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

MARKET RATE EXHIBITS BOOKLET CERTIFICATION

I, **Joyce Altman**, President of **Joyce Altman Interpreters**, hereby certify that I have personally monitored the compilation process of the enclosed documents by my office staff and authenticate that they are valid copies of checks, check stubs and invoices showing payment of Joyce Altman Interpreters' market rate by various insurance companies.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

This declaration was executed on Monday, 7th of July of 2008 at Tustin, California.

Joyce C. Altman

Joyce Altman
Signature

Market Rate
Year 2002

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

Year 2002

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
3316	6/11/2002	5/7/2003	$ 150.00	$ 150.00	7533086	9/21/2002	Safeco
1768	3/22/2002	5/16/2002	$ 150.00	$ 150.00	6130149349	5/9/2002	Kemper
3007	5/6/2002	7/30/2002	$ 150.00	$ 150.00	0026926696	7/23/2002	Gallagher Bassett
3868	7/17/02 thru 9/17/02	9/25/2003	$ 175.50	$ 175.50	40345739	9/22/2003	Sentry Insurance
2889	4/26/2002	8/23/2002	$ 150.00	$ 150.00	103823926	8/20/2002	CNA
5123	10/30/2002	12/21/2002	$ 150.00	$ 150.00	8801456836	12/4/2002	Farmers Insurance
2236	4/25/2002	6/3/2002	$ 150.00	$ 150.00	096455	5/29/2002	Interstate Brands Corporation
4266	8/12/2002	9/30/2002	$ 150.00	$ 150.00	81930379	9/25/2002	Risk Enterprise Management
4934	9/19/2002	4/28/2003	$ 175.50	$ 175.50	0782103504	4/25/2003	Cunningham & Lindsey
2265	4/17/2002	6/26/2002	$ 150.00	$ 150.00	746231	6/20/2002	Alaska National Ins. Co.
5819	12/3/2002	3/7/2003	$ 175.50	$ 175.50	376419	3/4/2003	ACCA
3564	6/24/2002	7/31/2002	$ 150.00	$ 150.00	33327157	7/20/2002	AIG Claim Services
3714	6/27/2002	2/14/2003	$ 150.00	$ 150.00	1080198809	7/25/2002	Zurich American Insurance Co.
3645	7/9/02 thru 9/7/02	1/9/2003	$ 570.00	$ 570.00	0320630247	12/24/2002	Crawford & Company
3628	5/17/02 thru 7/12/02	9/12/2003	$ 450.00	$ 450.00	0315693153	9/26/2002	Crawford & Company
2430	4/19/02 thru 5/17/02	11/16/2002	$ 270.00	$ 270.00	898B29085462	6/13/2002	The Travelers
4283	8/6/2002	5/7/2003	$ 120.00	$ 120.00	HH0000038524	10/18/2002	Keenan & Associates
5757	10/8/2002	1/24/2003	$ 120.00	$ 120.00	5240272198	12/31/2002	Kemper
1949	4/25/02 thru 5/23/02	7/9/2002	$ 240.00	$ 240.00	0310946832	6/20/2002	Crawford & Company
1469	3/1/02 thru 6/12/02	8/23/2002	$ 480.00	$ 480.00	2060109837	8/21/2002	Cambridge Integrated Svcs. Group
489	12/14/01 thru 4/12/02	12/30/2003	$ 480.00	$ 480.00	0026267441	5/21/2002	Gallagher Bassett
1296	1/10/02 thru 2/24/02	4/26/2002	$ 240.00	$ 240.00	33107485	4/23/2002	AIG Claim Services

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
3844	7/16/2002	9/13/2002	$ 120.00	$ 120.00	33362706	8/4/2002	AIG Claim Services
1481	9/24/01 thru 5/26/02	9/7/2002	$ 445.50	$ 445.50	251356	9/3/2002	ACCA
3407	11/15/01 thru 8/15/02	10/7/2002	$ 1,410.00	$ 1,410.00	33445263	9/6/2002	AIG Claim Services
3407	9/6/2002	10/7/2002	$ 150.00	$ 150.00	33509088	10/1/2002	AIG Claim Services
4073	8/23/01 thru 4/8/02	11/22/2002	$ 510.00	$ 510.00	1685423438	10/30/2002	Cunninghan Lindsey
3315	5/31/2002	4/8/2003	$ 150.00	$ 150.00	103851319	8/23/2002	CNA
3315	11/13/2002	4/8/2003	$ 120.00	$ 120.00	104347882	11/27/2002	CNA
3550	9/5/02 thru 10/4/02	11/16/2002	$ 570.00	$ 570.00	0317745135	10/31/2002	Crawford & Company
2235	4/12/02 & 5/3/02	1/24/2003	$ 270.00	$ 270.00	0048072357	5/30/2002	The St Paul
2235	6/12/02 & 6/26/02	1/24/2003	$ 240.00	$ 240.00	0224126594	1/15/2003	The St Paul
2481	4/19/2002	6/11/2002	$ 150.00	$ 150.00	0026454191	6/7/2002	Gallagher Bassett
866	2/22/2002	4/11/2002	$ 150.00	$ 150.00	0003125381	4/3/2002	Highlands Insurance
4633	9/5/2002	6/13/2003	$ 150.00	$ 150.00	19939037	6/11/2003	NATLSCO, Inc.
248	1/19/2002	4/1/2002	$ 150.00	$ 150.00	81709538	3/28/2002	Risk Enterprise Management
11896	1/17/2002	2/26/2002	$ 150.00	$ 150.00	891A15895611	2/26/2002	The Travelers
3504	6/22/2002	7/26/2002	$ 150.00	$ 150.00	33317729	7/17/2002	AIG Claim Services
4502	8/15/2002	2/4/2003	$ 150.00	$ 150.00	82061655	1/28/2003	Risk Enterprise Management
1993	4/5/2002	7/2/2002	$ 150.00	$ 150.00	06942640-5	6/27/2002	Specialty Risk Services
5131	10/23/2002	12/19/2002	$ 150.00	$ 150.00	0237434276	12/11/2002	The St Paul
4531	9/7/2002	4/21/2003	$ 150.00	$ 150.00	200251029	4/17/2003	Octagon Risk Services
2274	4/10/2002	11/16/2002	$ 150.00	$ 150.00	0002675473	11/6/2002	Sedgwick Claims Mgmt. Svcs.
2602	5/14/2002	8/19/2002	$ 150.00	$ 150.00	A0000037670	8/14/2002	Keenan & Associates
2659	5/11/02 thru 6/1/02	9/20/2002	$ 300.00	$ 300.00	09174181-2	9/18/2002	Specialty Risk Services
939	2/9/02 thru 2/23/02	5/23/2002	$ 450.00	$ 450.00	33059651	4/4/2002	AIG Claim Services
939	3/4/2002	5/23/2002	$ 150.00	$ 150.00	33173158	5/18/2002	AIG Claim Services

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
2008	4/5/2002	6/3/2002	$ 120.00	$ 120.00	6130149549	5/10/2002	Kemper
2008	5/7/2002	6/3/2002	$ 150.00	$ 150.00	6130172040	5/28/2002	Kemper
987	9/24/01 thru 4/6/02	4/21/2003	$ 325.50	$ 325.50	2118345	4/16/2003	California Indemnity Ins. Co.
3568	6/19/02 thru 10/7/02	12/19/2002	$ 450.00	$ 450.00	33640331	11/19/2002	AIG Claim Services
3568	11/11/2002	12/19/2002	$ 150.00	$ 150.00	33686700	12/10/2002	AIG Claim Services

SAFECO®

Check No. 7533086

ISSUE DATE SEP 21, 2002

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

CLAIM NO. 964780481015
ACS REF NO. 19W022340556
POLICY NO. WC08249800A

LOSS DATE 03-01-02

ADJUSTER:
JAMES G. TAYLOR IV
PHONE NO: (888) 803-2500

AGENT: 16-5946
ROSS/WITEBY INSURANCE BKRS

PAID

General Insurance Company of Ameri

JOYCE ALTMAN INTERPETING
P O BOX 1460
TUSTIN CA 92781-1460

PAYMENT PERIOD:
06-11-02 TO 06-11-02

COVERAGES PAID THIS CHECK:

150.00 WC MED

****150.00 TOTAL PAID THIS CHECK
INSURED: KATZKIN INTERIORS
CLAIMANT:
IN PAYMENT OF: INVOICE # 3316

W-905 5/99

Tear on Perforation

® Registered trademark of SAFECO Corporation.

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
5/7/2003	3316

PAID

Bill To	COMPANY INFORMATION
SAFECO INS. W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 34700 SEATTLE, WA 98124	www.interpreters-ALSi.com PHONE 714 838-0950 FAX 714 832-1979 TAX ID 33-0956713 Joyce Altman Cert# 300624

CLAIM NO.	Terms
964780481015	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		/ KATZKIN ACQUISITION SS# DOI 3/1/02 DOB : WCAB# LAO 0810453	
6/11/2002	QME Eval	DR GROMIS	150.00
9/21/2002	Pmt by check	DOS 6-11-2002 # 7533086	-150.00
10/8/2002	Re-eval	DR GROMIS	120.00
11/12/2002	Re-eval	DR GROMIS	120.00
2/18/2003	Re-eval	DR GROMIS	120.00
3/12/2003	Pmt by check	DOS 10/08/2002 THRU 02/18/2003 # 7918718	-360.00
3/18/2003	Re-eval	DR GROMIS	120.00
4/30/2003	Pmt by check	DOS 03/18/2003 # 8096902	-120.00
4/15/2003	Re-eval	DR GROMIS	120.00
5/5/2003	Pmt by check	DOS 04/015/2003 # 8099970	-120.00

Thank you for allowing us to serve you.

Total $0.00

Kemper
Insurance Companies

CK# 6130149349

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:
SSN:
Claim/Seq #: 792113534
Employer Name: HALLCON CLEANING USA LTD
Patient Ref#: 1768

PAID

Adjustor: RSK

Billing ID #: 888-H-226524
EOR Date: 05/09/2002
Date of Accident: 04/03/2001
Unique Image ID: 10300326
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
HALLCON CLEANING USA LTD
1555 SAN FERNANDO RD
LOS ANGELES, CA 90065

JOYCE ALTMAN INTERPRETERS
PO BOX #1460
TUSTIN, CA 92781 1460

PROVIDER: TAX ID#: 33-0956713
JOYCE ALTMAN INTERPRETERS
PO BOX #1460
TUSTIN, CA 92781 1460

CARRIER:
American Manufacturers
P O. Box 189080
Plantation, FL 33318-9080

Date of Service	**---- P R O C E D U R E ----** Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
3/22/2002	C0103	MISC SERVICES	1	1	150.00	150.00	

Total Actual Charges	$150.00	
Reduction Amount (Please Do Not Balance Forward Reductions)	$0.00	
Contracted % Discount Reduction		$0.00
Total Reimbursable Amount		$150.00

Summary of Codes

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

Please send all future bills for this claimant to:
KEMPER NATIONAL SERVICES, INC., P O BOX 189144, PLANTATION, FL 33318-9144

Should you have any questions regarding this audit please call 1-800-800-7885 between 8:00am and 6:00pm Eastern Standard Time or send a copy of your bill and this audit to:
KEMPER NATIONAL SERVICES, INC., P.O. BOX 189144, PLANTATION, FL 33318-9144

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
5/16/2002	1768

PAID

Bill To	COMPANY INFORMATION
BROADSPIRE SERVICES W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 25100 Lehigh Valley, PA 18002	Phone # 714 838-0950 Fax # 714 832-1979 TX ID # 33-0956713 www.interpreters-ALSi.com

CLAIM NO.	Terms
792CE113534	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. HALLCON CLEANING SS# DOI 4/3/01 DOB	
3/22/2002	QME Eval	DR GROMIS	150.00
5/9/2002	Pmt by check	DOS 3-22-2002 # 6130149349	-150.00

Thank you for allowing us to serve you.

Total $0.00

GALLAGHER BASSETT-LA/LAGUNA HI
P.O. BOX 30840
LAGUNA HILLS CA 92653-0840

00003133 593691 A 2 0010 01 01204011-01 00052 A

JOYCE ALTMAN INTERPRETERS,INC
PO.BOX.1460
TUSTIN CA 92781

007031 PAGE 1 OF 1 001534

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: (949) 458-0181
GALLAGHER BASSETT-LA/LAGUNA HI
P.O. BOX 30840
LAGUNA HILLS CA 92653-0840

GALLAGHER BASSETT SERVICES INC
FOR CONTINENTAL AIRLINES INC

CLAIM NO: 001534 066811 WC 01 (56350000)

CLAIMANT:

DESCRIPTION: INVOICE #3007 DOS 5/6/02

BRANCH NO.: 036

ACC. DATE: 18May01

NO. 0026926696

VN. 0001117813

PAID

DATE 23Ju102

######150.00

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
7/30/2002	3007

PAID

Bill To	COMPANY INFORMATION
Gallagher Bassett Services W.C. DEPT Attn:June Caster P.O. BOX #6900 Corona, CA 92878	PHONE 714 838-0950 FAX 714 832-1979 TAX ID # 33-0956713 www.interpreters-ALSi.com

CLAIM NO.	Terms
SEE BELOW	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. CONTINENTAL AIRLINES SS# . DOI 5/18/01 WCAB# LBO 0325157 CL# 001534066811WC01	
5/6/2002	QME Eval	DR VITO CARUSO	150.00
7/23/2002	Pmt by check	DOS 5-6-2002 # 0026926696	-150.00

Thank you for allowing us to serve you.

Total $0.00

Please retain for your records. No. 40345739

9-22-03

SENTRY CLAIMS SERVICE
PO BOX 29466
PHOENIX, AZ 85038

1 1 15 03262 BCIM.I2170CAS

REFERENCE NO. 020722999
EMPLOYEE/PATIENT:

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

PAID

CL NO. 51C216144

NOT NEGOTIABLE
$******175.50

THIS PAYMENT COVERS--ACCT #3867 02 VISITS FROM 071702 THRU 091702

56B

▼ Detach Here ▼

(7/02

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
9/25/2003	3867

PAID

Bill To	COMPANY INFORMATION
SENTRY INSURANCE W.C. DEPT. Attn: Claims Adjuster P.O. Box #29466 Phoenix, AZ 85038-9466	www.interpreters-ALSi.com Phone 714) 838-0950 Fax 714) 832-1979 Tax ID # 33-0956713 Joyce Altman Cert# 300624

CLAIM NO.	Terms
51C216144-516	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. ALFLEX CORP. SS# N/A DOI 10/18/01	
7/17/2002	QME Eval	DR GROMIS	150.00
9/17/2002	Pen & Int	PER LABOR CODE §4622	25.50
9/22/2003	Pmt by check	DOS 7-17-2002 # 40345739	-175.50

Thank you for allowing us to serve you.

