VEGAS
PO BOX 70687
LAS VEGAS NV 89170

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

GALLAGHER BASSETT SERVICES INC
FOR NATIONAL UNION

DIRECT CHECK INQUIRIES TO:
PHONE: 1-877-263-8748
GALLAGHER BASSETT - LAS VEGAS
PO BOX 70687
LAS VEGAS NV 89170

CLAIM NO.: 002154 001993 WC 01 (0184)
CLAIMANT:
DESCRIPTION: INV# 33133

DATES OF SERVICE: 16Mar2009 **THRU** 15May2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 156
ACC DATE: 23Oct08

NO.: 0071514516
VN: 0000041599
DATE: 03Jun09
AMOUNT: 566.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004277 004649 002 003

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

*** INVOICE ***

Date	NO#
06/26/09	33158

Claim # : 2746-0133
W.C.A.B.:
ADJ # : ADJ6614869
S.S.N.
D.O.B.
Terms : 45 days

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

Case: vs YSL APPAREL, INC.
Date Of Injury: 7/23/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
03/19/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
04/01/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
04/17/09	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
05/01/09	PMT BY CHECK	DOS 2/19/09 THRU 3/19/09 # 0407345463	-406.50
06/23/09	PMT BY CHECK	DOS 4/1/07 THRU 4/17/09 # 0408801528	-460.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

CRAWFORD & COMPANY
P O BOX 70026
ANAHEIM CA 92825

2746-06133-001

BRANCH/FILE# 2746-06133-001
INVOICE NO 33158
CLAIMANT
CLAIMANT SSN
DATE OF LOSS 07/23/2008

PG 1 OF 1

0004823 01 MB **AUTO T3 0 9122 92781

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTINY CA 92781-4165

PAYEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: XXX-XX-6713 INSURED: Garment Industry Insurance Gro
DISABILITY FROM / TO: 02/19/2009 05/01/2009 PAYMENT AMT / DATE: $460.00 06/23/2009

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0408801528 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#
04/03/09	33174

Claim # : 22007147
W.C.A.B.: LBO 0395037
ADJ # : ADJ2160701
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs ALHAMBRA MARKET
Date Of Injury: 3/5/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/09	C&R READING	@ THE L/O OF JON WOODS	156.50
04/01/09	PMT BY CHECK	DOS 1/19/09 # 0083197	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Oak River Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/01/2009
Check Number : 0083197
Check Amount : $156.50

5YX51C

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

8ec4a
00001

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
22007147		03/05/2008	33174	Interpreter Fees -	01/19/2009	01/19/2009	$156.50

PAID

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

*** INVOICE ***

Date	NO#
05/15/09	33200

Claim # : 345C6083286
W.C.A.B.:
ADJ # : ADJ6566885
S.S.N. .
D.O.B. : ,
Terms : 45 days

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

Case: O vs SELECT STAFFING
Date Of Injury: 7/31/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
03/30/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
05/11/09	PMT BY CHECK	DOS 2/6/09 THRU 3/30/09 # DA60524717	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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BODA605247170349101010905110006521
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 05/11/09

CHECK NO. DA60524717

STATEMENT

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

5900A11DA 00 01309 DA60524717
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C6083286

DOLLARS
$*********406.50

* NOT NEGOTIABLE *

FOR
02/06/09 THRU 03/30/09 33200

CLAIMANT

DATE OF EVENT
07/31/08

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

PAID

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
06/15/09	33215

Claim # : LBO00419480
W.C.A.B.: LBO 0392328
ADJ # : ADJ2441209
S.S.N. : -
D.O.B. : , ,
Terms : 45 days

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

Case: SELECT FABRICATIONS CO.
Date Of Injury: 11/14/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	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	5.82
06/12/09	PMT BY CHECK	DOS 2/10/09 THRU 5/19/09 # 451535	-185.80

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CLAIM ID: LB00041[illegible]
CLAIMANT: K[illegible]O
INSURED: Grand Metals, Inc.
PAYEE: Joyce Altman Interpreters

DATE OF LOSS: 11/14/07

ACCOUNT: D2
CHECK NO.: 451535
DATE: 6/12/09
AMOUNT: ********185.80
REF. NO.: 003745153
USER-ID: 16359/LB

INVOICE NO.: 33215
MEMO: Interpreting - Depo Prep

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	02/10/09	MI	Invoice # 33215	1	L	185.80	185.80

TOTAL	185.80	185.80

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#
09/02/09	33219

Claim # : 9382275
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MOLA SEWING, INC.
Date Of Injury: 1/12/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
03/06/09	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
04/02/09	INITIAL EXAM	DR GALLONI @ WILLOW MED*	230.00
04/17/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
05/29/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
07/29/09	PR2/REEVAL	DR SAMAAN @ GARFIELD HEALTH*	180.00
08/31/09	PMT BY CHECK	DOS 2/18/09 THRU 7/29/09 # 3000009203	-1230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Republic Indemnity
REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
P.O. Box 20036
Encino, CA 91416
818-990-9860

Date: 08/31/2009
Check #: 3000009203
Payment Amount: 1,230.00

0238-0001-000422 0001

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

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
009382275		33219	08/21/2009	02/18/09	07/29/09		1,230.00	
	Interpreter For Medical/WCAB							
						Total	1,230.00	

PAID

Please detach before depositing check

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

*** INVOICE ***

Date	NO#
04/03/09	33223

Claim # : 0027400000588-WC-01
W.C.A.B.: LBO 0394820
ADJ # : ADJ4447312
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ORG14260)
W.C. DEPARTMENT
ATTN: FELICIA NEGRETE
P.O. BOX 14260
ORANGE, CA 92863

Case: [redacted] vs PANDA REST. GRP/PANDA EXPRESS
Date Of Injury: 2/22/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/09	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
03/29/09	PMT BY CHECK	DOS 1/26/09 # 0070131921	-156.50

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

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

0100383 01 RE **SNGLP T1 0 5759 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

PANDA RESTAURANT GROUP INC

CLAIM NO. 002740 000588 WC 01

CLAIMANT:

DESCRIPTION: INVOICE #33223 DOS 1-26-09

DATE OF SERVICE: 26-Jan-2009 TO 26-Jan-2009

BRANCH NO. 138

ACC. DATE 22-Feb-2008

CHECK NO. 0070131921

VN. 0000019675

DATE: 29-Mar-2009

PAYMENT AMOUNT: $156.50

PAID

RE0100383-0001_of_0001 5759-0000438 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0070131921 ATTACHED BELOW

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

*** INVOICE ***
Date NO#
05/15/09 33309

Claim # : 05135746
W.C.A.B.: POM0297671/72
ADJ # : ADJ562344/311435
S.S.N. :
D.O.B. : [redacted]
Terms : 45 days

BILL TO:
SCIF (SAN BERNARDINO-1806)
W.C. DEPARTMENT
ATTN: KRISTE GIBSON
P.O. BOX 1806
SAN BERNARDINO, CA 92402

Case vs HIGGIN'S BRICK
Date Of Injury: 9/11/07;10/11/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/09	INITIAL EXAM	DR NAZIR @ GARFIELD HEALTH*	230.00
05/12/09	PMT BY CHECK	DOS 3/4/09 # CY-348536	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

[redacted]
P.O. Box 9[redacted]
Los Angeles, CA 90009-2622
(951)656-8300

Provider Number: 330956713

Check #: **CY-348536**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 05/12/09
Doc #: 018036169

Medical

33309

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name: [redacted]			**Claim #:** SJ616415		**Date of Injury:** 01/30/04		
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-3944213	01/16/09	99911	Interp[redacted]vice	1	180.00	0	723	
		Patient Name: [redacted]			**Claim #:** 05135746		**Date of Injury:** 09/14/07		
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
2	SF1-SFCA-3943111	03/04/09	99911	Interpreting Service	8	230.00	0	710 723	230.00

Total Allowances: **$410.00**

PAID

[redacted] to the next page(s) of EOR for an explanation of reduction codes and payment 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!