Total $0.00

CNA
3075 E. IMPERIAL HIGHWAY
BREA CA 92821

CNA

20000202C00811440103823926000000004662

JOYCE ALTMAN INTERPRETERS

PO BOX 1460
TUSTIN CA 92781-1460

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

Claim Number *: 2C 81144OL1

Insured/Client: PERSONNEL PLUS

Claimant

ATT: 08/20/02

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code	EXP	Pay Code	Amount
03/11/02			MED	26	TR		$150.00
							$150.00

PAID

Reason: DOS 042602 INV 2889 DR ASHRAF

Ck# 103823926

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

ACBLB1 7.11.00

PLEASE DETACH BEFORE CASHING

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
8/23/2002	2889

PAID

Bill To	COMPANY INFORMATION
RSKCo W.C. DEPT. Attn: JOSE GARCIA P.O. BOX # 6500 BREA, CA. 92822-6500	Phone (714) 838-0950 Fax (714) 832-1979 Tax ID # 33-0956713 Joyce Altman Cert# 300624

CLAIM NO.	Terms
2C811440L1	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. PERSONNEL PLUS SS# DOI 3/11/02 DOB	
4/26/2002 8/20/2002	Initial Exam Pmt by check	DR ASHRAF DOS 4-26-2002 # 103823926	150.00 -150.00

This billing is past due, and requires your prompt attention on this matter.

Total $0.00

CLAIMANT/PATIENT:

INSURED: AL'S DISCOUNT FURNITURE AND

DATE OF LOSS: 08/11/2001

CLAIM NUMBER: E2 020097

CHECK NUMBER: 8801456836

DESCRIPTION: INTERPRETER $150.00

USER ID: WE2MT50

CRID: E26811

PAID

Farmers Ins.

12-4-02

DOS 10-30-02

Inv# 512

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
12/21/2002	5123

PAID

Bill To	COMPANY INFORMATION
FARMERS INS. W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 10149 VAN NUYS CA. 91410-0149	PHONE 714 838-0950 FAX 714 832-1979 TAX ID 33-0956713 Joyce Altman's Cert# 300624

CLAIM NO.	Terms
E2020097	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		F FURNITURE SS# 613-24-7916 DOI 8/30/01 DOB 6/30/61 WCAB# VNO 0435743/ 44	
10/30/2002	Initial Exam	DR KVITNE	150.00
12/4/2002	Pmt by check	DOS 10-30-2002 # 8801456836	-150.00

Thank you for allowing us to serve you.

Total $0.00

DETACH

Claim# : WC-200281607 Claimant Name : (

From : 04-25-02 Thru : 04-25-02 DOI : 02-25-02

Invoice #	Invoice Date	Check #	Payment Code	Billed Amount	Amount To Pay
2236	05-16-02	96455	MEDICAL TREATMENT	150.00	150.00
				150.00	150.00

PAID

Interstate Brands Corporation
8775 Aero Drive #333
San Diego, Ca. 92123

Clk# 096455
5-29-02

JAI INC. 2002

P.O. BOX# 1460
Tustin, CA 92781-1460

Joyce Altman Interpreters

Date	Invoice #
6/3/2002	2236

Bill To

Interstate Brands Corporation
W.C. DEPT.
Attn: Claims Adjuster
8775 Aero Dr., #333
San Diego, Ca. 92123

COMPANY INFORMATION

TEL# 714-838-0950
FAX# 714-832-1979
TAX ID# 33-0956713
Joyce Altman's Cert#300624

CLAIM NO.	Terms
WC200281607	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. HOSTESS BAKERY SS# 526-19-1052 DOI 2/25/02 DOB 11/14/52 WCAB# LBO 0335508	
4/25/2002	Initial Exam	DR KATTAR	150.00
5/29/2002	Pmt by check	DOS 4-25-2002 # 096455 PAID	-150.00

Thank you for allowing us to serve you.

Total $0.00

R·E·M. RISK ENTERPRISE MANAGEMENT LIMITED
3230 East Imperial Highway
Suite 300
Brea, CA 92821

Joyce Altman Interpreters, Inc
P.O. Box 1460
Tustin, CA 92781-1460

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

Name Patricia Griggs Telephone # 714-579-2822

Check # 81930379 **Claim number** 719-0187338-198

Check date 09/25/2002 **Date of loss** 03/25/2002

Check amount $ 150.00 **Claimant**

PAID

Invoice **Client/insured** Csb Partnership Dba Big O Tire

Services/period **From** 08/12/2002 **To** 08/12/2002

Payee Joyce Altman Interpreters, Inc.

For Invoice 4266 - 08/12/02

ORDER BLANK CHECK STOCK CALL 800-347-3638

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
9/30/2002	4266

PAID

Bill To	COMPANY INFORMATION
RISK ENTERPRISE MGMT. W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 600 BREA, CA 92822	PHONE 714 838-0950 FAX 714 832-1979 TAX ID 33-0956713

CLAIM NO.	Terms
SEE BELOW	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. BIG O TIRES SS# DOI 3/25/02 DOE WCAB# POM 0262592 CL# 7190187338-224	
8/12/2002	Initial Exam	@ BEACH COMMUNITY PHYSICAL THERAPY w/ R.P.T.	150.00
9/25/2002	Pmt by check	DOS 8-12-2002 # 81930379	-150.00

Thank you for allowing us to serve you.

Total $0.00

Cunningham Lindsey

PAID

CUNNINGHAM LINDSEY CLAIMS MANAGEMENT, INC.

Ref. # 0782103504 Date: 04/25/2003

CLAIM NUMBER	ACCID. DATE	SERV. FROM	SERV. THRU	AMOUNT	CODE
00821007000 -001	05/20/2002	09/19/2002	11/19/2002	$175.50	116

INVOICE # 4934

PAYMENT FOR: I

TOTAL AMOUNT = $175.50

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
4/28/2003	4934

PAID

Bill To	COMPANY INFORMATION
CUNNINGHAM LINDSEY INS W/C DEPT Attn: MELISSA SCHERER P.O. BOX # 419066 RANCHO CORDOVA, CA 95670	PHONE 714-838-0950 FAX 714-832-1979 TAX ID# 33-0956713

CLAIM NO.	Terms
00821-007000	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. PARA LOS NINOS SS# DOI 5/20/02 DOB WCAB# LBO 0341218	
9/19/2002	Initial Exam	DR SIDHU	150.00
11/19/2002	Pen & Int	PER LABOR CODE §4622	25.50
4/25/2003	Pmt by check	DOS 09/19/2002 THEU 11/19/2002 # 0782103504	-175.50

This billing is past due, and requires your prompt attention on this matter.

Total $0.00

ALASKA NATIONAL INSURANCE COMPANY
P.O. BOX 193970, SAN FRANCISCO, CA 94119-3970
(415) 248-5030

CHECK NUMBER	746231
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
9-57861-00 01D WD 40010	07/05/2001	PETERSON BROTHERS CONSTRUCTION, INC. DOS 041702 6-20-02 PAID	150.00 MO

EASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT: 150.00

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
6/26/2002	2265

PAID

Bill To	COMPANY INFORMATION
ALASKA NATIONAL INS. W.C. DEPT Attn: Claims Adjuster 1111 Third Ave Ste #2600 Seatlle, WA 98101	PHONE# 714 838-0950 FAX # 714 832-1979 TAX ID# 33-0956713

CLAIM NO.	Terms
49-5786100	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. PETERSON BROS. CONSTRUCTION SS# DOI 7/5/01 DOB	
4/17/2002	Initial Exam	DR GROMIS	150.00
6/20/2002	Pmt by check	DOS 4-17-2002 # 746231	-150.00

Thank you for allowing us to serve you.

Total $0.00

CLAIM NUMBER	CLAIMANT	LOSS DATE	CHECK NUMBER	SERVICE DATES
39002129		03/28/2001	376419	12/03/2002 - 02/03/2003

Reference:
Comments: 5819

Procedure ACCA	Service Date	Amount Billed	Reductions FS	Reductions PPO	Recommended Allowance	Explanation Codes
Interpreter Fees - Medical	12/03/2002	175.50	0.00	0.00	175.50	

3-4-03

PAID

'he billed charges have been evaluated in accordance with the schedule adopted by the Administrative Director, Division of Workers Compensation, ursuant to Section 5307.1, 5307.3 of the California Labor Code. If you disagree with this decision, you may adjudicate the issue of the contested harges before the Workers' Compensation Appeals Board.

'roviders: Should you have any questions regarding the Recommended Allowance, please contact Provider Services at (949) 770-7828 x 15, ax (949) 770-7828, or mail your review analysis and bill to CompIQ - Attn: Provider Services, 2 South Pointe, Suite 100, Lake Forest, CA 92630.

nerican Commercial Claims Administrators
O. Box 7027. San Francisco, CA 941207027
Phone: (800) 362-35
Fax: (800) 425-03

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
3/7/2003	5819

PAID

Bill To	COMPANY INFORMATION
ACCA W.C. DEPT. Attn: CAROLE ORTEGA P.O. BOX # 7027 SAN FRANCISCO, CA. 94120-7027	PHONE (714) 838-0950 FAX (714) 832-1979 TAX ID 33-0956713 Joyce Altman's Cert# 300624

CLAIM NO.	Terms
39002129	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. PERSONAL PLUS AGENCY SS# DOI 3/28/01 DOB	
12/3/2002	Initial Exam	DR GROMIS	150.00
2/3/2003	Pen & Int	PER LABOR CODE §4622	25.50
3/4/2003	Pmt by check	DOS 12/03/2002 # 376419	-175.50

This billing is past due, and requires your prompt attention on this matter.

Total $0.00

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN
CA 92781

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 33327157
RFP No.: 00926654
07/20/2002

Insured: WHEREHOUSE ENTERTAINMENT INC
Claimant:
Producer:
ACT: 3564 062402-062402

PAID

Claim Office: 052

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000004551589	00142183	01	02/13/2001	MED	O	$150.00	$49,362.03

Use file # 052-00142183 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
7/31/2002	3564

PAID

Bill To	COMPANY INFORMATION
AIG CLAIMS SERVICES KS W.C. DEPT. Attn: Claims Adjuster P.O. BOX# 25978 SHAWNEE MISSION, KS 66225	TEL# (714) 838-0950 FAX# (714) 832-1979 TAX ID# 33-0956713 Joyce Altman Cert#300624

CLAIM NO.	Terms
00142183	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. THE WAREHOUSE SS# [illegible] DOI 2/13/01 DOB	
6/24/2002	Initial Exam	DR EMAD	150.00
7/20/2002	Pmt by check	DOS 6-24-2002 # 33327157	-150.00

Thank you for allowing us to serve you.

Total $0.00

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

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS
P.O. BOX 1460
TUSTIN CA 92781

00342

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
262-0149582 001 Q3	WC 2938525	3714	33-0956713	04/16/02	06/27/02-06/27/02

Check Number	1080198809	Date Issued	07/25/02	Amount	$****150.00
Insured	Trugreen Landcare				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	Joyce Altman Interpreters				
Requested By	Cathy Bowman				
File Supervisor	Kristie Spilios	Phone Number	818 227-1700		

PAID

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	150.00		
TOTAL	$150.00		

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
2/14/2003	3714

PAID

Bill To	COMPANY INFORMATION
Zurich Insurance Co. W.C. DEPT. Attn: TONET SYNDER P.O. BOX # 92566 LOS ANGELES, CA. 90009-2566	Phone 714 838-0950 Fax 714 832-1979 Tax ID # 33-0956713 Joyce Altman Cert# 300624

CLAIM NO.	Terms
SEE BELOW	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. TRUEGREEN LANDCARE SS# DOI 4/16/02 DOB WCAB# VNO 0451700 CL# 2620149582-001	
6/27/2002	Initial Exam	DR PRATLEY DOS 6-27-2002 # 1080198809	150.00
7/25/2002	Pmt by check	DR PRATLEY	-150.00
7/25/2002	Re-eval	DOS 7-25-2002 # 1080241698	120.00
11/8/2002	Pmt by check	DR PRATLEY	-120.00
11/7/2002	Re-eval	DR FUCHS	120.00
11/19/2002	Pre-Op	DOS 11-7-2002 & 11-19-2002 # 1080255222	150.00
12/16/2002	Pmt by check	DR FUCHS	-270.00
12/9/2002	Post-Op	@ RHEIN MEDICAL GROUP/PHYSICAL THERAPY DEPT. w/ R.P.T.	150.00
12/9/2002	Post-Op	DR FUCHS- Follow-up on an injection on his knee	150.00
12/11/2002	Follow-up	DR FUCHS	120.00
12/18/2002	Re-eval	DOS 6-27-2002 THRU 12-18-2002 # 1080257605	120.00
12/20/2002	Pmt by check	DOS 12-11-2002 & 12-18-2002 # 1080274424	-540.00
1/31/2003	Pmt by check	DR PRATLEY	-150.00
12/19/2002	Post-Op	DR FUCHS	150.00
12/30/2002	Re-eval	DR FUCHS	120.00
1/16/2003	Re-eval	DOS 12-30-2002 & 1-16-2003 # 1080275680	120.00
2/4/2003	Pmt by check		-240.00

Thank you for allowing us to serve you.

Total $0.00

CRAWFORD & COMPANY 2215-02555-001
2401 E EL SEGUNDO BLVD
FL 2
EL SEGUNDO CA 90245-4612

BRANCH/FILE# 2215-02555-001
INVOICE NO 3645
CLAIMANT
CLAIMANT SSN 622-14-8907
DATE OF LOSS 09/26/2001

PG 1 OF 1

0001013 01 AT **AUTO T4 3 9255 92781

JOYCE ALTMAN INTERPRETERS
P.O. BOX 1460
TUSTIN CA 92781-1460

PAID

AYEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: 330-95-6713 INSURED: Staffmark, Inc.
ISABILITY FROM / TO: 07/09/2002 09/07/2002 PAYMENT AMT / DATE: $570.00 12/24/2002

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0320630247 ATTACHED BELOW

JAI INC. 2002

P.O. BOX# 1460
Tustin. CA 92781-1460

Joyce Altman Interpreters

Date	Invoice #
1/9/2003	3645

Bill To

CRAWFORD INSURANCE CO.
W/C DEPT.
Attn: Claims Adjuster
P.O. BOX # 92091
LOS ANGELES, CA 90009-2091

COMPANY INFORMATION

PHONE 714-838-0950
FAX 714-832-1979
TAX ID# 33-0956713
JOYCE ALTMAN CERT. # 300624
www.interpreters-ALSi.com

CLAIM NO.	Terms
2215-2555	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. STAFFMARK	
		SS# DOI 9/26/01 DOB	
7/9/2002	Initial Exam	DR KATTAR	150.00
8/2/2002	Re-eval	DR KATTAR	120.00
8/9/2002	MRI	Referred by DR KATTAR: Brain	150.00
9/7/2002	Initial Exam	DR BAJWA	150.00
12/24/2002	Pmt by check	DOS 7-9-2002 THRU 9-7-2002 # 0320630247	-570.00
9/13/2002	NCV	Diagnostic Study Interpretation: U/E	150.00
10/22/2002	Re-eval	DR KATTAR	120.00
11/16/2002	Re-eval	DR BAJWA	120.00

Thank you for allowing us to serve you.