0131715601803616901 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#
05/07/09	33316

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

BILL TO:
FARMERS INS. (SANTA ANA)
W.C. DEPARTMENT
ATTN: TINO ELENA
P.O. BOX # 928
SANTA ANA, CA 92702-0928

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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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 000231

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

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

*** INVOICE ***

Date	NO#
04/15/09	33371

Claim # : 494C0647493
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

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

Case: [redacted] vs SELECT REMEDY STAFFING
Date Of Injury: 10/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
04/13/09	PMT BY CHECK	DOS 3/16/09 # DA60330881	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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*B0DA60330881031030101090413000520 1
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 04/13/09

CHECK NO. DA60330881

STATEMENT

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

5900A11DA 00 01016 DA60330881
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C0647493

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

* NOT NEGOTIABLE *

FOR
03/16/09 THRU 03/16/09 33371

CLAIMANT

DATE OF EVENT
10/24/08

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

PAID

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
06/08/09	33372

Claim # : 002038-002381-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ORG14260)
W.C. DEPARTMENT
ATTN: JIM ROE
P.O. BOX 14260
ORANGE, CA 92863

Case: [redacted] vs THE GARDEN ADGREA
Date Of Injury: 3/12/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/09	INJECTION	DR AFLATOON @ MONROVIA COMM. HOSPITAL (2.5 HRS)	187.50
04/14/09	PMT BY CHECK	DOS 3/5/09 # 0070470460	-187.50
05/06/09	WCAB LB	MSC	156.50
06/03/09	PMT BY CHECK	DOS 5/6/09 # 0071514111	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

003121 PAGE 1 OF 1 002038

GAL..*83100* 0555743008.03767.03767.GALCK03D 003683

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

GALLAGHER BASSETT SERVICES INC
FOR EMERITUS CORPORATION

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

CLAIM NO: 002038 [illegible] 01 (BREA304)
CLAIMANT:
DESCRIPTION: INVOICE#33372 DOS 03/05/09

DATES OF SERVICE: 05Mar2009 THRU 05Mar2009
BENEFIT PERIOD: THRU

BRANCH NO.: 138
ACC. DATE: 12Mar08

NO.: 0070470460
VN: 0000073422
DATE 14Apr09

187.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

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

002038 PAGE 1 OF 1 002356

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

GALLAGHER BASSETT SERVICES INC
FOR EMERITUS CORPORATION

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

CLAIM NO.: 002038 002381 WC 01 (BREA304)
CLAIMANT:
DESCRIPTION: INVOICE#33372 DOS 05/06/09

DATES OF SERVICE: 06May2009 **THRU** 06May2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 138
ACC DATE: 12Mar08

NO.: 0071514111
VN: 0000078151
DATE: 03Jun09

AMOUNT: 156.50

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004277 004650 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#
05/26/09	33374

Claim # : 04-0071
W.C.A.B.: LBO 0370174
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CLOUGHERTY PACKING CO. (L.A.)
W.C. DEPARTMENT
ATTN: VERONICA MOJICA
3049 E. VERNON AVE.
LOS ANGELES, CA 90058-0870

Case: vs FJ FOOD SERVICES, INC.
Date Of Injury: 9/26/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
04/01/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/20/09	PMT BY CHECK	DOS 3/5/09 THRU 4/1/09 # 1021119	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

System Generated

Payee: Joyce Altman Interpreters DBA:

Check Number: 1021119 Check Date: 05/20/2009 Check Amount: $406.50

Claim # / Category	SSN / Explanation	Case Name	ITN	Amount	Dates Of Service
04000000755	617-54-3230			$406.50	03/05/2009 - 04/01/2009
Expense	invoice # 33374				

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#
07/15/09	33388

Claim # : 04744476
W.C.A.B.: LBO 0377036
ADJ # : ADJ2720085
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MACBETH APARTMENT SYSTEMS
Date Of Injury: 3/2/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/09	DEPO PREP	@ THE L/O OF SCIF	156.50
04/14/09	PMT BY CHECK	DOS 3/12/09 # CD-427965	-156.50
04/29/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/04/09	DEPO PREP	@ THE L/O OF SCIF	156.50
07/13/09	PMT BY CHECK	DOS 4/29/09 THRU 6/4/09 # CD-442047	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(858)552-7100

Provider Number: 330956713

Check #: **CD-442047**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/13/09
Doc #: 018443118

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 04744476			
1	33388	04/29/09	06/04/09	Interpreter fees	1		406.50
					Total Allowances:		**$406.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
04744476	406.50	.00	406.50

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.

PAID

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.

0122112101844311801 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#
04/13/09	33389

Claim # : 01500747
W.C.A.B.:
ADJ # : ADJ2396422
S.S.N. : [redacted]
D.O.B. : [redacted]
Terms : 45 days

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

Case: [redacted] vs F.D. CUTTING SERVICE, INC.
Date Of Injury: 6/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/09	WCAB LB	MSC	156.50
04/09/09	PMT BY CHECK	DOS 3/3/09 # 0255927	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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National Liability & Fire Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/09/2009
Check Number : 0255927
Check Amount : $156.50

552613

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

90d4a
00143

Payment Summary

Claim #	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
01500747	06/05/2007	33389	Interpreter Fees -	03/03/2009	03/03/2009	$156.50

PAID

143-143

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

*** INVOICE ***

Date	NO#
06/23/09	33408

Claim # : 709731710
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B.
Terms : 45 days

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

Case: , vs XCVI LLC.
Date Of Injury: 12/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/09	INITIAL EXAM	DR ZARGARAFF @ AMERI CHIRO*	230.00
05/11/09	PR2/REEVAL	DR ZARGARAFF @ AMERI CHIRO*	180.00
06/18/09	PMT BY CHECK	DOS 3/4/09 THRU 5/11/09 # 31960785	-410.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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AIG004

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7093196078500184864

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

Remittance –
GRANITE STATE INSURANCE COMPANY

No.: 31960785
RFP No.: 00184864
06/18/2009

Insured: [illegible] IABILITY C
Claimant:
Producer:
ACT: 33408 030409-051109

Claim Office: 709

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003164490	00731710	01	12/02/2008	MED	O	$410.00

PAID

Use file # 709-00731710 **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#
06/15/09	33414

Claim # : 07045528
W.C.A.B.:
ADJ # :
S.S.N. : --
D.O.B.
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (PASADENA)
W.C. DEPARTMENT
ATTN: BONNIE HASS
P O BOX # 7008
PASADENA, CA 91109

Case: vs McDONALD'S
Date Of Injury: 1/3/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
03/20/09	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
05/08/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
05/22/09	INITIAL EXAM	DR SAMIMI @ WILLOW MED*	230.00
05/29/09	PMT BY CHECK	DOS 3/17/09 THRU 5/22/09 # 0095420	-640.00
06/12/09	PMT BY CHECK	DOS 5/22/09 # 0097321	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Cypress Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 06/11/2009
Check Number : 0097321
Check Amount : $230.00

9BY619

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

di84a
00093

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
07045528		01/03/2007	33414	Interpreter Fees -	03/17/2009	05/22/2009	$230.00

PAID

93-93

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#
08/10/09	33438

Claim # : 011590-016391-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs OKOTE PALLETS
Date Of Injury: 11/20/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/09	INITIAL EXAM	DR SOTELO @ PAIN RELIEF CTR*	230.00
03/19/09	MRI	REF BY DR SOTELO: RT WRIST @ CALIF. IMAGING*	150.00
04/27/09	F.C.E. TEST	FUNCTIONAL CAPACITY EVAL @ PAIN RELIEF CTR*	150.00
08/04/09	PMT BY CHECK	DOS 3/12/09 THRU 4/27/09 # 0072755043	-530.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

011590 PAGE 1 OF 1 002526

MDG2009 00004041 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR MEADOWBROOK CLAIMS SERVICE/
WILLIAMSBURG INSURANCE CO

DIRECT CHECK INQUIRIES TO:
PHONE: (916) 576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

CLAIM NO.: 011590 016391 WC 01 (0438543001)
CLAIMANT:
DESCRIPTION: INV# 33438 DOS 03/12/09-04/27/09

DATES OF SERVICE: 12Mar2009 **THRU** 27Apr2009
BENEFIT PERIOD: **THRU**

BRANCH NO.: 176
ACC DATE: 20Nov08

NO.: 0072755043
VN: 0000494609
DATE: 04Aug09
AMOUNT: 530.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004041 004640 001 003

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

*** INVOICE ***

Date	NO#
05/18/09	33439

Claim # : 05134424
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs TULE RANCH
Date Of Injury: 8/29/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/09	INITIAL EXAM	DR SANDERS @ PAIN RELIEF CTR*	230.00
05/14/09	PMT BY CHECK	DOS 3/10/09 # CE-421893	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(559)433-2700

Provider Number: 330956713

Check #: **CE-421893**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 05/14/09
Doc #: 018056457

Medical

33439

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	05134424	**Date of Injury:**	08/29/07	
	ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL								
1	SF1-SFCA-3964911	03/10/09	99911	Interpreting Service	1	230.00	0	723	230.00
							Total Allowances:		**$230.00**

PAID

0131733901805645701 2

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

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

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

*** INVOICE ***

Date	NO#
07/21/09	33446

Claim # : A8B7325
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (WC-8112)
W.C. DEPARTMENT
ATTN: ELIZABETH SMITH
P.O. BOX 8112
WALNUT CREEK, CA 94596

Case: vs EL MATATE FOODS
Date Of Injury: 2/20/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/09	INITIAL EXAM	DR PAYANDEH @ ADVANCED CARE*	230.00
03/30/09	PSYCH TEST	PSYCHOMETRIC TESTING REF BY DR PARVIN (4.5 HRS)	337.50
04/01/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
04/29/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
05/20/09	PMT BY CHECK	DOS 3/16/09 THRU 4/1/09 # 891a 78916484	-747.50
05/27/09	PR2/REEVAL	DR PAYANDEH @ ADVANCED CARE*	180.00
06/23/09	PMT BY CHECK	DOS 5/20/09 THRU 5/27/09 # 891A 79014982	-360.00
06/24/09	P AND S	DR RAMESHNI @ ADVANCED CARE*	230.00
06/11/09	INITIAL EXAM	DR APRVIN: PSYCH EVAL @ ADVANCED CARE*	230.00
07/15/09	PMT BY CHECK	DOS 6/24/09 THRU 6/11/09 # 891A 79077427	-460.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

002063

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933

UC02063

891A · 79077427

TRAVELERS

DATE: 07/15/09
LOSS DATE: 02/20/09
FILE NUMBER: 158 CB A8B7325 A

EMPLOYEE

ACCOUNT NAME:
EL METATE FOODS INC

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

TRAVELERS CASUALTY AND SURETY COMPANY

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 06/11/2009 TO: 06/24/2009

TOTAL PAID: $460.00
TAX INFO: 330956713372147 6Y
PAY MISC: INVOICE NO. 33446
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: DAVID CHETCUTI AT (925)746-3985

196007700
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
05/26/09	33465

Claim # : 02449758
W.C.A.B.: LBO0370442
ADJ # : ADJ1620287
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs WILSHIRE LA JOLLA MEDICAL BLDG
Date Of Injury: 7/2/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/09	WCAB LB	MSC (FULL DAY)	313.00
05/21/09	PMT BY CHECK	DOS 3/17/09 # CU-440816	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

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

Provider Number: 330541109

JOYCE ALTMAN INTERPRETERS
Po Box 4165
Tustin CA 92781

Check #: **CU-440816**

Issue Date: 05/21/09
Doc #: 018106422

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Nam		**Claim #:** 02449758			
1	33465	03/17/09	03/17/09	Medical Services	1		313.00
					Total Allowances:		**$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
02449758	313.00	.00	313.00

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

PAID

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.

01217450181064220 12

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

*** INVOICE ***

Date	NO#
05/04/09	33485

Claim # : 001960-016581-WC-01
W.C.A.B.:
ADJ # : ADJ161580.ADJ903342
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs INLAND KENILWORTH
Date Or Injury: 1/29/07 - 3/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/09	WCAB LB	MSC (FULL DAY)	313.00
04/30/09	PMT BY CHECK	DOS 3/18/09 # 0070846300	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

0102242 01 RE **AUTO T7 0 5783 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-916-576-8200
GB-SACRAMENTO CA (METRO)
P.O. BOX 4040
SACRAMENTO CA 95812-4040

AFFINITY INSURANCE LTD
CAPTIVE RESOURCES, LLC.

CLAIM NO. 001960 016581 WC 01

CLAIMANT:

DESCRIPTION: INV # 33485, DOS 3-18-09

DATE OF SERVICE: 18-Mar-2009 TO 18-Mar-2009

BRANCH NO. 176

ACC. DATE 31-Jan-2007

PAYMENT AMOUNT: $313.00

CHECK NO. 0070846300

VN. 0000519529

DATE: 30-Apr-2009

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0070846300 ATTACHED BELOW

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

*** INVOICE ***

Date	NO#
05/07/09	33493

Claim # : 05216742
W.C.A.B.: LBO0393013
ADJ # : ADJ4446629
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RELIABLE RESOURCES INC.
Date Of Injury: 6/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/09	WCAB LB	MSC	156.50
05/04/09	PMT BY CHECK	DOS 3/19/09 # CU-430316	-156.50

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

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-430316**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 05/04/09
Doc #: 017982871

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05216742			
1	33493	03/19/09	03/19/09	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05216742	156.50	.00	156.50

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:

05216742 INVOICE #33493;

PAID

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

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

*** INVOICE ***

Date	NO#
06/01/09	33494

Claim # : 1194542
W.C.A.B.:
ADJ # : ADJ3527603
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (SD7190)
W.C. DEPARTMENT
ATTN: WAYNE THOMPSON
P.O. BOX 719025
SAN DIEGO, CA 92171

Case: vs CORESTAFF
Date Of Injury: 4/18/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/09	C&R READING	@ THE L/O OF JON WOODS	250.00
05/28/09	PMT BY CHECK	DOS 3/19/09 # 0001766336	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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000270-0001-000270 CNX1 1409791
CAMBRIDGE INTERGRATED SERVICES GROUP INC.
PO BOX 2002
WARREN, MI 48090-2002

CAMBRIDGE

Check Date	Check Code	Check Number
05/28/2009	CISGI	0001766336

06-N-SDM-AUTHN

TEMPORARY RETURN SERVICE REQUESTED

JOYCE ALTMAN INTERPRETERS INC
PO BOX #4165
TUSTIN CA 92781-0000

CLIENT
CORESTAFF SERVICES

INSURED
CORESTAFF SERVICES

SERVICE PARTNER:SAN DIEGO - CISGI

ADJUSTER:THOMPSON, WAYNE
CLAIMANT NAME.
CLAIM NUMBER
1194542-1

TELEPHONE:858 514-1802

DATE OF INCIDENT
04/18/2008

PAYMENT REFERENCE #	DOS FROM	DOS TO	GROSS AMOUNT	NET AMOUNT
21112236 INV#33494	03/19/2009	03/19/2009	250.00	250.00

PAID

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

*** INVOICE ***

Date	NO#
07/17/09	33504

Claim # : YLR36736C
W.C.A.B.:
ADJ # : ADJ6635251
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (LA HABRA)
W.C. DEPARTMENT
ATTN: ANNETTE AREVALOS
P.O. BOX 7007
LA HABRA, CA 90632

Case: vs HOMETOWN BUFFET
Date Of Injury: 9/21/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/09	DEPO PREP	@ THE L/O OF STACEY L. TOKUNAGA	156.50
04/22/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/10/09	PMT BY CHECK	DOS 3/24/09 # 101221305 6	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

SRS
SPECIALTY RISK SERVICES

000922
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00923

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
33504 09-21-08	41HMC TPR394 YLRC 36736	HOMETOWN BUFFET	$406.50

Nature of Payment:	Service Dates	
Miscellaneous Expense	03-24-2009 04-22-2009	$406.50

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	07-10-2009	Check Number	101221305 6	Total Amount of Check	$406.50

Please keep the above information for your records.