Total $390.00

CRAWFORD & COMPANY 2215-03031-001
2401 E EL SEGUNDO BLVD
FL 2
EL SEGUNDO CA 90245-4612

BRANCH/FILE# 2215-03031-001
INVOICE NO 3628
CLAIMANT
CLAIMANT SSN
DATE OF LOSS 01/01/2001

PG 1 OF 1

0001816 01 AT **AUTO T7 2 9192 92781

PAID

JOYCE ALTMAN INTERPRETERS
P.O. BOX 1460
TUSTIN CA 92781-1460

0315693153

YEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: 330-95-6713 INSURED: Staffmark, Inc.
SABILITY FROM / TO: 05/17/2002 07/12/2002 PAYMENT AMT / DATE: $450.00 09/26/2002

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0315693153 ATTACHED BELOW

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
9/12/2003	3628

PAID

Bill To	COMPANY INFORMATION
CRAWFORD & COMPANY W.C. DEPT. Attn: Claims Adjuster P.O. BOX #92091 LOS ANGELES, CA 90009-2091	PHONE 714 838-0950 FAX 714 832-1979 TAX ID 33-0956713

CLAIM NO.	Terms
SEE BELOW	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. STAFFMARK INC. SS# DOI 1/1/01 DOB CL# 2215-03031-001	
5/17/2002	Initial Exam	DR AMERI	150.00
6/20/2002	NCV	DIAGNOSTIC STUDY INTERPRETATION: U/L/E	150.00
7/12/2002	Surgery	DR MOSHFEGH- Lt. Inguinal Hernia	150.00
9/26/2002	Pmt by check	DOS 5-17-2002 THRU 7-12-2002 # 0315693153	-450.00
10/29/2002	Re-eval	DR AMERI	120.00
12/3/2002	Re-eval	DR AMERI	120.00
12/7/2002	Surgery	DR SALKINDER- Rt. Shoulder Arthroscopy, Acromioplasty Debridement	150.00
12/19/2002	MRI	Referred by DR AMERI: L/S	150.00
1/3/2003	MRI	Referred by DR AMERI: L/S	150.00
1/10/2003	Re-eval	DR AMERI	120.00
1/21/2003	NCV	Diagnostic Study Interpretation: U/E	150.00
3/27/2003	Re-eval	DR AMERI	120.00
5/8/2003	Re-eval	DR AMERI	120.00
9/9/2003	Pmt by check	DOS 10-29-2002 THRU 5-8-2003 # 0333894978	-1,200.00

Thank you for allowing us to serve you.

Total $0.00

2802

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

UC02802

898B 29085462

The Travelers Indemnity Company

PAID

JOYCE ALTMAN INTERPRETERS
P O BOX 1460
TUSTIN, CA 92781-1460

DATE: 06/13/02

LOSS DATE: 04/05/02

FILE NUMBER: 152 CB B0A6514 N

EMPLOYEE

ACCOUNT NAME:
BBA US HOLDINGS INC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 04/19/2002 TO: 05/17/2002

TOTAL PAID: $270.00

TAX INFO: 3309567132676853Y

PAY MISC: 2430

PAYEE:

JOYCE ALTMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT: CHERI M. LAYTON AT (909)612-3175

08657
DETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
11/16/2002	2430

PAID

Bill To	COMPANY INFORMATION
Travelers Ins. W.C. DEPT. Attn: TIGE CHARITY P.O. Box # 6510 Diamond Bar, Ca. 91765-8510	Joyce Altman Interpreters TAX ID # 33-0956713 Tel # (714) 838-0950 Fax # (714) 832-1979

CLAIM NO.	Terms
SEE BELOW	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		] V. AIRCRAFT SERVICE INT'L GROUP SS# . DOI 4/5/02 DOB CL# [illegible]A6514N WCAB# LAO 0808809	
4/19/2002	Initial Exam	DR GROMIS	150.00
5/17/2002	Re-eval	DR GROMIS	120.00
6/13/2002	Pmt by check	DOS 4-19-2002 & 5-17-2002 # 898B29085462	-270.00
6/13/2002	Re-eval	DR GROMIS	120.00
7/30/2002	Pmt by check	DOS 6-13-2002 # 898B31311927	-120.00
8/15/2002	Re-eval	DR GROMIS	120.00
9/17/2002	Pmt by check	DOS 8-15-2002 # 898B33622677	-120.00
9/19/2002	Re-eval	DR GROMIS	120.00
11/11/2002	Pmt by check	DOS 9-19-2002 # 898B36433962	-120.00

Thank you for allowing us to serve you.

Total $0.00

~~HUNTINGTON~~ HOSPITAL

Keenan & Associates
P.O. Box 4328
Torrance, CA 90510

HH 000003852

EMPLOYEE NAME:

DATE OF INJURY: 08-31-01 INV# 4283

DATE OF CHECK: 10-18-02

CLAIM NO.: 8480-01-0181

OFFICE: TORRANCE - KEENAN & ASSOCIATES OTS

PAYMENT CODE: 23

CLIENT: HUNTINGTON MEMORIAL HOSPITAL

23 MISC ALLOCATED EXPENSE $120.00

NAME OF PAYEE: JOYCE ALTMAN INTERPRETERS INC

PROVIDER ID: 33-0956713

PAID

FROM DATE: 08-06-02

TO DATE: 08-06-02

AMOUNT: $120.00

Acceptance of employment with a different employer that requires the performance of activties that you have stated that you cannot perform because of the injury for which you are receiving temporary disability benefits could constitute fraud and could result in criminal prosecution. If convicted, you could lose your rights to workers' compensation benefits and face imprisonment for up to five years and a fine of up to fifty thousand dollars ($50,000) or double the amount of the fraud, whichever is greater.

285394 0000038524 2F

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
5/7/2003	4283

PAID

Bill To	COMPANY INFORMATION
Keenan And Associates W.C. DEPT. Attn: Claims Adjuster P.O. Box # 4328 TORRANCE CA 90510	www.interpreters-ALSi.com Phone 714) 838-0950 Fax 714) 832-1979 Tax ID # 33-0956713 Joyce Altman Cert# 300624

CLAIM NO.	Terms
8480010181	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		J . V. HUNTINGTON HOSPITAL SS# DOI 8/31/01 DOB	
8/6/2002	Re-eval	DR GROMIS	120.00
10/18/2002	Pmt by check	DOS 8-6-2002 # HH0000038524	-120.00
12/17/2002	Re-eval	DR GROMIS	120.00
1/7/2003	Pmt by check	DOS 12-17-2002 # HH0000040279	-120.00
2/18/2003	Re-eval	DR GROMIS	120.00
5/5/2003	Pmt by check	DOS 02/18/2003 # 0000042848	-120.00
3/18/2003	Re-eval	DR GROMIS	120.00
5/5/2003	Pmt by check	DOS 03/18/2003 # 0000042849	-120.00
4/15/2003	Re-eval	DR GROMIS	120.00
5/5/2003	Pmt by check	DOS 04/15/2003 # 0000042850	-120.00

Thank you for allowing us to serve you.

Total $0.00

Kemper
Insurance Companies

Clm# 5240272198

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: MARIA CAMPOS

PAID

Billing ID #: 888-H-1080215
EOR Date: 12/31/2002
Date of Accident: 12/22/1999
Unique Image ID: 11372753
Page: 1

Claim/Seq #: 792079396
Employer Name: CHURCH OF JESUS CHRIST LDS
Patient Ref#: 5757
Adjustor: CYC

This Audit was prepared in complicance 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:	
38650 LOUISE LANE PALMDALE, CA 93551-0000	CHURCH OF JESUS CHRIST LDS MESA ARIZONA TEMPLE 101 S. LESUEUR MESA, AZ 85204-0000	**JOYCE ALTMAN INTERPRETERS** **PO BOX #1460** **TUSTIN, CA 92781 1460**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS PO BOX #1460 TUSTIN, CA 92781 1460	CARRIER: NATLSCO P.O. Box 189080 Plantation, FL 33318-9080	

Date of Service	**---- P R O C E D U R E ----** Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
10/08/2002	C0103	MISC SERVICES	1	1	120.00	120.00	111-002

Total Actual Charges	:	$120.00	
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$0.00	
Contracted % Discount Reduction	:		$0.00
Total Reimbursable Amount	:		$120.00

Summary of Codes

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

E O M B Codes: 111-002 FHN CONTRACT STATUS INDICATOR 02 - NON-CONTRACTED PROVIDER

Please send all future bills for this claimant to:
KEMPER NATIONAL SERVICES, INC., P.O. BOX 189144, PLANTATION, FL 33318-9144

Should you have any questions regarding this audit please call 1-800-800-7885 between 8:00am and 6:00pm Eastern Standard Time or send a copy of your bill and this audit to:
KEMPER NATIONAL SERVICES, INC., P.O. BOX 189144, PLANTATION, FL 33318-9144

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
1/24/2003	5757

PAID

Bill To	COMPANY INFORMATION
BROADSPIRE SERVICES W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 25100 Lehigh Valley, PA 18002	PHONE 714 838-0950 FAX 714 832-1979 TAX ID # 33-0956713 www.interpreters-ALSi.com Joyce Altman Cert# 300624

CLAIM NO.	Terms
792079396	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		CHURCH SS# (DOI 12/22/99 DOB 6/17/64	
10/8/2002	Re-eval	DR ANDALIB	120.00
12/31/2002	Pmt by check	DOS 10-8-2002 # 5240272198	-120.00

Thank you for allowing us to serve you.

Total $0.00

CRAWFORD & COMPANY 2193-15806-001
2401 E EL SEGUNDO BLVD
FL 2
EL SEGUNDO CA 90245-4612

BRANCH/FILE# 2193-5806-001
INVOICE NO
CLAIMANT
CLAIMANT SSN 618-125331
DATE OF LOSS 09/15/2000

PG 1 OF 1

0004593 01 MB **AUTO T9 0 9133 92781

PAID

JOYCE ALTMAN INTERPRETERS
P.O. BOX 1460
TUSTIN CA 92781-1460

YEE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: 330-95-6713 INSURED: La-Z-Boy West
SABILITY FROM / TO: 04/25/2002 05/23/2002 PAYMENT AMT / DATE: $240.00 07/05/2002

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0310946832 ATTACHED BELOW

JAI INC. 2002

P.O. BOX# 1460
Tustin, CA 92781-1460

Joyce Altman Interpreters

Date	Invoice #
7/9/2002	1949

Bill To	COMPANY INFORMATION
CRAWFORD & COMPANY W.C. DEPT. Attn: Claims Adjuster P.O. BOX #92091 LOS ANGELES, CA 90009-2091	PHONE 714 838-0950 FAX 714 832-1979 TAX ID 33-0956713

CLAIM NO.	Terms
SEE BELOW	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. LA-Z BOY WEST	
		SS# (DOI 9/15/00 DOB	
		CL# 02193-000015806-0001	
		PAID	
2/28/2002	Re-eval	DR GROMIS	120.00
7/5/2002	Pmt by check	DOS 2-28-2002 # 0310946832	-120.00
3/28/2002	Re-eval	DR GROMIS	120.00
6/11/2002	Pmt by check	DOS 3-28-2002 # 0309549573	-120.00
4/25/2002	Re-eval	DR GROMIS	120.00
5/23/2002	Re-eval	DR GROMIS	120.00
6/20/2002	Pmt by check	DOS 4-25-2002 & 5-23-2002 # 0310129785	-240.00

Thank you for allowing us to serve you.

Total $0.00

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.

Fremont Compensation Insurance Group
Workers' Compensation Administrator for
Cambridge Integrated Services Group, Inc.
Fremont Compensation Insurance Company
P.O. Box 25099, Santa Ana, Ca 92799

ISSUE DATE	CHECK NO.
08/21/02	2060109837

08/21/02	Claimant:		$480.00
	ClaimNo:	772639061	Date of Injury: 08/15/2000
	Vendor Invoice:		Billing Date: 07/08/02
	IRS Number:	330956713	SvcPeriod: 03/01/02 to 06/12/02
	Payment For:	Medical: Medical Other: INTERP SVCS @ DR. SHAH 3/1,3/29,4/12,6/12/02 INV.1469	

PAID

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
8/23/2002	1469

PAID

Bill To	COMPANY INFORMATION
Cambridge Integrated Services Group, Inc. W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 25099 Santa Ana, CA 92799	PHONE#714-838-0950 FAX #714-832-1979 TAX ID# 33-0956713 Joyce Altman's Cert# 300624

CLAIM NO.	Terms
772639061	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. BEST WESTERN SS# DOI 8/15/00 DOB	
3/1/2002	Re-eval	DR SHAH	120.00
3/29/2002	Re-eval	DR SHAH	120.00
4/12/2002	Re-eval	DR SHAH	120.00
6/12/2002	Re-eval	DR SHAH	120.00
8/21/2002	Pmt by check	DOS 3-1-2002 THRU 6-12-2002 # 2060109837	-480.00

This billing is past due, and requires your prompt attention on this matter.

Total $0.00

GALLAGHER BASSETT-LA/THOUSAND
PO BOX 5120
THOUSAND OAKS CA 91359

00003459 557840 A 2 0010 02 01204010-01 02416 A

557840 A 2 0010 02 01204010-01 02416 A

JOYCE ALTMAN INTERPRETERS,INC
PO.BOX.1460
TUSTIN CA 92781

008988 PAGE 1 OF 1 002000

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: (805) 494-6698
GALLAGHER BASSETT-LA/THOUSAND
PO BOX 5120
THOUSAND OAKS CA 91359

GALLAGHER BASSETT SERVICES FOR:
AMERICAN SAFETY CASUALTY INS.

CLAIM NO: 002000 024179 WC 01 (6VJGW16W0)

BRANCH NO.: 165

NO. 0026267441

CLAIMANT:

ACC. DATE: 090ct01

VN. 0000269738

DESCRIPTION: INVOICE #489

PAID

DATE 21May02
######480.00

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
12/30/2003	489

PAID

Bill To	COMPANY INFORMATION
Gallagher Bassett Ins W/C DEPT Attn: Claims Adjuster P.O. BOX # 5120 Thousand Oaks, Ca 91359	PHONE # 714 838-0950 FAX # 714 832-1979 TAX ID # 33-0956713 Joyce Altman's Cert# 300624

CLAIM NO.	Terms
002000-024179	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. ALL STAR PARKING SS# DOI 10/9/01 DOB	
12/14/2001	Follow-up	DR GROMIS	120.00
1/11/2002	Follow-up	DR GROMIS	120.00
2/8/2002	Follow-up	DR GROMIS	120.00
4/12/2002	Follow-up	DR GROMIS	120.00
5/21/2002	Pmt by check	DOS 12-14-2001 THRU 4-12-2002 # 0026267441	-480.00
6/6/2002	Follow-up	DR GROMIS	120.00
7/1/2002	Pmt by check	DOS 6-6-2002 # 0026693256	-120.00
7/2/2002	Follow-up	DR GROMIS	120.00
8/19/2002	Pmt by check	DOS 7-2-2002 # 0027262049	-120.00
8/8/2002	Follow-up	DR GROMIS	120.00
10/3/2002	Re-eval	DR GROMIS	120.00
12/22/2003	Pmt by check	DOS 8/8/02 # 0034458500	-120.00
12/22/2003	Pmt by check	DOS 10/3/02 # 0034458500	-120.00

This billing is past due, and requires your prompt attention on this matter.

Total $0.00

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334

AIG004

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN
CA 92781

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 33107485
RFP No.: 00217455
04/23/2002

Insured: GARDNER ASPHALT CORP
Claimant:
Producer:
ACT: INV# 1296 011002-022402

PAID

Claim Office: 293

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000005886350	00061698	01	12/29/1999	MED	O	$240.00	$18,617.09

Use file # 293-00061698 **on all correspondence, for prompt processing.**
For check information call: 714-436-5100

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
4/26/2002	1296

PAID

Bill To	COMPANY INFORMATION
AIG CLAIMS SERVICES KS W.C. DEPT. Attn: Claims Adjuster P.O. BOX# 25978 SHAWNEE MISSION, KS 66225	TEL# (714) 838-0950 FAX# (714) 832-1979 TAX ID# 33-0956713 Joyce Altman Cert#300624

CLAIM NO.	Terms
00061698	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. GARDNER ASPHALT SS# DOI 12/29/99 DOB	
1/10/2002	Follow-up	DR BROCKEL	120.00
2/24/2002	Follow-up	DR ELKINS	120.00
4/23/2002	Pmt by check	DOS 1-10-2002 & 2-24-2002 # 33107485	-240.00

Thank you for allowing us to serve you.

Total $0.00

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN
CA 92781

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 33362706
RFP No.: 00940068
08/04/2002

Insured: UNITED TECHNOLOGIES CORP
Claimant:
Producer:
ACT: 3844 071602-071602

Claim Office: 052

PAID

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000005276559	00148810	01	07/19/2001	MED	O	$120.00	$37,944.94

Use file # 052-00148810 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
9/13/2002	3844

PAID

Bill To	COMPANY INFORMATION
AIG CLAIMS SERVICES KS W.C. DEPT. Attn: Claims Adjuster P.O. BOX# 25978 SHAWNEE MISSION, KS 66225	TEL# (714) 838-0950 FAX# (714) 832-1979 TAX ID# 33-0956713 Joyce Altman Cert#300624

CLAIM NO.	Terms
00148810	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. KEYSTONE ENGINEERING SS# DOI 7/19/01 DOB	
7/16/2002	Re-eval	DR AMERI	120.00
8/4/2002	Pmt by check	DOS 7-16-2002 # 33362706	-120.00
8/13/2002	P And S	DR AMERI	150.00
9/10/2002	Pmt by check	DOS 8-13-2002 # 33452856	-150.00

Thank you for allowing us to serve you.

Total $0.00

CLAIM NUMBER	CLAIMANT	LOSS DATE	CHECK NUMBER	SERVICE DATES
39000595		11/27/2000	251356	09/24/2001 - 05/26/2002

Reference:
Comments: 1481

Service	Service Dates	Amount Paid
Interpreter Fees - Expense	09/24/2001 - 05/26/2002	445.50

PAID

acca Ins.
9-3-02

merican Commercial Claims Administrators
. O. Box 423870, San Francisco, CA 941423870

Phone: (415) 782-3800
Fax: (415) 782-3815

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
9/7/2002	1481

PAID

Bill To	COMPANY INFORMATION
ACCA W.C. DEPT. Attn: CAROLE ORTEGA P.O. BOX # 7027 SAN FRANCISCO, CA. 94120-7027	PHONE 714-938-0950 FAX 714-832-1979 TAX ID# 33-0956713 www.interpreters-aLsi.com

CLAIM NO.	Terms
39000595	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. AYRES GROUP SS# DOI 11/27/00 DOB	
9/24/2001	NCV	Diagnostic Study Interpretation: L/E	150.00
2/28/2002	Re-eval	DR VAZQUEZ	120.00
3/26/2002	P And S	DR VAZQUEZ	150.00
5/26/2002	Pen & Int	PER LABOR CODE §4622	25.50
9/3/2002	Pmt by check	DOS 9-24-2001 THRU 3-26-2002 # 251356	-445.50

This billing is past due, and requires your prompt attention on this matter.

Total $0.00

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334

AIG004

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN
CA 92781

Remittance – JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 33445263
RFP No.: 00969969
09/06/2002

Insured: IMPRESS METAL PACKAGING HOLDIN
Claimant:
Producer:
ACT: 3407 111501-081502

Claim Office: 052

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000004551674	00148995	01	07/20/2001	MED	O	$1,410.00	$19,828.37

PAID

Use file # 052-00148995 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN
CA 92781

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 33509088
RFP No.: 00993736
10/01/2002

Insured: IMPRESS METAL PACKAGING HOLDIN
Claimant:
Producer:
ACT: 3407 090602-090602

Claim Office: 052

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000004551674	00148995	01	07/20/2001	MED	O	$150.00	$20,612.30

PAID

Use file # 052-00148995 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

JAI INC. 2002

P.O. BOX# 1460
Tustin, CA 92781-1460

Joyce Altman Interpreters

Date	Invoice #
10/7/2002	3407

Bill To

AIG Claim Services
W.C. DEPT.
Attn: Claims Adjuster
P.O. BOX # 85153
SAN DIEGO, CA 92186-5153

COMPANY INFORMATION

PHONE # 714) 838-0950
FAX # 714) 832-1979
TAX ID 33-0956713

CLAIM NO.	Terms
00148995	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		. V. IMPRESS USA	
		SS# DOI 7/20/01 DOB :	
11/15/2001	Initial Exam	DR GALLONI	150.00
11/26/2001	Initial Exam	DR DOMARACKI	150.00
12/13/2001	Re-eval	DR GALLONI	120.00
1/17/2002	Re-eval	DR GALLONI	120.00
2/21/2002	Re-eval	DR GALLONI	120.00
2/26/2002	Re-eval	DR DOMARACKI	120.00
4/11/2002	Re-eval	DR GALLONI	120.00
4/19/2002	Re-eval	DR DOMARACKI	120.00
6/6/2002	Re-eval	DR GALLONI	120.00
7/11/2002	P And S	DR GALLONI	150.00
8/15/2002	Re-eval	DR GALLONI	120.00
9/6/2002	Pmt by check	DOS 11-15-2001 THRU 8-15-2002 # 33445263	-1,410.00
9/6/2002	MRI	Referred by DR GALLONI: Rt. Knee	150.00
10/1/2002	Pmt by check	DOS 9-6-2002 # 33509088	-150.00

PAID

Thank you for allowing us to serve you.

Total $ 0.00

CUNNINGHAM LINDSEY CLAIMS MANAGEMENT, INC
Ref. # 1685423438 Date: 10/30/2002

CLAIM NUMBER	PAYMENT FOR	ACCID.DATE	SERV. FROM	SERV. THRU	AMOUNT	CODE
INVOICE # 4073 00854002465 -001		07/21/2001	08/23/2001	04/08/2002	$ 510.00	116
				TOTAL AMOUNT =	$ 510.00	

PAID

JAI INC. 2002

P.O. BOX# 1460
Tustin, CA 92781-1460

Joyce Altman Interpreters

Date	Invoice #
11/22/2002	4073

Bill To	COMPANY INFORMATION
Cunningham & Lindsey Insurance W.C. Dept. Attn: Claims Adjuster P.O. BOX # 9219 Brea, Ca. 92822-9219	TEL # (714) 838-0950 FAX# (714) 832-1979 TAX ID# 33-0956713 Joyce Altman Cert# 300624 www.interpreters-ALSi.com

CLAIM NO.	Terms
00854002465	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. ACE BAE AUTO REPAIR SS# 0 DOI 7/21/01 DOB WCAB# LBO 0330482	
8/23/2001	Initial Exam	DR ADLER PAID	150.00
12/28/2001	Re-eval	DR ADLER	120.00
3/6/2002	Re-eval	DR ADLER	120.00
4/8/2002	Re-eval	DR ADLER	120.00
10/30/2002	Pmt by check	DOS 8-23-2001 THRU 4-8-2002 # 1685423438	-510.00
9/9/2002	Depo Prep	@ the Law Offices of DENNIS FUSI	147.00
10/21/2002	Depo Review	Prior to signing the depo transcript	147.00
11/19/2002	Pmt by check	DOS 10-21-2002 # 1685423577	-147.00

Thank you for allowing us to serve you.

Total $147.00

00202C00807597103851319000000003458

CNA

JOYCE ALTMAN INTERPRETERS

PO BOX 1460
TUSTIN CA 92781-1460

CNA / RSKCO

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

Claim Number *
2C 807597X7

Insured/Client	Claimant	ATT
AMPCO SYSTEM PARKING		08/23/02

Date of Loss	Total WC Ind to Date	From - thru Dates		TRAN Code	EXP	Pay Code	Amount
09/29/01			MED	26	TR		$150.00
							$150.00

PAID

Reason
DOS 053102 INV#3315 INTERP DR DOMARACKI

Clm# 103851319

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

ACBLB1 7.11.00

PLEASE DETACH BEFORE CASHING

20000202C0000759710434788200000002987

CNA
3075 E. IMPERIAL HIGHWAY
BREA CA 92821

CNA

JOYCE ALTMAN INTERPRETERS

PO BOX 1460
TUSTIN CA 92781-1460

CNA / RSKCO Ins.

Ck# 104347852

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

Claim Number *: 2C 807597X7

Insured/Client	Claimant	ATT
AMPCO SYSTEM PARKING		11/27/02

Date of Loss	Total WC Ind to Date	From - thru Dates	Sum/Dt	TRAN Code	EXP	Pay Code	Amount
09/29/01			MED	26	TR		$120.00
							$120.00

PAID

Reason: DOS 111302 INV 3315 DR RUSSELL

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

ACBLB1 7.11.00

PLEASE DETACH BEFORE CASHING

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
4/8/2003	3315

PAID

Bill To	COMPANY INFORMATION
RSKCo W.C. DEPT. Attn: JOSE GARCIA P.O. BOX # 6500 BREA, CA. 92822-6500	Phone (714) 838-0950 Fax (714) 832-1979 Tax ID # 33-0956713 Joyce Altman Cert# 300624

CLAIM NO.	Terms
2C807597X7	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		. AMPCO SYSTEM PARKING SS# DOI 9/29/01 WCAB# LBO 0336776	
5/31/2002	Initial Exam	DR DOMARACKI	150.00
8/23/2002	Pmt by check	DOS 5-31-2002 # 103851319	-150.00
10/16/2002	Re-eval	DR RUSSELL	120.00
11/11/2002	Pmt by check	DOS 10-16-2002 # 104266017	-120.00
10/30/2002	Re-eval	DR RUSSELL	120.00
11/26/2002	Pmt by check	DOS 10-30-2002 # 104341061	-120.00
11/13/2002	Re-eval	DR RUSSELL	120.00
11/27/2002	Pmt by check	DOS 11-13-2002 # 104347882	-120.00

Thank you for allowing us to serve you.

Total $0.00

CRAWFORD & COMPANY 2193-27999-001
2401 E EL SEGUNDO BLVD
FL 2
EL SEGUNDO CA 90245-4612

BRANCH/FILE# 2193-27999-001
INVOICE NO 3550
CLAIMANT
CLAIMANT SSN
DATE OF LOSS 04/12/2002

PG 1 OF 1

#0317745135

0007841 01 AT **AUTO HO 0 9217 92781

PAID

JOYCE ALTMAN INTERPRETERS
P.O. BOX 1460
TUSTIN CA 92781-1460

'EE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: 330-95-6713 INSURED: TVI,Inc.
;ABILITY FROM / TO: 09/05/2002 10/04/2002 PAYMENT AMT / DATE: $570.00 10/31/2002

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0317745135 ATTACHED BELOW

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
11/16/2002	3550

PAID

Bill To	COMPANY INFORMATION
CRAWFORD & COMPANY W.C. DEPT. Attn: Claims Adjuster P.O. BOX #92091 LOS ANGELES, CA 90009-2091	PHONE 714 838-0950 FAX 714 832-1979 TAX ID 33-0956713 Joyce Altman's Cert# 300624

CLAIM NO.	Terms
219327999001	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. SAVERS SS# DOI 4/12/02 DOB WCAB# LAO 0810547	
6/14/2002	NCV	DIAGNOSTIC STUDY INTERPRETATION: L/E	150.00
7/11/2002	MRI	REFERRED BY DR DOMARACKI: L/S	150.00
8/23/2002	Initial Exam	DR MILLER	150.00
9/17/2002	Pmt by check	DOS 6-14-2002 THRU 8-23-2002 # 0315147735	-450.00
9/5/2002	Injection	DR LI- Bilateral L5 & S1 Transforaminal E.S.I.	150.00
9/12/2002	Injection	DR LI- Bilateral L5 & S1 Transforaminal E.S.I.	150.00
9/20/2002	Consult	DR LI	150.00
10/4/2002	Re-eval	DR LI	120.00
10/31/2002	Pmt by check	DOS 9-5-2002 THRU 10-4-2002 # 0317745135	-570.00
10/24/2002	Re-eval	DR LI	120.00
11/12/2002	Pmt by check	DOS 10-24-2002 # 0318384198	-120.00

Thank you for allowing us to serve you.

Total $0.00

S. CALIF/COMMERCIAL
333 CITY BLVD W SUITE 1100
ORANGE CA 928682973

CK# 0048072357

5-30-02

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN CA 92781-1460

PAID

Claim Number:
WVK8300652-22A008

Coverage:
WORKER COMP MEDICAL

Cause:
FALL OR SLIP INJURY

Date of Loss:
01/17/02

Questions, please call:
DORIS SAUL
(714) 620-1200

Check Amount:
$*******270.00

CLMNT:
MED TYPE: PHYSICIAN BILLING PERIOD: 04/12/02 - 05/03/02
PATIENT ACCT NBR:
PRVDR: JOYCE ALTMAN INTERPRETERS
TS58886

BILL CONTROL NBR: 1043-H-25929
REVIEW DATE: 05/29/02

The St Paul

8140 Rev. 12-2001 Printed in U.S.A.

CORPORATE HEADQUARTE
385 WASHINGTON ST.
ST. PAUL MN 55102

1-15-03

NHR Dos.

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN CA 92781-1460

PAID

Ck# 0224126594

Claim Number:

WVK8300652-22A008

Coverage:
WORKER COMP MEDICAL

Cause:

FALL OR SLIP INJURY

Date of Loss:

01/17/02

Questions, please call:
DORIS SAUL
(714) 620-1200

Check Amount:

$********240.00

RE:
INTERPRETER
DOS 06/12/02 & 06/26/2002
DS/CS

Inv# 2235

The St Paul

8140 Rev. 12-2001 Printed in U.S.A.

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
1/24/2003	2235

PAID

Bill To	COMPANY INFORMATION
NHR W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 21607 TAMPA, FL 33622	PHONE 714-838-0950 FAX 714-832-1979 TAX ID # 33-0956713 www.interpreters-ALSi.com Joyce Altman Cert# 300624

CLAIM NO.	Terms
SEE BELOW	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. PARK LANDSCAPE MAINTENANCE SS# DOI 1/7/02 DOB CL# WVK830065222A008	
4/12/2002	Initial Exam	DR SHAH	150.00
5/3/2002	Re-eval	DR SHAH	120.00
5/30/2002	Pmt by check	DOS 4-12-2002 & 5-3-2002 # 0048072357	-270.00
6/12/2002	Re-eval	DR SHAH	120.00
6/26/2002	Re-eval	DR SHAH	120.00
1/15/2003	Pmt by check	DOS 6-12-2002 & 6-26-2002 # 0224126594	-240.00

Thank you for allowing us to serve you.