082685946

000012 1012213056

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#
06/26/09	33505

Claim # : CA321551
W.C.A.B.:
ADJ # : ADJ 6630852
S.S.N. [redacted]
D.O.B. :
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (OREGON)
W.C. DEPARTMENT
ATTN: MICHELLE BRUNK
P.O. BOX # 69129
PORTLAND, OR 92739

Case: [redacted] vs ACCOUNTABILITIES, INC.
Date Of Injury: 6/10/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/23/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
04/29/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/22/09	PMT BY CHECK	DOS 3/23/09 # 2408658	-156.50
06/23/09	PMT BY CHECK	DOS 4/29/09 # 2420111	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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WARNING: THIS ACCOUNT IS PROTECTED AGAINST FRAUD

63 4
630

321551

LUMBERMEN'S UNDERWRITING ALLIANCE

BOCA RATON, FLORIDA 33431

2420111

DATE INCURRED	ACCOUNT NO.	POLICY NO.	CLAIM NO.	ISSUE DATE
06/10/08	58397-0906	287513	WC-CA-321551	JUNE 23, 2009

FROM 03/23/09 TO 04/29/09

INSURED ACCC INSURANCE

CLAIMANT [illegible] A

PAYEE (S) 33309367.13

NATURE OF PAYMENT CTRL# 4060-H-8648625-O

INV# 33505

TWO HUNDRED FIFTY AND 00/100 DOLLARS

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

BANK OF AMERICA N.A.

ENDORSEMENT REQUIRED

$ *********250.00

Christi E. Lynn

946

2420111

⑈000242011⑈ ⑆063000047⑆ 00360118738⑈

PAID

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

*** INVOICE ***

Date	NO#
08/24/09	33524

Claim # : 704003818
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs NEDCO ELECTRONICS
Date Of Injury: 8/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/09	DEPO PREP	@ THE L/O OF PIERCE & WEISS	156.50
07/10/09	PENALTIES	FOR DATE OF SERVICE 03/16/09	23.48
07/10/09	INTEREST	FOR DATE OF SERVICE 03/16/09	6.71
08/10/09	DEPO PREP	@ THE L/O OF PIERCE & WEISS	156.50
08/22/09	PMT BY CHECK	DOS 3/16/09 THRU 8/10/09 # 00827826	-343.19

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

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 005 2 70400827826000062O3

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

Remittance -
AIG DOMESTIC CLAIMS, INC.
ON BEHALF OF AIGCS EXPENSE POLICY
Insured: AIGCS EXPENSE POLICY
Claimant:
Producer:
ACT: 33524 031609-081009

No.: 00827826
RFP No.: 00006203
08/22/2009

Claim Office: 704

Policy	Claim	Sym.	DOL	Typ	S	Amount
000071913524	00003818	01	08/27/2007	MED	O	$343.19

PAID

Use file # 704-00003818 **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#
04/28/09	33540

Claim # : E2031277
W.C.A.B.: LBO 0392045/57
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS. (SANTA ANA)
W.C. DEPARTMENT
ATTN: DIANA REAVES
P.O. BOX # 928
SANTA ANA, CA 92702-0928

Case. vs SALFED CORP OF LA /KFC INC.
Date Of Injury: 8/22/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/09	C&R READING	@ THE L/O OF JON WOODS	250.00
04/23/09	PMT BY CHECK	DOS 3/13/09 # 8810100143	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Los Angeles Service Center

Check Number: 8810100143

Date: 04/23/2009

$250.00******

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

To the order of
Inv:33540,dos 3/13/09, Solano,v
Joyce Altman Interpreters, Inc.
P.o. Box 4165
Tustin Ca 92781-4165

01 01 000199 12140210W1 CC0423P2 02 000199

Claimant/Patient:			
Insured:	Salfed Corp Of Los Angeles		
Date of Loss:	11/01/2007	User ID	WE2CR81
Claim Number:	E2035084	CRID	E24327
Check Number:	8810100143		
Payment Under Insured's:			
Correspondence Reference:	12140210W1		
Description			

COMMUNICATIONS $250.00

PAID

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

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

*** INVOICE ***

Date	NO#
07/13/09	33562

Claim # : 09000001159
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BLUE LAKE INS (FOLSOM CA 1910)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX 1910
FOLSOM, CA 95763

Case: vs JUANITA'S FOODS
Date Of Injury: 3/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/09	INITIAL EXAM	DR SANDERS @ PAIN RELIEF CTR*	230.00
05/20/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/09/09	PMT BY CHECK	DOS 3/30/09 THRU 5/20/09 # 77865	-386.50

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

System Generated

Payee: Joyce Altman Interpeters DBA:

Check Number: 77865 Check Date: 07/09/2009 Check Amount: $386.50

Claim # / Category	SSN / Explanation	Case Name	ITN	Amount	Dates Of Service
09000001159	XXXXX7302			$386.50	03/30/2009 - 05/20/2009
Medical	Invoice#33562				

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#
06/08/09	33575

Claim # : SP604798
W.C.A.B.: AHM 0129690
ADJ # : ADJ798935
S.S.N.
D.O.B. : 1
Terms : 45 days

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

Case: [illegible] vs ADREESON'S TILE-MARBLE-GRANITE
Date Of Injury: 6/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/09	WCAB AHM	MSC	156.50
04/28/09	PMT BY CHECK	DOS 3/18/09 # CP-394013	-156.50
05/07/09	WCAB AHM	TRIAL	156.50
06/03/09	PMT BY CHECK	DOS 5/7/09 # CP-398684	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(714)565-5000

Provider Number: 330956713

Check #: **CP-398684**

JAI INC 2002
Po Box 4165
Tustin CA 92781

Issue Date: 06/03/09
Doc #: 018182483

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** SP604798		
1	33575	05/19/09	05/19/09	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SP604798	156.50	.00	156.50

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.

PAID

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.

0121838701818248301 2

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

*** INVOICE ***

Date	NO#
06/01/09	33589

Claim # : 710089818
W.C.A.B.:
ADJ # : ADJ3838829
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: (s SUN ELECTRIC
Date Of Injury: 3/4/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/09	WCAB LB	MSC (FULL DAY)	313.00
05/29/09	PMT BY CHECK	DOS 3/4/09 # 31868550	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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AIG004

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7103186855000195008

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

Remittance –
GRANITE STATE INSURANCE COMPANY

No.: 31868550
RFP No.: 00195008
05/29/2009

Insured: SUN ELECTRIC LP
Claimant: [redacted]

Claim Office: 710

Producer:
ACT: 33589

030409-030409

Policy	Claim	Sym.	DOL	Typ	S	Amount
000009548933	00089818	01	03/04/2005	MED	O	$313.00

PAID

Use file # 710-00089818 **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#
07/13/09	33609

Claim # : CBU7395
W.C.A.B.:
ADJ # : ADJ6699167
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CALIF. EXPANDED METAL PRODUCTS
Date Of Injury: 3/1/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
04/10/09	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
05/22/09	PR2/REEVAL	DR HOSSAIN @ GARFIELD HEALTH*	180.00
07/07/09	PMT BY CHECK	DOS 3/31/09 THRU 5/22/09 # 891A 79053560	-640.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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001646

THE TRAVELERS - ORANGE CL CLAIM
WC CLAIM DEPT
PO BOX 14246
ORANGE CA 92863

UC01646

891A 79053560

TRAVELERS

DATE: 07/07/09
LOSS DATE: 03/01/09
FILE NUMBER: 221 CB CBU7395 P

EMPLOYEE

ACCOUNT NAME:
CALIFORNIA EXPANDED METAL PRO

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

TRAVELERS CASUALTY AND SURETY COMPANY

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/31/2009 TO: 05/22/2009

TOTAL PAID: $640.00
TAX INFO: 330956713372l476Y
PAY MISC: INVOICE #: 33609
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: KEVIN I CORDOVA AT (714)922-1734

188007271
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/23/09	33622

Claim # : 310W09108650
W.C.A.B.:
ADJ # : ADJ6559157;6558360
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ABX INNOVATIONS
Date Of Injury: 9/12/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/24/09	INITIAL EXAM	DR RAHIMIAN @ AMERI CHIRO*	230.00
05/28/09	DEPO PREP	@ THE L/O OF MCDERMOTT & CLAWSON	156.50
06/18/09	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
06/16/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/20/09	PMT BY CHECK	DOS 3/24/09 THRU 6/16/09 # 0020134133	-816.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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SUA Insurance Company
Chicago, IL

Check # 0020134133

Payee: **Joyce Altman Interpreters**

Check Date 07/20/2009

Bill Id	Invoice #	Policy #	Claim #	Claimant Name	Service From-To	Amount Paid
	inv 33622	WSATMEC00372202	310W09108690		03/24/09-06/16/09	816.50

PAID

Net Check Amount $ 816.50

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#
06/23/09	33664

Claim # : 05300316
W.C.A.B.: POM0300712/13
ADJ # : ADJ1406081/1529724
S.S.N.
D.O.B. : //
Terms : 45 days

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

Case: s LAREDO FAST FREIGHT SERVICES
Date Of Injury: 3/8/08; 4/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/09	INITIAL EXAM	DR RAHMAN @ R&R ORTHO GROUP*	230.00
06/19/09	PMT BY CHECK	DOS 3/16/09 # CU-455318	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Provider Number: 330956713

Check #: **CU-455318**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 06/19/093
Doc #: 018293726

Medical

33664

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
7	SF1-SFCA-4184215	04/29/09	99911	Interpreting Service	1	180.00	.00	710 723	
								Subtotal:	
	Patient Name				**Claim #:**	05300316	**Date of Injury:**	03/08/08	
	ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL								
8	SF1-SFCA-4181991	03/16/09	99911	Interpreting Service	8	230.00	.00	710	230.00
	Patient Nam				**Claim #:**	SA624755	**Date of Injury:**	05/22/02	
	ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL								
9	SF1-SFCA-4182304	07/09/02	MDO10	Payment By Order	1	2,079.54	.00	961	
10	SF1-SFCA-4182304	10/28/08	MDO10	Payment By Order	1	.00	.00	790	
								Subtotal:	

Total Allowances:

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#
06/08/09	33671

Claim # : 05405272
W.C.A.B.:
ADJ # :
S.S.N.
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs TOWN & COUNTRY EVENT RENTALS
Date Of Injury: 2/5/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/03/09	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
04/13/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
06/05/09	PMT BY CHECK	DOS 4/3/09 THRU 4/13/09 # CU-447475	-410.00

BALANCE 0.00

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-447475**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 06/05/09
Doc #: 018195851

Medical

33671

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	SA618268	**Date of Injury:**	07/31/01	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-4087818	04/13/09	MDO11	Payment By Order	1	.00	0	790	.00
2	SF1-SFCA-4087818	08/23/01	MDO11	Payment By Order	1	1,222.21	272.21	961	
								Subtotal:	
		Patient Name:			**Claim #:**	SA633986	**Date of Injury:**	02/19/03	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
3	SF1-SFCA-4087116	02/05/05	MDS10	Settlement For Dispu	1	.00	0	790	.00
4	SF1-SFCA-4087116	10/09/03	MDS10	Settlement For Dispu	1	2,008.41	706.11	961	
								Subtotal:	
		Patient Name:		s	**Claim #:**	05405272	**Date of Injury:**	02/05/09	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
5	SF1-SFCA-4091349	04/03/09	99911	Interpreting Service	8	230.00	0	710 723	230.00
6	SF1-SFCA-4091349	04/13/09	99911	Interpreting Service	8	180.00	0	710 723	180.00
								Subtotal:	**410.00**
		Patient Name:			**Claim #:**	SA643481	**Date of Injury:**	05/13/02	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
7	SF1-SFCA-4088473	05/13/02	MDO10	Payment By Order	1	904.12	554.12	961	
8	SF1-SFCA-4088473	05/19/09	MDO10	Payment By Order	1	.00	0	790	.00
								Subtotal:	
		Patient Name:			**Claim #:**	04935078	**Date of Injury:**	10/20/06	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
9	SF1-SFCA-4086990	04/25/07	99911	Interpreting Service	1	150.00	0	790	
				Sub-Totals:		150.00	.00		
				Adjustment:		-150.00	-150.00		.00
				Totals:		.00	-150.00		

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.

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#
07/28/09	33675

Claim # : CJ181
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ALASKA NATIONAL INS. (SAN FR)
W.C. DEPARTMENT
ATTN: LISELLE TOMLINSON
P.O. BOX # 193970
SAN FRANCISCO, CA 94119-3970

Case: vs RADIANT SERVICES CORP.
Date Of Injury: 4/3/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/09	INJECTION	DR MILLER @ MONORVIA MEMORIAL HOSPITAL (5.5 HRS)	412.50
07/22/09	PMT BY CHECK	DOS 1/20/09 # 381530	-412.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ALASKA NATIONAL INSURANCE COMPANY
1111 3RD AVE., SUITE 2600, SEATTLE, WA 98101
(206) 292-6360

7/22/09

CHECK NUMBER	381530
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
CJ181-00 07E WD 31656	04/03/2008	RADIANT SERVICES CORPORATION DOS: 1/20/09 Inv# 33675	412.50 M-OTHR

PAID

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT: 412.50

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#
06/17/09	33710

Claim # : 624-108-03034286
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
PEGASUS INSURANCE (MODESTO)
W.C. DEPARTMENT
ATTN: CHARLOTTE PERRY
P.O. BOX # 5038
MODESTO, CA 95352

Case: vs BRIGHTON CONVALESCENT CTR.
Date Of Injury: 9/26/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/10/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
06/14/09	PMT BY CHECK	DOS 4/10/09 # 385938	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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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: 105 2 BRIGHTON CONVALESCENT HOSPITAL

CLAIM #.: 777-624-108-0304286 CLAIMANT

D/A.....: 9/26/08 Examiner : CP Charlotte Perry

33710

CHECK#.....: 385938

CHECK AMOUNT..: 250.00

CHECK DATE....: 6/14/09

PMT VAL 1.....: E5 INTERPRETER FEES

RESERVE.....: EX EXPENSE

PAYMENT PERIOD: 4/10/09 - 4/10/09 WEEKS/DAYS: 0 / 0

REMARKS

33710

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#
06/18/09	33781

Claim # : 71058466
W.C.A.B.:
ADJ # : ADJ6704768
S.S.N.
D.O.B.
Terms : 45 days

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

Case vs MJO STAFFING
Date Of Injury: 1/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
05/04/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/16/09	PMT BY CHECK	DOS 4/22/09 THRU 5/4/09 # 31956240	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 002 9 7103195624000368846

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

33781

Remittance -
NEW HAMPSHIRE INSURANCE COMPANY

No.: 31956240
RFP No.: 00368846
06/16/2009

Insured: MJO STAFFING INC
Claimant:
Producer:
042209-050409

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000005510333	00584466	01	01/08/2009	MED	O	$406.50

PAID

Use file # 710-00584466 **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#
06/26/09	33805

Claim # : 710580620
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MARK BEAMISH WATERPROOFING
Date Of Injury: 1/9/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/17/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
05/15/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/16/09	PMT BY CHECK	DOS 4/17/09 # 31955867	-156.50
06/23/09	PMT BY CHECK	DOS 5/15/09 # 31971708	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 5 71031971708004411 29

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

Remittance – **No.:** 31971708
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH **RFP No.:** 00441129
06/23/2009

Insured: [redacted] WATERPROOFING, IN
Claimant:
Producer:
ACT: 33805 051509-051509

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003428901	00580620	01	01/09/2009	MED	O	$250.00

PAID

Use file # 710-00580620 **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#
07/15/09	33882

Claim # : 05305604
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs CHADY EXPRESS CORP.
Date Of Injury: 7/9/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/27/09	INITIAL EXAM	DR SANDER @ PAIN RELIEF CTR*	230.00
07/13/09	PMT BY CHECK	DOS 4/27/09 # CU-467281	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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-467281**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 07/13/09
Doc #: 018439461