Total $0.00

GALLAGHER BASSETT-LA/LAGUNA HI
P.O. BOX 30840
LAGUNA HILLS CA 92653-0840

00003400 567625 A 2 0010 01 01204011-01 00132 A

JOYCE ALTMAN INTERPRETERS,INC
PO.BOX.1460
TUSTIN CA 92781

007354 PAGE 1 OF 1 001582

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: (949) 458-0181
GALLAGHER BASSETT-LA/LAGUNA HI
P.O. BOX 30840
LAGUNA HILLS CA 92653-0840

GALLAGHER BASSETT SERVICES INC
FOR ACE AMERICAN INSURANCE CO

CLAIM NO: 001582 003469 WC 01 (010756)

CLAIMANT:

DESCRIPTION: INV# 2481 DOS;04/19/02

BRANCH NO.: 036

ACC. DATE: 01Mar01

NO. 0026454191

VN. 0000071160

PAID

DATE 07Jun02

######150.00

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
6/11/2002	2481

PAID

Bill To	COMPANY INFORMATION
Gallagher Bassett Services W.C. DEPT Attn:June Caster P.O. BOX #6900 Corona, CA 92878	PHONE 714 838-0950 FAX 714 832-1979 TAX ID # 33-0956713 www.interpreters-ALSi.com

CLAIM NO.	Terms
001582003469	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. REINDHART BROS. MARBLE TILE SS# DOI 2/12/02 DOB	
4/19/2002	Surgery	DR MOSHFEGH- Bilateral Inguinal Hernia	150.00
6/7/2002	Pmt by check	DOS 4-19-2002 # 0026454191	-150.00

Thank you for allowing us to serve you.

Total $0.00

BANK NO. 58
CHECK NUMBER 0003125381
CLMT 1
POLICY NO. WCA 7017780 00
PAYMENT NO.

INSURED NAME DMGI INC (A CORP)
CLAIMANT NAME

NOTES: / KMOORE

OTHER: INVOICE#: 866

Highlands DDS.

PAID

ISSUE DATE: 04/03/2002
DATE OF LOSS: 03/08/2001
CLAIM NUMBER: 11-002027293-01
AMOUNT 150.00
FOR PERIOD
COVERED FROM 02/22/2002
TO 02/22/2002

FOR INVOICE 866

ALTMAN JOYCE INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
4/11/2002	866

PAID

Bill To	COMPANY INFORMATION
Highlands Ins W/C DEPT Attn: Claims Adjuster P.O. BOX # 42307 HOUSTON, TX 77242	PHONE 714 838-0950 FAX 714 832-1979 TAX ID # 33-0956713 www.interpreters-ALSi.com

CLAIM NO.	Terms
2027293-13	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		A. DELCO MACHINE & GEAR SS# DOI 3/8/01 DOB	
2/22/2002	Surgery	DR MOSHFEGH - Bil. Hernia Repair	150.00
4/3/2002	Pmt by check	DOS 2-22-2002 # 0003125381	-150.00

Thank you for allowing us to serve you.

Total $0.00

CLAIMS COPY

DRAWER

NATLSCO, Inc. on behalf of the California Insurance Guarantee Assoc. as administrators of Superior National Insurance Companies (in Liquidation). For CALCOMP Insurance Company.

P. O. Box 9850
Calabases, CA 91372-9850
PHONE: (800) 800-8430

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

CHECK NO 19939037

16-66
1220

DATE ISSUED	CLAIM NUMBER	OFFICE	EXAMINER	USER	POLICY NUMBER	DATE OF LOSS	VENDOR CD	PAYMENT CD
06/11/2003	20524412	WH	5057	KNS	L001115637	07/27/2000	195642	MD16

INSURED
ADWEST LASERPRINTING, INC.

CLAIMANT

ONE HUNDRED FIFTY AND 00/100 DOLLARS

PERIOD 09/05/2002 TO 09/05/2002

TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781-1460

PAY $ 150.00*******

BY:

NON-NEGOTIABLE

TWO SIGNATURES REQUIRED IF OVER $25,000
VOID AFTER 180 DAYS

EXPLANATION Charges reviewed by KEMPER NATIONAL SERV

THIS IS NOT A CHECK !!! THIS IS NOT A CHECK !!!

TAI INC. 2002

P.O. BOX# 1460
Tustin, CA 92781-1460

Joyce Altman Interpreters

Date	Invoice #
6/13/2003	4633

PAID

Bill To	COMPANY INFORMATION
KEMPER EMPLOYER'S CLAIM SVCS W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 10001 VAN NUYS, CA 91410-0001	PHONE 714) 838-0950 FAX 714) 832-1979 TAX ID 33-0956713 Joyce Altman Cert# 300624

CLAIM NO.	Terms
20524412505	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. A.P.I. SS# DOI N/A DOB	
9/5/2002	Surgery	DR RAHBAN- Esphagogastroduodenoscopy & Colonoscopy	150.00
6/11/2003	Pmt by check	DOS 09/05/2002 # 19939037	-150.00

This billing is past due, and requires your prompt attention on this matter.

Total $0.00

R E M.
RISK ENTERPRISE
MANAGEMENT LIMITED
3230 East Imperial Highway
Suite 300
Brea, CA 92821

Joyce Altman Interpreters, Inc
P.O. Box 1460
Tustin, CA 92781-1460

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

Name Dena Williams Telephone # 714-579-2590

Check #	81709538	**Claim number**	719-0182677-215
Check date	03/28/2002	**Date of loss**	12/19/2000
Check amount	$ 150.00	**Claimant**	
Invoice		**Client/insured**	Bell Convalescent Hospital

PAID

Services/period **From** 01/19/2002 **To** 03/14/2002

Payee Joyce Altman Interpreters, Inc.

For Inv# 248

TO REORDER BLANK CHECK STOCK CALL 800-347-9638

00277

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
4/1/2002	248

PAID

Bill To	COMPANY INFORMATION
RISK ENTERPRISE MGMT. W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 600 BREA, CA 92822	www.interpreters-ALSi.com PHONE 714 838-0950 FAX 714 832-1979 TAX ID 33-0956713

CLAIM NO.	Terms
719182677	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. BELL CONVALESCENT HOSPITAL SS# DOI: 12-19-2000 DOB	
1/19/2002	Surgery	DR SALKINDER- L Knee Arthroscopy w/ lateral menisectomy	150.00
3/28/2002	Pmt by check	DOS 1-19-2002 # 81709538	-150.00

Thank you for allowing us to serve you.

Total $0.00

001932

THE TRAVELERS - GLENDALE CL CLAIM
P.O. BOX 29001
GLENDALE CA 91209-9001

891A 15895611

UD01932

The Travelers Indemnity Company

JOYCE ALTMAN INTERPRETERS
P O BOX 1460
TUSTIN, CA 92781-1460

PAID

DATE: 02/26/02

LOSS DATE: 05/01/01
FILE NUMBER: 184 CB B0A0641 F

EMPLOYEE

ACCOUNT NAME:
KAREN KANE CO., INC.

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 01/17/2002

TOTAL PAID: $150.00

TAX INFO: 3309567132676853Y

PAY MISC: INTERPRETING AT DR REINHERZ

PAYEE:
JOYCE ALTMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT: MARION ROSENBAUM AT (818)409-4136

057010753
DETACH CHECK

UNSUMM -0507
OVRPUNS1-1212
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
TUSTIN, CA 92781-4165

Invoice

DATE	INVOICE NO.
3/1/2002	11896

PAID

BILL TO	COMPANY INFORMATION
Travelers/ Aetna Ins. W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 29001 Glendale, Ca. 91209-9001	TEL # 714 838-0950 FAX # 714 832-1979 TAX ID # 33-0956713 www.interpreters-ALSi.com

TERMS	ADJUSTER	CLAIM NO.
Due Upon Rec.	W/C DEPT.	SEE BELOW

DOS	SERVICE	CASE NAME	AMOUNT
		. VS. KAREN KANE SS# DOI 5/1/01 DOB . CL# 184CBB0A0641F	
1/17/2002	Surgery	DR REINHERZ- (MUA) Rt Knee Arthroscopy	150.00
2/26/2002	Pmt by check	DOS 1-17-2002 # 891A15895611	-150.00

Thank you for allowing us to serve you!

Total $0.00

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334

AIG004

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN
CA 92781

Remittance – JOYCE ALTMAN INTERPRETERS INC
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

No.: 33317729
RFP No.: 00921859
07/17/2002

Insured: FRESHPOINT INC
Claimant:
Producer:
ACT: 3504 062202-062202

Claim Office: 052

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000004066211	00146933	01	06/06/2001	MED	O	$150.00	$18,792.66

PAID

Use file # 052-00146933 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
7/26/2002	3504

PAID

Bill To	COMPANY INFORMATION
AIG CLAIMS SERVICES KS W.C. DEPT. Attn: Claims Adjuster P.O. BOX# 25978 SHAWNEE MISSION, KS 66225	TEL# (714) 838-0950 FAX# (714) 832-1979 TAX ID# 33-0956713 Joyce Altman Cert#300624

CLAIM NO.	Terms
00146933	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. G.G. PRODUCE CO. SS# DOI 6/6/01 DOB	
6/22/2002	Surgery	DR SAMI- Lt. Foot Removal of Hardware	150.00
7/17/2002	Pmt by check	DOS 6-22-2002 # 33317729	-150.00

Thank you for allowing us to serve you.

Total $0.00

R·E·M.
RISK ENTERPRISE
MANAGEMENT LIMITED
3230 East Imperial Highway
Suite 300
Brea, CA 92821

JAI INC. 2002
P.O. BOX 1460
TUSTIN, CA 92781-1460

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

Name Lashawn Lee Telephone # 714-579-2837

Check #	82061655	**Claim number**	719-0189306-225
Check date	01/28/2003	**Date of loss**	05/31/2002
Check amount	$ 150.00	**Claimant**	
Invoice		**Client/insured**	Jack F Mumolo Company

Services/period **From** 08/15/2002 **To** 08/15/2002

PAID

Payee JAI INC. 2002

For Inv# 4502 081502

ORDER BLANK CHECK STOCK CALL 800-347-3638

JAI INC. 2002

P.O. BOX# 1460
Tustin, CA 92781-1460

Joyce Altman Interpreters

Date	Invoice #
2/4/2003	4502

Bill To
RISK ENTERPRISE MANAGEMENT W.C. DEPT. Attn: Claims Adjuster 3230 East Imperial Highway, Ste#300 BREA, CA. 92821

COMPANY INFORMATION
PHONE 714-838-0950 FAX 714-832-1979 TAX ID# 33-0956713 JOYCE ALTMAN CERT # 300624

CLAIM NO.	Terms
SEE BELOW	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		1 V. JACK F. MUMOLO COMPANY SS# 546-97-4450 DOI 5/31/02 DOB 1/15/75 WCAB# LAO 0814611 CL# 7190189306-225 PAID	
8/15/2002	NCV	Diagnostic Study Interpretation: U/E	150.00
1/28/2003	Pmt by check	DOS 8-15-2002 # 82061655	-150.00

Thank you for allowing us to serve you.

Total $0.00

WESTERN SPECIALTY RISK SERVICES
P. O. BOX 7007
LA HABRA, CA 90632-7007

HIGCSR

800-221-5473

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781-1460

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
FRANCO JANEECE
800-221-5473 EXT 41026

Payee Name:	JOYCE ALTMAN INTERPRETERS
Claim Number:	YCN C 09695
Issue Date:	06/27/2002
Payment Narrative:	ASSOCIATED LEGAL/TRIAL EXP 04/05/02-04/0
Check Amount:	$ 150.00
Check Number:	06942640-5

PAID

vs.
Parks Mechanical construction

Invoice Number:	1993
Batch Number:	9791

017195428

HAR-100-1

FOLD AT DOTTED LINE AND DETACH

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
7/2/2002	1993

PAID

Bill To	COMPANY INFORMATION
Specialty Risk Svcs W/C DEPT. Attn: Claims Adjuster P.O. BOX # 7007 LA HABRA, CA. 90632-7007	PHONE 714-838-0950 FAX 714-832-1979 TAX ID # 33-0956713 www.interpreters-ALSi.com

CLAIM NO.	Terms
YCNC09695	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. PARKS MECHANICAL CONST. SS# DOI 10/23/01 DOB	
4/5/2002	NCV	DIAGNOSTIC STUDY INTERPRETATION: U/E	150.00
6/27/2002	Pmt by check	DOS 4-5-2002 # 06942640-5	-150.00

Thank you for allowing us to serve you.

Total $0.00

TWIN CITIES W.C. CTR
385 WASHINGTON STREET
MAIL CODE 104W 1-877-787-2855
ST. PAUL MN 55102

NHR Ins.

12-11-02

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN CA 92781

PAID

INV: 5131
BILLING DATE: 11/12/02

0237434276

Claim Number:

WVA6100493-22A040

Coverage:
WORKER COMP MEDICAL

Cause:

STRAIN OR INJURY BY

Date of Loss:

12/02/99

Questions, please call:

AMY MUELLER
(651) 310-5632

Check Amount:

$********150.00

The St Paul

8140 Rev. 12-2001 Printed in U.S.A.

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
12/19/2002	5131

PAID

Bill To	COMPANY INFORMATION
NHR W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 21607 TAMPA, FL 33622	PHONE 714 838-0950 FAX 714 832-1979 TAX ID # 33-0956713 Joyce Altman Cert# 300624

CLAIM NO.	Terms
SEE BELOW	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. ACCURIDE INT'L CORP. SS# . DOI 12/2/99 DOB CL# WVA610049322A0400001	
10/23/2002	MRI	Referred by DR MITZELFELT: L/S	150.00
12/11/2002	Pmt by check	DOS 10-23-2002 # 0237434276	-150.00

Thank you for allowing us to serve you.

Total $0.00

Payee: JOYCE ALTMAN INTERPRETERS INC
Company Name: Catholic Healthcare West
Facility: Mercy Hospital, Bakersfield

Policy ID:
IRS/SSN: 330956713
Check Number: 200251029

Administrator: M7GUTIER
Check Total: $150.00
Check Date: 04/17/2003

jury	From / Through Account Number		Claim Number / Invoice	Claimant Name	Description	Payment Amount
/06/2001	09/07/2002	09/07/2002	200212713		Other Medical	$150.00
			4531	inv# 4531		

PAID

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
4/21/2003	4531

PAID

Bill To	COMPANY INFORMATION
OCTAGON RISK SERVICES W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 1027 VAN NUYS, CA 91408-1027	PHONE 714) 838-0950 FAX 714) 832-1979 TAX ID 33-0956713 Joyce Altman's Cert# 300624

CLAIM NO.	Terms
200212713	

DOS	SERVICE	CASE NAME	Amount
		V. MERCY HOSPITAL SS# DOI 9/6/01 DOB	
9/7/2002	MRI	Referred by DR GARZA: T/S, L/S	150.00
4/17/2003	Pmt by check	DOS 09/07/202 # 200251029	-150.00

This billing is past due, and requires your prompt attention on this matter.