33882

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	SA638916	**Date of Injury:**	07/06/04	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-4265562	08/09/04	MDO10	Payment By Order	1	301.11	131.11	961	
2	SF1-SFCA-4265562	11/10/04	MDO10	Payment By Order	1	.00	.00	790	
								Subtotal:	
		Patient Name:			**Claim #:**	05360000	**Date of Injury:**	08/29/08	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
3	SF1-SFCA-4312777	03/03/09	99911	Interpreting Service	1	230.00	230.00	788	
4	SF1-SFCA-4312777	03/03/09	99911	Interpreting Service	1	180.00	.00	710 723	
5	SF1-SFCA-4312777	03/05/09	99911	Interpreting Service	1	150.00	.00	723 710	
								Subtotal:	
		Patient Name:			**Claim #:**	04774180	**Date of Injury:**	03/29/06	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
6	SF1-SFCA-4307794	04/01/09	99911	Interpreting Service	1	180.00	.00	711 723	
7	SF1-SFCA-4307794	04/29/09	99911	Interpreting Service	1	180.00	.00	711 723	
								Subtotal:	
		Patient Name:			**Claim #:**	02303246	**Date of Injury:**	07/22/04	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
8	SF1-SFCA-4291676	06/18/09	MDO10	Payment By Order	1	.00	.00	790	
9	SF1-SFCA-4291676	07/22/04	MDO10	Payment By Order	1	153.75	78.75	961	
10	SF1-SFCA-4291676			Medical Interest					
								Subtotal:	
		Patient Name:			**Claim #:**	05305604	**Date of Injury:**	07/09/08	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
11	SF1-SFCA-4309423	04/27/09	99911	Interpreting Service	1	230.00	.00	710 723	230.00
		Patient Name: Martinez, Sandro			**Claim #:**	05435986	**Date of Injury:**	11/05/08	

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.

PAID

0132110301843946101 3

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

*** INVOICE ***

Date	NO#
06/23/09	33957

Claim # : 80700159831
W.C.A.B.: LBO0385807
ADJ # : ADJ3381765
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: AKA JUAN vs MAJIC LAUNDRY SERVICES
Date Of Injury: 1/10/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/31/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
06/18/09	PMT BY CHECK	DOS 3/31/09 # 200072556	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

EMPLOYERS®

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

Check Number: 200072556
Check Date: 06/18/2009

Claim Number: 8070[illegible]9331
Injured Employee:

Payment Description:	Intrepreter
Billed Date:	06/12/2009
Service Period:	03/31/2009 through 03/31/2009
Invoice Number:	33957
Billed Amount:	$250.00
Comments:	INTERPRETER SERVOCES- C&R READING

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

Check Total: **$250.00**

PAID

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

*** INVOICE ***

Date	NO#
07/13/09	33965

Claim # : 01134490
W.C.A.B.:
ADJ # : ADJ6669571
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AMERICAN ALL-RISK LOSS (FRES)
W.C. DEPARTMENT
ATTN: LINDA DUARTE
P.O. BOX # 9783
FRESNO, CA 93794-9783

Case: vs PEPE'S MEXICAN FOOD
Date Of Injury: 7/25/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/06/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/03/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/05/09	PMT BY CHECK	DOS 5/6/09 # 0025057293	-156.50
07/10/09	PMT BY CHECK	DOS 6/3/09 # 0025058507	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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IMPORTANT NOTICE: This Is Your Explanation of Review. DO NOT DISCARD

American All-Risk Loss Administrators, Inc., ITF Praetorian Insurance Company

Post Office Box 9783 Fresno, CA 93794 - Phone: 559-277-4960 FAX: 559-277-4961

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted		
Joyce Altman Interpreters	6746	0025058507	07/10/2009	250-25058507	$250.00	Page	1

Claim No: 01134490 **Name:** **Date of Loss: 07/25/2007**

Reference: 33965 Comments: Payment ID: M Rosales

Description for Bill ID 4747365	*From*	*To*	*Amount Charged*	*Net Payable*
Interpreter Fees (Expense)	06/03/09	06/03/09	$ 250.00	250.00

Total payable for bill $ 250.00

TOTAL REMITTANCE $ 250.00

PAID

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

*** INVOICE ***

Date	NO#
07/28/09	33984

Claim # : 05302128
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TSI PROPERTY SERVICE
Date Of Injury: 7/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/09	INITIAL EXAM	DR RAHMAN @ ADVANCED CARE*	230.00
07/23/09	PMT BY CHECK	DOS 5/11/09 # CP-406568	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(714)565-5000

Provider Number: 330956713

Check #: **CP-406568**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 07/23/09
Doc #: 018519212

33984

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	05302128	**Date of Injury:**	07/01/08	
	ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL								
1	SF1-SFCA-4398596	05/11/09	99911	Interpreting Service	8	230.00	.00	710 723	230.00
							Total Allowances:		**$230.00**

0132200601851921201 2

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.

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

*** INVOICE ***

Date	NO#
06/23/09	34008

Claim # : 00025838
W.C.A.B.:
ADJ # : ADJ624150
S.S.N.
D.O.B. :
Terms : 45 days

BILL TO:
EMPLOYERS DIRECT (THO OAKS)
W.C. DEPARTMENT
ATTN: GAYLE CONNETT
P.O. BOX # 5042
THOUSAND OAKS, CA 91359

Case: R vs WEST COAST VINYL WINDOWS/WCP
Date Of Injury: 8/23/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/09	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
06/19/09	PMT BY CHECK	DOS 5/4/09 # 00377050	-250.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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EMPLOYERS DIRECT INSURANCE COMPANY
P.O. BOX 5042
THOUSAND OAKS, CA 91359-5042

Anthem Blue Cross

Temporary Return Service Requested

000102-000001-000102 2033781 2320EDC 1

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

Insured:
Amount of this check: 250.00

Claimant:
Claim: 00025838
Policy #: WC 00049402
Date of Injury: 20070823
Description: 05-04-09 - 05-04-09 34008
Payment For: INTERPRETER FOR NON-MEDICAL

Payment Amount: $ 250.00

34008

CK-00377050

6/19/09

PAID

Claimant:
Claim:
Policy #:
Date of Injury:
Description:
Payment For:

Payment Amount: $.00

DIRECT INQUIRIES TO: EMPLOYERS DIRECT INSURANCE COMPANY

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

*** INVOICE ***

Date	NO#
06/23/09	34033

Claim # : 200474776
W.C.A.B.:
ADJ # : ADJ6671358
S.S.N. :
D.O.B.
Terms . 45 days

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

Case vs STOCKMAR INDUSTRIAL, INC.
Date Of Injury: 11/15/04

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/09	WCAB LB	MSC	156.50
05/19/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/19/09	PMT BY CHECK	DOS 5/14/09 THRU 5/19/09 # 052558	-313.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Date of Issue: 6/19/2009

Explanation of Benefits

Check No: **052558**

10051726741

Employer		
Client: 28823	Cal Southam[illegible]	Claim #: 20040010074776
Employer: 7243000019	Stockmar International Inc	Injury Date: 11/15/2004
Location: 1	2737 Raymond Avenue	SSN:
Claim Office: CA/Anaheim	28823/163446/CA/1	
Adjuster: LLUNA	Jur. State: CA	

Payee Tax ID:330956713		Payment Type
Joyce Altman Interpreting PO Box 4165 Tustin, CA 92781-4165	34033 Pay Rate: $0.00	Misc. Other Expense
	DOS From:5/14/2009 To: 5/19/2009	

INDEMNITY PAYMENT

From Date	To Date	Adjustment Description	Paid to	Amount
			Gross Amount	$313.00
			Net Check:	**$313.00**

PAID

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

*** INVOICE ***

Date	NO#
08/20/09	34073

Claim # : cv923
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ALASKA NATIONAL INS. (SAN FR)
W.C. DEPARTMENT
ATTN: TERESA PERKINSON
P.O. BOX # 193970
SAN FRANCISCO, CA 94119-3970

Case: rs MODERN PARKING INC.
Date Of Injury: 5/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/09	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
06/26/09	PR2/REEVAL	DR BOYER @ PAIN RELIEF CTR*	180.00
06/25/09	NCV	DIAGNOSTIC STUDY INTERP: L/E @ PAIN RELIEF CTR*	150.00
07/20/09	INITIAL EXAM	DR ZARRINI @ PAIN RELIEF CTR*	230.00
08/14/09	PMT BY CHECK	DOS 5/13/09 THRU 6/25/09 # 386350	-790.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ALASKA NATIONAL INSURANCE COMPANY
P.O. BOX 193970, SAN FRANCISCO, CA 94119-3970
(415) 248-5030

8/14/09

CHECK NUMBER	386350
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
CV923-00 09D WD 31639	05/04/2009	MODERN PARKING, INC. #34073 DOS 051309; 062509; 062609 & 072009	790.00 M-OTHR

PAID

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT: 790.00

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#
06/23/09	34103

Claim # : A7T0306
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ADVANTAGE RENT A CAR / ALL
Date Of Injury: 5/24/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/09	WCAB LB	MSC	156.50
06/16/09	PMT BY CHECK	DOS 5/20/09 # 896D 74473362	-156.50

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

000642

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

0

896D 74473362

TRAVELERS

DATE: 06/16/09
LOSS DATE: 05/24/08
FILE NUMBER: 152 CB A7T0306 F

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

ACCOUNT NAME:
SOUTHWEST TEX LEASING INC

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 05/20/2009

TOTAL PAID: $156.50
TAX INFO: 330956713372147 6Y
PAY MISC: INV#34103
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: ECHO COLON AT (909)612-3807

167017482
DETACH CHECK

UNSUMM -0215
OVRPUNS2-1212
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#
06/25/09	34111

Claim # : 05381470
W.C.A.B.:
ADJ # : ADJ6643509
S.S.N. :
D.O.B.
Terms : 45 days

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

Case: vs CDR CONSTRUCTION
Date Of Injury: 9/4/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/26/09	WCAB LB	MSC	156.50
06/23/09	PMT BY CHECK	DOS 5/26/09 # BT-168505	-156.50

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 3171
Suisun City, CA 94585-6171
(661)664-4000

Provider Number: 330956713

Check #: **BT-168505**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 06/23/09
Doc #: 018315766

34111

Compensation

Line #	Invoice Number	From Date	To Date		Service Description	Units		Allowances
				Patient Name:	**Claim #:** 05381470			
1	LCAMIR				Claimant Incurred Legal Expense	1		156.50
						Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05381470	156.50	.00	156.50

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:

05381470 CL $156.50; JESUS A. IBARRA;

PAID

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.

0411962701831576012

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

*** INVOICE ***

Date	NO#
07/24/09	34113

Claim # : CLS7586
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs OCEAN BEAUTY SEAFOOD, INC.
Date Of Injury: 7/29/05

DOS	SERVICE	DESCRIPTION	AMOUNT
05/20/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
07/20/09	PMT BY CHECK	DOS 5/20/09 # 896D 74659502	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

UC01271

896D 74659502

TRAVELERS

DATE: 07/20/09
LOSS DATE: 07/29/05
FILE NUMBER: 152 CB CLS7586 R

EMPLOYEE

ACCOUNT NAME:
OCEAN BEAUTY SEAFOODS INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 05/20/2009

TOTAL PAID: $230.00
TAX INFO: 330956713372l476Y
PAY MISC: 34113
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: LORRAINE MORONEZ AT (909)612-3037

201006900
DETACH CHECK

UNSUMM -021509
OVRPUNS2-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/13/09	34174

Claim # : 002519-001297-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: LORNA REYES
PO BOX 610
ROSEVILLE, CA 95661

Case: vs MEXICAN-AMERICAN OPPORTUNITY F
Date Of Injury: 2/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/28/09	INITIAL EXAM	DR SAMIMI @ WILLOW MED*	230.00
06/17/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/07/09	PMT BY CHECK	DOS 5/28/09 THRU 6/17/09 # 0072211148	-410.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

0103860 01 RE **AUTO T1 0 5830 92781

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

DIRECT INQUIRIES TO:

PHONE: 1-916-787-2600
GALLAGHER BASSETT-ROSEVIL
P.O. BOX 610
ROSEVILLE CA 95661

COMMUNITY FIRST/TANGRAM
EVEREST NATIONAL INSURANCE CO

CLAIM NO. 002519 001297 WC 01

CLAIMANT:

DESCRIPTION: INVOICE - 34174

DATE OF SERVICE: 28-May-2009 TO 17-Jun-2009

BRANCH NO. 180

ACC. DATE 08-Feb-2007

CHECK NO. 0072211148

VN. 0000125662

DATE: 07-Jul-2009

PAYMENT AMOUNT: $410.00

PAID

RE0103860-0001_of_0001 5830-0004831 (FL26)

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK NO. 0072211148 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#
07/17/09	34183

Claim # : 2080204458
W.C.A.B.:
ADJ # : ADJ6707166
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs US GARMENT
Date Of Injury: 4/3/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/22/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/12/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/13/09	PMT BY CHECK	DOS 5/22/09 THRU 6/12/09 # 1010626251	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Northern Insurance

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

00090

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0202342 001 IN	WC 02832378	34183		12/29/08	05/22/09-06/12/09

Check Number	1010626251	Date Issued	07/13/09	Amount	$****406.50
Insured	US Garment, LC				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Kesha Roy				
File Supervisor	Imelda Nicolas	Phone Number	818 227-1700		

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

PAID

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

*** INVOICE ***

Date	NO#
07/28/09	34189

Claim # : CBU7686
W.C.A.B.:
ADJ # : ADJ6779198
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (ORANGE)
W.C. DEPARTMENT
ATTN: KARA WILLIAMS
P.O. BOX # 14246
ORANGE, CA 92863

Case: vs BAKER COMUIDETES
Date Of Injury: 4/7/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/09	INITIAL EXAM	DR DOMARACKI @ WILLOW MED*	230.00
06/05/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
06/19/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/13/09	PR2/REEVAL	DR DOMARACKI @ WILLOW MED*	180.00
07/24/09	PMT BY CHECK	DOS 5/27/09 THRU 7/13/09 # 896d 74684624	-770.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

002591

THE TRAVELERS - ORANGE CL CLAIM
WC CLAIM DEPT
PO BOX 14246
ORANGE CA 92863

896D 74684624

UD02591

TRAVELERS

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

DATE: 07/24/09
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

Our Customer Service Phone is 1-866-311-1204 .
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
	221 CB CBU7686P	**05/27/09 - 07/13/09**	$ 770.00		**INVOICE #34189**
	221 CB CDA5876R	**05/12/09 - 06/23/09**	$		**INV 30617**
		Total Amount Paid	$*****1150.00		

PAID

05009124
DETACH CHECK

SUMM -021509
OVRPSUM2-021509
DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/13/09	34213

Claim # : 635C9839489
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs AERO CONCRETE CO.
Date Of Injury: 3/31/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/28/09	MRI	REF BY DR HARONIAN: L/S @ CALIF IMAGING*	150.00
07/10/09	PMT BY CHECK	DOS 5/28/09 # DA60923156	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

*BODA609231560352301010907100006243
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31083
TAMPA FL 33631-3083

DATE 07/10/09

CHECK NO. DA60923156

STATEMENT

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

5900A11DA 00 01066 DA60923156
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX #4165
TUSTIN CA 92781-4165

FILE ID
635C9839489

DOLLARS
$*********150.00

* NOT NEGOTIABLE *

FOR
05/28/09 THRU 05/28/09 INV#34213

CLAIMANT

DATE OF EVENT
03/31/08

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

PAID

BOA18B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
07/17/09	34229

Claim # : PZC00342756
W.C.A.B.:
ADJ # : ADJ6691856
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRUM & FORSTER (PLANO,TX)
W.C. DEPARTMENT
ATTN: DEBRA DERHAM
6404 INTERNATIONAL PKWY., 1000
PLANO, TX 75093