Total $0.00

Sedgwick Claims Management Services, Inc
P.O. BOX 14213
Orange, CA 92863-1213

DATE	CHECK AMT	CHECK NO.
11/06/2002	150.00	0002675473

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

PAID

SCMS UNIT		PAGE
527	Sedgwick Claims Management Services	001

1,218 02194370527138 001 OF 001

Joyce Altman Interpreters
P O Box 1460
Tustin, CA 92781-1460

Claimant Name	Loss Date	Claim Number	SSN
	02/11/2002	149642738-0001	

Amt Paid: 150.00 Description: Miscellaneous Medical
Amt Billed: 150.00 Invoice: 2274 ICN: 1496427380001
Dates: 04/10/2002 - 04/10/2002 Comment: interpreting

EJ991 FRM (02-28-01)

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
11/16/2002	2274

PAID

Bill To	COMPANY INFORMATION
Sedgwick CMS - Long Beach W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 61537 King of Prussia, PA 19406	Phone 714) 838-0950 Fax 714) 832-1979 Tax ID # 33-0956713 Joyce Altman Cert# 300624

CLAIM NO.	Terms
149642738	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. CONSOLIDATED FREIGHTWAYS SS# DOI 2/11/02 DOB	
4/10/2002	MRI	REFERRED BY DR CHAN: L/S	150.00
11/6/2002	Pmt by check	DOS 4-10-2002 # 0002675473	-150.00

Thank you for allowing us to serve you.

Total $0.00

Pacific Employers Insurance Company

AO 0000037670

Keenan & Associates
P.O. Box 4328
Torrance, CA 90510

EMPLOYEE NAME:

DATE OF INJURY:
10-11-01 INV# 2602

DATE OF CHECK:
08-14-02

CLAIM NO.:
M910-01-0005

OFFICE:
TORRANCE - KEENAN & ASSOCIATES

PAYMENT CODE: 23

CLIENT:
WEST SAN GABRIEL WORKERS' COMPENSATION J

23 MISC ALLOCATED EXPENSE $150.00

NAME OF PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PROVIDER ID:
33-0956713

PAID

FROM DATE:
05-14-02

TO DATE:
05-14-02

AMOUNT:
$150.00

ceptance of employment with a different employer that requires the performance of activties that you have stated that you cannot perform because of the injury for which you are receiving temporary disability benefits uld constitute fraud and could result in criminal prosecution. If convicted, you could lose your rights to workers' compensation benefits and face imprisonment for up to five years and a fine of up to fifty thousand dollars 50,000) or double the amount of the fraud, whichever is greater.

210033 0000037670 10

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
8/19/2002	2602

PAID

Bill To	COMPANY INFORMATION
Keenan And Associates W.C. DEPT. Attn: Claims Adjuster P.O. Box # 4328 TORRANCE CA 90510	www.interpreters-ALSi.com Phone 714) 838-0950 Fax 714) 832-1979 Tax ID # 33-0956713 Joyce Altman Cert# 300624

CLAIM NO.	Terms
M910010005	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. ARCADIA UNIFIED SCHOOL DISTRICT SS# DOI 10/11/01 DOB	
5/14/2002	Epidural	DR PECK- Lumbar & Joint Injection*	150.00
8/14/2002	Pmt by check	DOS 5-14-2002 # A0000037670	-150.00

This billing is past due, and requires your prompt attention on this matter.

Total $0.00

WESTERN SPECIALTY RISK SERVICES
P. O. BOX 7007
LA HABRA, CA 90632-7007

HIGCSR

800-221-5473

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781-1460

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
ARMGARD KATHLEEN
800-221-5473 EXT 41122

Payee Name:	JOYCE ALTMAN INTERPRETERS
Claim Number:	YCN C 04671
Issue Date:	09/18/2002
Payment Narrative:	MISC MEDICAL 05/11/02-06/01/02
Check Amount:	$ 300.00
Check Number:	09174181-2

PAID

vs.
Spherion Corporation

Invoice Number:	2659
Batch Number:	9791

018347475

HAR-100-1

FOLD AT DOTTED LINE AND DETACH

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
9/20/2002	2659

PAID

Bill To	COMPANY INFORMATION
Specialty Risk Svcs W/C DEPT. Attn: Claims Adjuster P.O. BOX # 7007 LA HABRA, CA. 90632-7007	PHONE 714-838-0950 FAX 714-832-1979 TAX ID # 33-0956713 www.interpreters-ALSi.com

CLAIM NO.	Terms
YCNC04671	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. SPHERION CORP. SS# 6/11/01 DOB	
5/11/2002	Epidural	DR AHMED- L/S Facet Inj. w/ Select. Cath. & Spinal Manip.	150.00
6/1/2002	Epidural	DR AHMED- L/S Facet Inj. w/ Select. Cath. & Spinal Manip.	150.00
9/18/2002	Pmt by check	DOS 5-11-2002 & 6-1-2002 # 09174181-2	-300.00

This billing is past due, and requires your prompt attention on this matter.

Total $0.00

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334

AIG004

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN
CA 92781

Remittance – JOYCE ALTMAN INTERPRETERS INC
INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

No.: 33059651
RFP No.: 00823154
04/04/2002

Insured: VALLEY CREST LANDSCAPE CONSTRU
Claimant:
Producer:
ACT: 939 020902-030402

Claim Office: 052

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000007162552	00139894	01	11/30/2000	MED	O	$450.00	$45,376.81

PAID

Use file # 052-00139894 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334

AIG004

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN
CA 92781

Remittance – JOYCE ALTMAN INTERPRETERS INC
INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

No.: 33173158
RFP No.: 00866569
05/18/2002

Insured: VALLEY CREST LANDSCAPE CONSTRU
Claimant:
Producer:
ACT: 939 020902-030402

Claim Office: 052

$

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000007162552	00139894	01	11/30/2000	MED	O	$150.00	$52,000.05

PAID

Use file # 052-00139894 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
5/23/2002	939

PAID

Bill To	COMPANY INFORMATION
AIG CLAIMS SERVICES KS W.C. DEPT. Attn: Claims Adjuster P.O. BOX# 25978 SHAWNEE MISSION, KS 66225	TEL# (714) 838-0950 FAX# (714) 832-1979 TAX ID# 33-0956713 Joyce Altman Cert#300624

CLAIM NO.	Terms
00139894	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. VALLEY CREST LANDSCAPE SS# DOI 11/30/00 DOB WCAB# ANA0353136; 0358774	
2/9/2002	Epidural	DR JAIN - Caudal Decompress	150.00
2/16/2002	Epidural	DR JAIN - Caudal Mid. 5-S1 + Facet	150.00
2/23/2002	Epidural	DR JAIN - Caudal Mid. 5-S1 + Myoneural	150.00
4/4/2002	Pmt by check	DOS 2-9-2002 THRU 2-23-2002 # 33059651	-450.00
3/4/2002	Epidural	DR JAIN - Cervical + RF	150.00
5/18/2002	Pmt by check	DOS 3-4-2002 # 33173158	-150.00

Thank you for allowing us to serve you.

Total $0.00

Kemper
Insurance Companies

[redacted]

Clm# 6130149548

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:
SSN:
Claim/Seq #: 792116206
Employer Name: LIZ CLAIBORNE, INC.
Patient Ref#: 2008

PAID

Adjustor: SMT

Billing ID #: 888-H-226694
EOR Date: 05/10/2002
Date of Accident: 04/24/2001
Unique Image ID: 10305781
Page: 1

This Audit was prepared in complicance 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:
[redacted]
BELL, CA 90201-0000

EMPLOYER:
LIZ CLAIBORNE, INC.
ONE CLAIBOURNE AVE
NORTH BERGEN, NJ 07047-6448

JOYCE ALTMAN INTERPRETERS
PO BOX #1460
TUSTIN, CA 92781 1460

PROVIDER: TAX ID#: 33-0956713
JOYCE ALTMAN INTERPRETERS
PO BOX #1460
TUSTIN, CA 92781 1460

CARRIER:
American Protection
P.O. Box 189080
Plantation, FL 33318 9080

Date of Service	**---- P R O C E D U R E ----** Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
04/02/2002	C0103	MISC SERVICES	1	1	120.00	120.00	

Total Actual Charges	$120.00	
Reduction Amount (Please Do Not Balance Forward Reductions)	$0.00	
Contracted % Discount Reduction		$0.00
Total Reimbursable Amount		$120.00

Summary of Codes

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

Please send all future bills for this claimant to:
KEMPER NATIONAL SERVICES, INC., P.O. BOX 189144, PLANTATION, FL 33318-9144

Should you have any questions regarding this audit please call 1-800-800-7885 between 8:00am and 6:00pm Eastern Standard Time or send a copy of your bill and this audit to:
KEMPER NATIONAL SERVICES, INC., P O. BOX 189144, PLANTATION, FL 33318-9144

Kemper
Insurance Companies

CK# 6130172040

*** AUDIT OF MEDICAL CHARGES ***

PAID

Patient Name:
SSN:
Claim/Seq #: 792116206
Employer Name: LIZ CLAIBORNE, INC.
Patient Ref#: 2008

Adjustor: SMT

Billing ID #: 888-H-257307
EOR Date: 05/28/2002
Date of Accident: 04/24/2001
Unique Image ID: 10341640
Page: 1

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

CLAIMANT	EMPLOYER:	JOYCE ALTMAN INTERPRETERS PO BOX #1460 TUSTIN, CA 92781 1460
BELL, CA 90201-0000	LIZ CLAIBORNE, INC. ONE CLAIBOURNE AVE NORTH BERGEN, NJ 07047-6448	
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS PO BOX #1460 TUSTIN, CA 92781 1460	CARRIER: American Protection P.O. Box 189080 Plantation, FL 33318-9080	

Date of Service	Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	EOMB Codes
05/07/2002	C0103	MISC SERVICES	1	1	150.00	150.00	

Total Actual Charges	$150.00	
Reduction Amount (Please Do Not Balance Forward Reductions)	$0.00	
Contracted % Discount Reduction		$0.00
Total Reimbursable Amount		$150.00

Summary of Codes

Diagnostic Codes: (1) 959 9 INJURY OF UNS SITE

Please send all future bills for this claimant to:
KEMPER NATIONAL SERVICES, INC., P.O. BOX 189144, PLANTATION, FL 33318-9144

Should you have any questions regarding this audit please call 1-800-800-7885 between 8:00am and 6:00pm Eastern Standard Time or send a copy of your bill and this audit to:
KEMPER NATIONAL SERVICES, INC., P.O. BOX 189144, PLANTATION, FL 33318-9144

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
6/3/2002	2008

PAID

Bill To	COMPANY INFORMATION
BROADSPIRE SERVICES W.C. DEPT. Attn: Claims Adjuster P.O. BOX # 25100 Lehigh Valley, PA 18002	Phone # 714 838-0950 Fax # 714 832-1979 TX ID # 33-0956713 www.interpreters-ALSi.com

CLAIM NO.	Terms
792116206	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. LIZ CLAIRBORNE, INC. SS# DOI 4/24/01 DOB	
4/2/2002	Re-eval	DR GROMIS	120.00
5/10/2002	Pmt by check	DOS 4-2-2002 # 6130149549	-120.00
5/7/2002	P And S	DR GROMIS	150.00
5/28/2002	Pmt by check	DOS 5-7-2002 # 6130172040	-150.00

Thank you for allowing us to serve you.

Total $0.00

CALIFORNIA INDEMNITY INSURANCE CO

CHECK DATE: 4/16/03 ISC: CIIC CHECK NO: 2118345 PAYEE ID: 330956713-000

INSURED/CLAIMANT	CLAIM NO.	PERIOD COVERED	PAYMENT CODE/ DESCRIPTION	AMOUNT
ORANGE COUNTY INSTALLER	60060595	9/24/01 TO 4/06/02	29 SERVICES INV. # 987-03/27/03	******325.50

PAID

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
4/21/2003	987

PAID

Bill To	COMPANY INFORMATION
GAB ROBINS W.C . DEPT Attn: Claims Adjuster P.O. BOX #14670 LAS VEGAS NV 89114-4670	PHONE 714 938-0950 FAX 714 832-1979 TAX ID# 33-0956713 www.interpreters-ALSi.com Joyce Altman Cert# 300624

CLAIM NO.	Terms
60060595	Due Upon Rec.

DOS	SERVICE	CASE NAME	Amount
		V. WALLACHS SS# DOI 4/16/01 DOB	
9/24/2001	NCV	Diagnostic Study Interpretation: L/E	150.00
2/6/2002	P And S	DR VAZQUEZ	150.00
4/6/2002	Pen & Int	PER LABOR CODE §4622	25.50
4/16/2003	Pmt by check	DOS 09/24/2001 THRU 04/06/2002 # 2118345	-325.50

This billing is past due, and requires your prompt attention on this matter.

Total $0.00

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN
CA 92781

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 33640331
RFP No.: 00361719
11/19/2002

Insured: FISHKING PROCESSORS INC
Claimant:
Producer:
ACT: 3568 061902-100702

Claim Office: 293

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003591661	00111015	01	05/03/2002	MED	O	$450.00	$6,309.29

PAID

Use file # 293-00111015 **on all correspondence, for prompt processing.**
For check information call: 714-436-5100

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334

AIG004

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1460
TUSTIN
CA 92781

Remittance – JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 33686700
RFP No.: 00375143
12/10/2002

Insured: FISHKING PROCESSORS INC
Claimant:
Producer:
ACT: 3568 111102-111102

Claim Office: 293

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003591661	00111015	01	05/03/2002	MED	O	$150.00	$6,677.69

PAID

Use file # 293-00111015 **on all correspondence, for prompt processing.**
For check information call: 714-436-5100

JAI INC. 2002

P.O. BOX # 4165
Tustin, CA 92781-4165

Joyce Altman Interpreters

Date	Invoice #
12/19/2002	3568

PAID

Bill To	COMPANY INFORMATION
AIG CLAIMS SERVICES KS W.C. DEPT. Attn: Claims Adjuster P.O. BOX# 25978 SHAWNEE MISSION, KS 66225	TEL# (714) 838-0950 FAX# (714) 832-1979 TAX ID# 33-0956713 Joyce Altman Cert#300624

CLAIM NO.	Terms
00111015	Due on receipt

DOS	SERVICE	CASE NAME	Amount
		V. FISHKING PROCESSORS SS# DOI 5/3/02 DOB	
6/19/2002	Initial Exam	DR RATINER	
7/10/2002	NCV	DIAGNOSTIC STUDY INTERPRETATION: L/E	150.00
10/7/2002	MRI	Referred by DR ARROYO: C/S, Brain	150.00
11/19/2002	Pmt by check	DOS 6-19-2002 THRU 10-7-2002 # 33640331	150.00
11/11/2002	MRI	Referred by DR ARROYO: L/S, Lt. Knee	-450.00
12/10/2002	Pmt by check	DOS 11-11-2002 # 33686700	150.00
			-150.00

Thank you for allowing us to serve you.