Case: vs BLAZEN LEASING, INC.
Date Of Injury: 8/17/06

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/10/09	PMT BY CHECK	DOS 6/5/09 # 0001243256	-156.50

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

CRUM&FORSTER

Number: 0001243256

Vendor Number: 406680125 Issuing Location: Dallas Claims Check Date: 07/10/2009

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
34229	PZC00342756	EXP	34229	08/15/2006	$156.50

TOTAL $156.50

PAID

Send Inquiries to:
6404 International Parkway Suite 1000
Plano, TX 75093

Processor: **B. Williams**

Internal Reference No: 34229

Please Detach Before Depositing

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

*** INVOICE ***

Date	NO#
07/13/09	34260

Claim # : 710589291
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PREFERRED PERSONNEL
Date Of Injury: 2/12/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/09	DEPO PREP	@ THE L/O OF WATTEN, BASSETT & McMAINS	156.50
07/10/09	PMT BY CHECK	DOS 6/5/09 # 32008362	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7103200836200553027

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

Remittance –
AMERICAN HOME ASSURANCE COMPANY

No.: 32008362
RFP No.: 00553027
07/10/2009

Insured: CORPORATE PERSONNEL NETWORK
Claimant:
Producer:
ACT: 34260 060509-060509

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001242445	00589291	01	02/12/2009	MED	O	$156.50

PAID

Use file # 710-00589291 **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#
08/10/09	34300

Claim # : 002335-007559-WC-01
W.C.A.B.: POM 0300677
ADJ # : ADJ2695044
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: KIRSTA THOMASTON
P.O. BOX # 70003
ANAHEIM, CA 92825-0003

Case: vs LEGGETT @ PLATT
Date Of Injury: 11/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/09	C&R READING	@ THE L/O OF JON WOODS	250.00
08/05/09	PMT BY CHECK	DOS 6/4/*09 # 0072789442	-250.00

BALANCE 0.

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

002335 PAGE 1 OF 1 002810

MDG2009 00003896 1 MB 0382 1

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

GALLAGHER BASSETT SERVICES INC
FOR LEGGETT & PLATT INC.

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

CLAIM NO.: 002335 007559 WC 01 (6008)
CLAIMANT:
DESCRIPTION: INVOICE 34300

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

BRANCH NO.: 170
ACC DATE: 01Nov07

NO.: 0072789442
VN: 0000197814
DATE: 05Aug09
AMOUNT: 250.00

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0003896 004468 001 002

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

*** INVOICE ***

Date	NO#
07/31/09	34345

Claim # : 2080186263
W.C.A.B.:
ADJ # : ADJ2843673
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SUGAR FOODS CORP.
Date Of Injury: 3/20/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/09	C&R READING	@ THE L/O OF JON WOODS	250.00
07/29/09	PMT BY CHECK	DOS 6/12/09 # 1010629501	-250.00

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

American Guarantee & Liability

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

00174

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0186263 001 AM	WC 4361173	34345		12/01/07	06/12/09-06/12/09

Check Number	1010629501	Date Issued	07/29/09	Amount	$****250.00
Insured	Sugar Foods Corp				
Claimant					
Nature of Payment	OTHER LEGAL EXPENSE				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Kesha Roy				
File Supervisor	April Masie	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	250.00		
TOTAL	$250.00		

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

*** INVOICE ***

Date	NO#
08/27/09	34370

Claim # : SP164583
W.C.A.B.: ANA 0238953
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ORANGE COUNTY PRODUCE/WESTERN
Date Of Injury: 12/15/89

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/09	EPIDURAL	DR AFLATOON @ MONROVIA HOSP. (3.5 HRS)	225.00
08/25/09	PMT BY CHECK	DOS 6/18/09 # CP-412292	-225.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(714)565-5000

Provider Number: 330956713

Check #: **CP-412292**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 08/25/09
Doc #: 018741678

34379

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	SP164583	**Date of Injury:**	12/15/89	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-4614026	06/18/09	99911	Interpreting Service	14	225.00	.00	723	225.00
		Patient Name:			**Claim #:**	05053476	**Date of Injury:**	05/07/07	
		ICD-9 Code:999.9 OTH&UNSPEC COMPS MEDICAL							
2	SF1-SFCA-4618182	07/08/09	99911	Interpreting Service	1	485.00	305.00	710 723	
							Total Allowances:		

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.

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

*** INVOICE ***

Date	NO#
07/24/09	34376

Claim # : 53384940223443
W.C.A.B.:
ADJ # : ADJ6652470
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs NORTHGATE GONZALEZ MARKET, INC
Date Of Injury: 6/12/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/09	WCAB LB	MSC	156.50
07/22/09	PMT BY CHECK	DOS 6/18/09 # FE40669046	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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*C0FE40669046024480101090722000539 2
ESIS, INC.
PO BOX 31051
TAMPA FL 33631-3051

DATE 07/22/09

CHECK NO. **FE40669046**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00883 FE40669046
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
5338494022344

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

* NOT NEGOTIABLE *

FOR
06/18/09 THRU 06/18/09 34376

CLAIMANT

DATE OF EVENT
06/12/08

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

PAID

BOA10B (08/2008)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
07/23/09	34378

Claim # : 310W09107520
W.C.A.B.:
ADJ # : ADJ6703593
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PAUL MCNULTY CONSTRUCTION
Date Of Injury: 1/31/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
07/20/09	PMT BY CHECK	DOS 6/18/09 # 0020134132	-156.50

BALANCE 0.0

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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SUA Insurance Company
Chicago, IL

Check # 0020134132

Payee: **Joyce Altman Interpreters**

Check Date 07/20/2009

Bill Id	Invoice #	Policy #	Claim #	Claimant Name	Service From-To	Amount Paid
	inv 34378	WSATMEC00526301	310W09107520		06/18/09-06/18/09	156.50

PAID

Net Check Amount $ 156.50

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

*** INVOICE ***

Date	NO#
07/31/09	34477

Claim # : 200910114
W.C.A.B.:
ADJ # : ADJ6682932
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RIPTIDE
Date Of Injury: 12/30/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/25/09	EPIDURAL	DR AFLATOON @ MONROVIA HOSP. (3 HRS)	225.00
07/29/09	PMT BY CHECK	DOS 6/25/09 # 200097667	-225.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

EMPLOYERS®

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

Check Number: 200097667
Check Date: 07/29/2009

Claim Number: 2009101114
Injured Employee:

Payment Description:	Medical Interpreter
Billed Date:	07/23/2009
Service Period:	06/25/2009 through 06/25/2009
Invoice Number:	34477
Billed Amount:	$225.00
Comments:	INTERPRETING FOR DR AFLATOON

Account Number: n/a
Document Number: n/a
Paid Amount: $225.00

Check Total: **$225.00**

PAID

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

*** INVOICE ***

Date	NO#
08/18/09	34490

Claim # : LB000217823
W.C.A.B.:
ADJ # : ADJ6780?95
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ALLOY DIE CASTING CO.
Date Of Injury: 7/10/04

DOS	SERVICE	DESCRIPTION	AMOUNT
06/08/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/15/09	DEPO PREP	@ THE L/O OF DENNIS FUSI VOL II	156.50
06/24/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
07/21/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/13/09	PMT BY CHECK	DOS 6/8/09 THRU 7/21/09 # 480764	-813.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CLAIM ID: LB000217823 DATE OF LOSS: 7/10/04 ACCOUNT: D2 CHECK NO.: 480764
CLAIMANT: DATE: 8/13/09
INSURED: Sanders Industries Inc AMOUNT: ********813.00
PAYEE: Joyce Altman Interpreting REF. NO.: 003821043
USER-ID: 16359/LB

INVOICE NO.: 34490
MEMO: Interpreting @ Depo Prep & Review

	SERVICE DATE	CODE	DESCRIPTION	QTY	UNITS	BILLED	PAID
1	06/08/09-07/21/09	MI	Invoice # 34490	1	1	813.00	813.00

34490

TOTAL 813.00 813.00

PAID