Total $0.00

Market Rate
Year 2003

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

Year 2003

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
00530	4/30/03 thru 12/29/03	12/21/2004	$ 625.50	$ 625.50	0341653752	2/6/2004	Crawford & Company
05719	11/25/2003	5/24/2004	$ 150.00	$ 150.00	DA48003845	12/18/2003	ACE USA
04399	9/24/03 thru 10/8/03	9/27/2005	$ 600.00	$ 600.00	0004357474	12/15/2003	Gab Business Services
00508	4/1/2003	6/26/2003	$ 150.00	$ 150.00	101623654	4/1/2003	CNA
03082	7/14/2003	8/3/2005	$ 150.00	$ 150.00	5030034329	2/18/2004	Employers Insurance Group
00590	4/23/03 thru 7/28/03	2/10/2005	$ 475.50	$ 475.50	0032502216	8/21/2003	Gallagher Bassett
02259	6/18/03 thru 10/29/03	4/26/2004	$ 295.50	$ 295.50	002541036	4/20/2004	Cambridge Integrated Svcs. Group
03523	8/27/2003	9/19/2005	$ 120.00	$ 120.00	101917203	10/22/2003	CNA
3523	11/20/2003	9/19/2005	$ 120.00	$ 120.00	102029259	12/8/2003	CNA
01497	4/21/03 & 5/19/03	7/1/2003	$ 240.00	$ 240.00	1069708	6/26/2003	Kaiser Permanente
02767	6/11/2003	9/9/2003	$ 120.00	$ 120.00	0032656909	9/2/2003	Gallagher Bassett
06116	12/11/2003	3/1/2004	$ 150.00	$ 150.00	0000082560	2/25/2004	Sedgwick Claims Mgmt. Svcs.
03778	9/16/2003	11/11/2004	$ 150.00	$ 150.00	200370039	11/8/2004	Octagon Risk Services
03522	6/3/2003	1/21/2004	$ 150.00	$ 150.00	0000011062	1/19/2004	Cambridge Integrated Svcs. Group
03971	9/11/2003	5/2/2005	$ 150.00	$ 150.00	898B80186841	4/28/2005	The Travelers
05772	11/20/2003	8/11/2005	$ 150.00	$ 150.00	031054150032118	3/11/2004	County of Los Angeles/Cambridge
03784	9/8/2003	12/5/2003	$ 150.00	$ 150.00	892781	12/2/2003	Alaska National Ins. Co.
02062	6/28/2003	8/11/2003	$ 150.00	$ 150.00	80176583	8/8/2003	Octagon Risk Services
02889	7/17/2003	11/12/2003	$ 150.00	$ 150.00	21281	11/6/2003	LWP Claims Solutions
02419	6/27/2003	11/24/2003	$ 150.00	$ 150.00	903A34363755	11/20/2003	Constitution State Services
01620	6/12/2003	8/13/2007	$ 150.00	$ 150.00	025706	9/5/2007	Unity Courier Service (employer)
18203	1/20/03 thru 2/9/07	4/7/2008	$ 729.13	$ 729.13	0016978281	4/1/2008	Sedgwick Claims Mgmt. Svcs.

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
05140	10/25/2003	5/7/2004	$ 150.00	$ 150.00	CU-360326	5/5/2004	State Compensation Insurance Fund
02253	7/1/2003	6/22/2004	$ 150.00	$ 150.00	CU-011118	6/18/2004	State Compensation Insurance Fund
06067	11/25/2003	3/17/2004	$ 150.00	$ 150.00	CU-189727	3/12/2004	State Compensation Insurance Fund

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

2193-31041-001

BRANCH/FILE# 2193-31041-001
INVOICE NO
CLAIMANT
CLAIMANT SSN 554-66-6314
DATE OF LOSS 06/16/2002

PG 1 OF 1

0006746 01 AT **AUTO H8 0 9025 92781

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

YEE: JOYCE ALTMAN INTERPRETERS
SABILITY FROM / TO: 04/30/2003 12/29/2003 PAYMENT AMT / DATE: PAYEE TAX ID: 330-95-6713 INSURED: MANHEIM/RIVERSIDE AUTO AUCTION
$625.50 02/06/2004

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0341653752 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#
12/21/04	00530

Claim # : 2193-30995
W.C.A.B.: ANA 0368962
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: ------ vs ANHEIM/RIVERSIDE AUTO ACTION
Date Of Injury: 10/1/02

DOS	SERVICE	DESCRIPTION	AMOUNT
04/30/03	INITIAL EXAM	DR CHO *	150.00
06/30/03	PEN & INT	PER LABOR CODE °4622	25.50
08/27/03	CONSULT	DR HAJJ*	150.00
1/18/03	INITIAL EXAM	DR KIM*	150.00
12/29/03	SURGERY	DR BRODIE: LEFT KNEE ANTRHOSCOPY*	150.00
01/09/04	RE-EVAL	DR BRODIE *	120.00
02/06/04	PMT BY CHECK	DOS 4/30/03 THRU 12/29/03 # 0341653752	-625.50
01/30/04	RE-EVAL	DR BRODIE*	120.00
03/12/04	RE-EVAL	DR BRODIE*	120.00
12/16/04	PMT BY CHECK	DOS 01/09/04 THRU 03/12/04 # 0356006268	-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 - eived in full and paid within 45 days, Joyce Altman Interpreters, Inc., c .ands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

*10DA48003845046310101031218001105 6
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 4464
WOODLAND HILLS CA 91365-4464

DATE 12/18/03

CHECK NO. DA48003845

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

STATEMENT

5900A21DA 00 02015 DA48003845
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C3413300

DOLLARS
$*********150.00

* NOT NEGOTIABLE *

FOR
11/25/03 THRU 11/25/03

CLAIMANT

DATE OF EVENT
03/17/01

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.

DA18B (02/2003)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***
Date NO#
05/24/04 05719

Claim # : 345C341330-0;345C399136-1
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PINKERTON/ BURNS INTERNATIONAL
Date Of Injury: 3/27/01; 11/12/02

DOS	SERVICE	DESCRIPTION	AMOUNT
11/25/03	QME EVAL	DR DORSEY *	150.00
12/18/03	PMT BY CHECK	DOS 11/25/03 # DA48003845	-150.00
03/30/04	RE-EVAL	DR DORSEY *	120.00
5/19/04	PMT BY CHECK	DOS 3/30/04 # DA48968518	-120.00

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.

GAB BUSINESS SERVICES, INC.
9 CAMPUS DRIVE, SUITE 7
PARSIPPANY, NJ 07054

PHONE: (973)993-3629
FAX: (973)993-3539

0002568 01 MB **AUTO T5 0 6548 92781

DATE: 12/15/03

REQUISITION NO. 214364

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

VENDOR JOYCE ALTMAN INTERPRETERS INC. FEDERAL ID 33-0956713

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN: 624-10-7076
OCCURRENCE DATE 01/31/03
SERVICE FROM: 09/24/03
THRU: 10/08/03
EMPLOYER: FULL TIME SOLUTIONS, INC.

ACCOUNT:
GAB FILE NO.: 4863849047

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
10/08/03	04399	99	600.00	.00	.00	600.00	

12/15/03

CHECK NO. 0004357474 NET CHECK TOTAL 600.00

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

*** INVOICE ***

Date	NO#
09/27/05	04399

Claim # : 48638-49047
W.C.A.B.: LBO 0351655
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (SACRAMENTO)
W.C. DEPARTMENT
ATTN: LUSTER GREEN
P.O. BOX # 269037
SACRAMENTO, CA 95827-9037

Case: [redacted] vs FULL TIME SOLUTIONS
Date Of Injury: 1/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/03	INJECTION	DR FADLEY- EPIDURAL*	150.00
09/18/03	INITIAL EXAM	DR FADLEY*	150.00
08/19/03	INITIAL EXAM	DR KATTAR*	150.00
.0/08/03	INJECTION	DR FADLEY-CERVICAL EPIDURAL*	150.00
11/20/03	RE-EVAL	DR FADLEY*	120.00
12/15/03	PMT BY CHECK	DOS 09/24/03 TO 10/08/03 # 0004357474	-600.00
05/06/04	RE-EVAL	DR KATTAR*	120.00
06/03/04	PMT BY CHECK	DOS 11/20/03 # 0004690242	-120.00
06/09/04	RE-EVAL	DR KATTAR*	120.00
08/04/04	RE-EVAL	DR KATTAR*	120.00
08/20/04	PMT BY CHECK	DOS 09/24/03 THRU 06/09/04 # 0004837732	-240.00
09/08/04	PMT BY CHECK	DOS 08/04/04 # 0004870389	-120.00
10/27/04	RE-EVAL	DR KATTAR*	120.00
11/18/04	PMT BY CHECK	DOS 10/27/04 # 0005001480	-120.00
11/24/04	RE-EVAL	DR HOSSAIN*	120.00
01/12/05	RE-EVAL	DR KATTAR*	120.00
03/19/05	RE-EVAL	DR HOSSAIN*	120.00
04/30/05	FOLLOW-UP	DR HOSSAIN*	120.00
06/28/05	CT SCAN	REF BY DR NAGELBERG: C/S*	125.00
06/28/05	MRI	REF BY DR NAGELBERG: RT ELBOW*	125.00
09/21/05	PMT BY CHECK	DOS 11/24/04 THRU 6/28/05 # 0005558453	-730.00

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

*** INVOICE ***

Date	NO#
09/27/05	04399

Claim # : 48638-49047
W.C.A.B.: LBO 0351655
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (SACRAMENTO)
W.C. DEPARTMENT
ATTN: LUSTER GREEN
P.O. BOX # 269037
SACRAMENTO, CA 95827-9037

Case: vs FULL TIME SOLUTIONS
Date Of Injury: 1/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

CNA
3075 E. IMPERIAL HIGHWAY
BREA CA 92821

CNA

JOYCE ALTMAN INTERPRETERS

PO BOX 1460
TUSTIN CA 92681

KSKCo Dhs.

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

Claim Number *
82 806063E5

Insured/Client	Claimant	ATT
KELLY TEMPORARY SERVICES		06/20/03

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
02/21/02		04/01/03-04/01/03	MED	26	TR		$150.00
							$150.00

Reason
DR GROMIS

PAID

Ck# 1016236574

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

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

*** INVOICE ***

Date	NO#
06/26/03	00508

Claim # : 82806063-E5
W.C.A.B.: MON 0288758
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (BREA6500)
W.C. DEPARTMENT
ATTN: LORI GARY
P.O. BOX # 6500
BREA, CA 92822-6500

Case: vs KELLY SERVICES
Date Of Injury: 2/21/02

DOS	SERVICE	DESCRIPTION	AMOUNT
04/01/03	INITIAL EXAM	DR GROMIS *	150.00
06/20/03	PMT BY CHECK	DOS 04/01/03 # 101623654	-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.

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 INSURANCE GROUP
Employers Elite Insurance Services

P O Box 9152, Oxnard, CA 93031
Workers' Compensation Administrator for
Harbor Specialty Insurance Company

ISSUE DATE	CHECK NO.
02/18/04	5030034329

02/18/04 Claimant: $150.00

ClaimNo: 50300151968 Date of Injury: 06/22/2003

Vendor Invoice: 03082 Billing Date: 01/20/04

IRS Number: 330956713

Payment For:

SvcPeriod: 07/14/03 to 07/14/03 Billed Amt: $150.00

Medical: Medical Other: INTERPRETER SERVICES FOR DR. HAJJ

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#
08/03/05	03082

Claim # : 50300151968
W.C.A.B.: LBO 0353961
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FREMONT (OXNARD)
W.C. DEPARTMENT
ATTN: AMY MARQUIS
P.O. BOX # 9152
OXNARD, CA 93031-9152

Case: vs ORIGINAL BODY SHOP
Date Of Injury: 6/20/03

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/03	INITIAL EXAM	DR HAJJ*	150.00
01/30/04	INITIAL EXAM	DR SHAH*	150.00
02/18/04	PMT BY CHECK	DOS 7/14/03 # 5030034329	-150.00
03/09/04	PMT BY CHECK	DOS 1/30/04 # 5030035520	-150.00
01/26/05	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
01/26/05	C&R READING	@ THE L/O OF DENNIS FUSI	147.00
02/25/05	PMT BY CHECK	DOS 1/26/05 # 5030057710	-294.00
03/14/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
04/13/05	PMT BY CHECK	DOS 3/14/05 # 5030059896	-147.00
07/13/05	WCAB LB	MSC	147.00
07/28/05	PMT BY CHECK	DOS 7/13/05 # 5030063731	-147.00

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 n treatment or med/legal. Reference rules and regulations section 9795.4 and bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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.

00002946 063330 A 2 0010 02 01204010-01 02630 A

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

063330 A 2 0010 02 01204010-01 02630 A

010006 PAGE 1 OF 1 001537

JOYCE ALTMAN INTERPRETERS,INC
PO.BOX.1460
TUSTIN CA 92781

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR ACAPULCO ACQUISITION CORP

PAID

CLAIM NO: 001537 012387 WC 01 (E0230)

CLAIMANT:

DESCRIPTION: INVOICE NO: 00590

BRANCH NO.: 102

ACC. DATE: 07Feb02

NO. 0032502216

VN. 0000130815

DATE 21Aug03

######475.50

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

*** INVOICE ***

Date	NO#
02/10/05	00590

Claim # : 001537-012387-WC-01
W.C.A.B.: N/A
S.S.N. : !
D.O.B. : '
Terms : 45 days

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

Case: vs EL TORITO RESTAURANT
Date Of Injury: 2/7/02

DOS	SERVICE	DESCRIPTION	AMOUNT
04/23/03	MRI	REFERRED BY DR DOMARACKI: RT. SHOULDER 99199*	150.00
05/12/03	INITIAL EXAM	DR EBERLY* 99199	150.00
07/12/03	PEN & INT	PER LABOR CODE °4622 DOS 7/12/03	25.50
07/28/03	SURGERY	@ MILLENNIUM SX. CTR- RT. SHOULDER 99199*	150.00
08/21/03	PMT BY CHECK	DOS 04/23/03 THRU 07/28/03 # 0032502216	-475.50
10/17/03	RE-EVAL	DR DOMARACKI* 99199	120.00
11/20/03	PMT BY CHECK	DOS 4/23/03 THRU 10/17/03 # 0033971884	-120.00
12/01/03	RE-EVAL	DR EBERLY* 99199	120.00
12/17/03	PMT BY CHECK	DOS 12/1/03 # 0034381180	-120.00
01/07/04	P AND S	DR DOMARACKI* 99199	150.00
01/16/04	PMT BY CHECK	DOS 1/7/04 # 0034852844	-150.00
07/28/04	RE-EVAL	DR DOMARACKI* 99199	120.00
02/07/05	PMT BY CHECK	DOS 07/28/04 # 0041457017	-120.00

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#
02/10/05	00590

Claim # : 001537-012387-WC-01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs EL TORITO RESTAURANT
Date Of Injury: 2/7/02

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.

0005-7-0001-000557 CAC1 1325206
Cambridge Integrated Services Group, Inc.
34820 Harper Ave
Mt Clemens, MI 48046-2305

Check Date	Check Number
04/20/2004	002541036

Check Code	Handling Code
WFR	DIRECT

XX-1-SDM-AUTHN

PAID

JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

WORKERS COMPENSATION FUND OFFICE# R PASADENA, CA
ADJ-SYLVIA ARZATE (626)296-4249

CLAIM NUMBER	CLAIMANT NAME / DESCRIPTION	D/A	RES	DEPT
2002-0-013258-00071-WC-A		10-31-2002	M	4000
CALPLY	D/S 06/18/2003 THRU 10292003 INV # 2259			
	NET BENEFITS:			$295.50

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#
04/26/04	02259

Claim # : 0027896086
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (PAS7218)
W.C. DEPARTMENT
ATTN: VALERIE ARAMBULO
P.O. BOX # 7218
PASADENA, CA 91109-7218

Case: [redacted] vs CALPLY
Date Of Injury: 10/02

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/03	INITIAL EXAM	DR SIDHU*	150.00
10/29/03	RE-EVAL	DR SIDHU*	120.00
08/18/03	PEN & INT	PER LABOR CODE °4622 DOS 6/18/03	25.50
04/20/04	PMT BY CHECK	DOS 6/18/03 & 10/29/03 # 002541036	-295.50

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.

CNA
3075 E. IMPERIAL HIGHWAY
BREA CA 92821

CNA

JOYCE ALTMAN INTERPRETERS

PO BOX 4165
TUSTIN CA 92781-4165

PAID

#101917203

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

Claim Number *
2C 825152N5

Insured/Client	Claimant	ATT	
JACK IN THE BOX, INC.			10/22/03

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
07/22/03		08/27/03-08/27/03	MED	26	TR		$120.00
							$120.00

Reason
INV#03523 RE EVAL

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

CNA
PO BOX 6500
BREA CA 92822

CNA

00000202C0082515210202925900000002008

JOYCE ALTMAN INTERPRETERS

PO BOX 4165
TUSTIN CA 92781-4165

PAID

102029259

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

Claim Number * 2C 825152N5

Insured/Client: JACK IN THE BOX, INC.

Claiman*:

ATT

12/08/03

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
07/22/03		11/20/03-11/20/03	MED	26	TR		$120.00
							$120.00

Reason: INV 03523 DR AMERI

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

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

*** INVOICE ***

Date	NO#
09/19/05	03523

Claim # : 2C825152
W.C.A.B.: LBO 0353955
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (BREA6500)
W.C. DEPARTMENT
ATTN: DIANE MILANE
P.O. BOX # 6500
BREA, CA 92822-6500

Case: vs JACK IN THE BOX
Date Of Injury: 7/22/03

DOS	SERVICE	DESCRIPTION	AMOUNT
08/27/03	RE-EVAL	DR AMERI*	120.00
10/22/03	PMT BY CHECK	DOS 8/27/03 # 101917203	-120.00
11/20/03	RE-EVAL	DR AMERI*	120.00
12/08/03	PMT BY CHECK	DOS 11/20/03 # 102029259	-120.00
12/01/03	INITIAL EXAM	DR KOHEN*	150.00
03/09/04	RE-EVAL	DR AMERI*	120.00
06/24/04	PMT BY CHECK	DOS 12/1/03 & 3/9/04 # 102507942	-270.00
06/22/04	RE-EVAL	DR AMERI*	120.00
08/03/04	RE-EVAL	DR RAHIMIAN *	120.00
08/09/04	PMT BY CHECK	DOS 6/22/04 # 102605685	-120.00
09/10/04	PMT BY CHECK	DOS 08/03/04 # 102671478	-120.00
10/19/04	RE-EVAL	DR AMERI *	120.00
02/28/05	WCAB LB	MSC	147.00
04/20/05	PMT BY CHECK	DOS 2/28/05 # 103042356	-147.00
06/01/05	WCAB LB	MSC	147.00
08/01/05	PEN & INT	PER LABOR CODE °4622 DOS 6/1/05	24.99
08/23/05	PMT BY CHECK	DOS 06/01/05 # 103209825	-147.00
09/07/05	WCAB LB	MSC	147.00
09/13/05	PMT BY CHECK	DOS 10/19/04 & 9/7/05 # 103235137	-291.99

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

*** INVOICE ***

Date	NO#
09/19/05	03523

Claim # : 2C825152
W.C.A.B.: LBO 0353955
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (BREA6500)
W.C. DEPARTMENT
ATTN: DIANE MILANE
P.O. BOX # 6500
BREA, CA 92822-6500

Case: JACK IN THE BOX
Date Of Injury: 7/22/03

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

KAISER PERMANENTE

WORKERS COMPENSATION ACCOUNT

Ck# 1069708
6-16-03

escription	From Date	To Date	Invoice #	Invoice Amt	Amount
ıterpreter	04/21/2003	05/19/2003	01497	$240.00	$240.00

laim Number: 1000-98-2260 Claimant: Payee: Joyce Altman Interpreters
heck Number: 1069708 Event Date: 10/01/1997 Department: 1000-02-101-4080 ENVIRONMENTAL SERVICES
emo: dos:4/21/03 & 5/19/03

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#
07/01/03	01497

Claim # : 1000-98-2260
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
KAISER PERMANENTE (OAKLAND)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 12927
OAKLAND, CA 94604-2927

Case: vs KAISER PERMANENTE
Date Of Injury: 10/1/97

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/03	RE-EVAL	DR GROMIS *	120.00
05/19/03	RE-EVAL	DR GROMIS *	120.00
06/26/03	PMT BY CHECK	DOS 04/21/03 THRU 05/19/03 # 1069708	-240.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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00002205 065799 A 2 0010 02 01204010-01 01909 A

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

010374 PAGE 1 OF 1 000688

JOYCE ALTMAN INTERPRETERS,INC
PO.BOX.1460
TUSTIN CA 92781

PAGE 1 OF 1

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

GALLAGHER BASSETTS SERVICES INC
FOR THE SALVATION ARMY

CLAIM NO: 000688 001043 WC 01 (03-047)

CLAIMANT:

DESCRIPTION: 000688-0001043-WC-01

BRANCH NO.: 170

ACC. DATE: 06Apr00

NO. 0032656909

VN. 0000354342

PAID

DATE 02Sep03
######120.00

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#
09/09/03 02767

Claim # : 000-688-001043-WC-01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs THE SALVATION ARMY REHAB CTR.
Date Of Injury: 3/00; 4/6/00

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/03	RE-EVAL	DR SIDHU*	120.00
09/02/03	PMT BY CHECK	DOS 6-11-2003 # 0032656909	-120.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Sedgwick Claims Management Services, Inc
P. O. Box 70249
Pasadena, CA 91117

DATE	CHECK AMT	CHECK NO.
02/25/2004	150.00	0000082560

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*003862 0000082560 001 OF 001 OPM 040224 1501

Joyce Altman Interpreters
P.O. Box 4165
Tustin, CA 92781

PAID

Claimant Name	Loss Date	Claim Number	SSN
M.	01/18/2002	WC648294937	

Amt Paid: 150.00
Amt Billed: 150.00
Dates: 12/11/2003 - 12/11/2003

Description: Miscellaneous Medical
Invoice: 06116
ICN: WC648294937
Comment:

E1991 FRM (02-28-01)

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

*** INVOICE ***

Date	NO#
03/01/04	06116

Claim # : 648294937
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14623)
W.C. DEPARTMENT
ATTN: JESSE LUNDELL
P.O. BOX 14623
LEXINGTON, KY 40512-4623

Case: vs L.A.U.S.D.
Date Of Injury: 1/18/02

DOS	SERVICE	DESCRIPTION	AMOUNT
12/11/03	MEDICAL	DR ROSENBERG- ENDOSCOPY *	150.00
02/25/04	PMT BY CHECK	DOS 12/11/03 # 0000082560	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Payee: JOYCE ALTMAN INTERPRETERS INC
Company Name: Catholic Healthcare West
Facility: California Hospital Medical Center

Policy ID:
IRS/SSN: 330956713
Check Number: 200370039

Administrator: CVESTAL
Check Total: $150.00
Check Date: 11/08/2004

Injury	From	Through	Claim Number / Account Number / Invoice	Claimant Name	Description	Payment Amount
5/05/2003	09/16/2004	09/16/2004	200323012 03778	CT scan - interpretint to EE.	Other Medical	$150.00

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#
11/11/04	03778

Claim # : 200323012
W.C.A.B.: VNO 0478408
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
OCTAGON RISK SVCS (VAN NUYS)
W.C. DEPARTMENT
ATTN: ANDREW DIBBLE
P.O. BOX # 1027
VAN NUYS, CA 91408

Case: vs CALIFORNIA HOSP. MEDICAL CTR.
Date Of Injury: N/A

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/03	CT SCAN	REFERRED BY DR AINBINDER: L/S *	150.00
11/08/04	PMT BY CHECK	DOS 09/16/03 # 200370039	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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000215-0001-000215 CNX1 1321460
YOUNG'S MARKET COMPANY LLC
AS ADMINISTRATED BY CAMBRIDGE INT SVC GRP INC
34820 HARPER AVE
PO BOX 2305
MT CLEMENS MI 48046-2305

Cambridge
Integrated Services Group, Inc.

Check Date	Check Code	Check Number
01/19/2004	YMC	0000011062

06-N-SDM-AUTHN

JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN CA 92781-0000

Tristar Risk Mgmt.

IENT
JNG'S MARKET COMPANY

INSURED
YOUNG'S MARKET COMPANY

SERVICE PARTNER:PASADENA - CISGI

ADJUSTER:LEE, ANTOINETTE
CLAIMANT NAME:
CLAIM NUMBER
6808-1

TELEPHONE:626 296 4253

DATE OF INCIDENT
11/01/2002

AYMENT REFERENCE #
613570
NTERPRETING SERVICES

DOS FROM	DOS TO	GROSS AMOUNT	NET AMOUNT
06/03/2003	06/03/2003	150.00	150.00

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#
01/21/04	03522

Claim # : 25220147
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (SANTA ANA)
W.C. DEPARTMENT
ATTN: JEFF LONGLY
P.O. BOX # 11967
SANTA ANA, CA 92711-1967

Case: } vs YOUNG'S MARKET COMPANY
Date Of Injury: 11/1/02

DOS	SERVICE	DESCRIPTION	AMOUNT
06/03/03	INJECTION	DR FENSION- L/S EPIDURAL *	150.00
01/19/04	PMT BY CHECK	DOS 6/3/03 # 0000011062	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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002265

THE TRAVELERS - ORANGE CL CLAIM
WC CLAIM DEPT
PO BOX 14246
ORANGE CA 92863

0

898B 80186841

The Travelers Indemnity Company

DATE: 04/26/05
LOSS DATE: 08/12/02
FILE NUMBER: 221 CB ANW0355 T

EMPLOYEE

ACCOUNT NAME:
CONTAINER CARE INTERNATIONAL

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 09/11/2003

TOTAL PAID: $150.00
TAX INFO: 330956713267685 3Y
PAY MISC: INVOICE# 03971
PAYEE:
JOYCE ALTMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: JENNIFER TRASTER AT (714)922-1719

07223
DETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
05/02/05	03971

Claim # : 152CB/ANW0355T/C5L6076J
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CONTAINER CARE INTERNATIONAL
Date Of Injury: 8/12/01

DOS	SERVICE	DESCRIPTION	AMOUNT
09/11/03	ULTRASOUND	DIAGNOSTIC STUDY REFERRED BY DR BRAUTBAR: KIDNEY *	150.00
04/28/05	PMT BY CHECK	DOS 9/11/03 # 898B 80186841	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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COUNTY OF LOS ANGELES

REMITTANCE ADVICE

REFERENCE NO.	LC	ISSUE DATE	AMOUNT	WARRANT NO.
03105415 0032118	411	03 11 04	*****150 00	T 8893607

DESCRIPTION

5000-04-00364 07-25-03
INVOICE # CIQ
11-20-03 THRU 11-20-03

10 MEDICAL EXPENSES 150.00

Cambridge

$150.00

692125*74299*41*4

WORKERS COMPENSATION
PHONE YOUR 3RD PARTY ADMIN IF QUESTION

PAID

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

*** INVOICE ***

Date	NO#
08/11/05	05772

Claim # : 50000400364
W.C.A.B.: MON 0307752
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (PAS7218)
W.C. DEPARTMENT
ATTN: LATOYA ANDREWS
P.O. BOX # 7218
PASADENA, CA 91109-7218

Case: N/A
Date Of Injury: 7/25/03

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/03	MEDICAL	DR LEON- UPPER ENDOSCOPY *	150.00
03/11/04	PMT BY CHECK	DOS 11/20/03 #031054150032118	-150.00

BALANCE 0.00

* 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

12/2/03

CHECK NUMBER	892781
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
F0228-00 02A WD 40024	04/10/2002	FLIGHT LINE INDUSTRIES #03784 DOS 090803 MRI	150.00 M-OTHR

PAID

\SE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT: 150.00

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#
12/05/03	03784

Claim # : F0228
W.C.A.B.: ANA 0365393
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ALASKA NATIONAL INS. (SAN FR)
W.C. DEPARTMENT
ATTN: ANGIE JANICE
P.O. BOX # 193970
SAN FRANCISCO, CA 94119-3970

Case: vs FLIGHT LINE INDUSTRIES
Date Of Injury: 4/10/02

DOS	SERVICE	DESCRIPTION	AMOUNT
09/08/03	MRI	REFERRED BY DR NAGELBERG: L/S*	150.00
12/02/03	PMT BY CHECK	DOS 9/8/03 # 892781	-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.

Payee: JOYCE ALTMAN INTERPRETER INC
Company Name: Octagon Risk Services, Inc.
Facility: Santa Monica/UCLA Medical Center

IRS/SSN: 330956713
Check Number: 80176583

Administrator: MLORENZO
Check Total: $150.00
Check Date: 08/08/2003

Injury	From	Through	Claim Number	Claimant Name	Description
	Account Number		Invoice		
09/09/1999	06/28/2003	06/28/2003	200000037		Other - Expense
			02062		

PAID

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

*** INVOICE ***

Date	NO#
08/11/03	02062

Claim # : 2000-00037
W.C.A.B.: VNO 0434337
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
OCTAGON RISK SVCS (L.A.)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 956914
LOS ANGELES, CA 90024

Case: vs REGENTS OF THE UNIV. OF CALIF.
Date Of Injury: 9/9/99

DOS	SERVICE	DESCRIPTION	AMOUNT
06/28/03	MRI	REFERRED BY DR HARRIS: C/S *	150.00
08/08/03	PMT BY CHECK	DOS 06/28/03 # 80176583	-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 eived in full and paid within 45 days, Joyce Altman Interpreters, Inc., ands 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
0000062013		06/08/2002	02889	07/17/2003 - 07/17/2003

Reference:
Comments:

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Medical Miscellaneous		07/17/2003 - 07/17/2003	150.00	150.00

Fee Sched Discount:	0.00	PPO Discount:	0.00	Other Discounts:	0.00

21281
11/6/03

PAID

P Claims Solutions, Inc.
5 North Freeway Blvd., Suite 210, Sacramento, CA 95834
Phone: (916) 609-3600
Fax: (916) 609-3637

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

*** INVOICE ***

Date	NO#
11/12/03	02889

Claim # : 62013
W.C.A.B.: MON 0294411
S.S.N. : [illegible]
D.O.B. : N/A
Terms : 45 days

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

Case: vs McDONALD'S
Date Of Injury: 6/8/02

DOS	SERVICE	DESCRIPTION	AMOUNT
07/17/03	MRI	REF. BY DR MARSHAK: ABDOMEN *	150.00
11/06/03	PMT BY CHECK	DOS 7/17/03 # 21281	-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.

001841

CSS LLC - DIAMOND BAR CL CLAIM
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

UB01841

903A 34363755

Constitution State Services

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

DATE: 11/20/03

LOSS DATE: 05/06/03
FILE NUMBER: 152 CB ANW9177 N

EMPLOYEE

ACCOUNT NAME:
ADECCO EMPLOYMENT SERVICES

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 06/27/2003

TOTAL PAID: $150.00
TAX INFO: 3309567132676853Y
PAY MISC: INV#02419
PAYEE:
JOYCE ALTMAN INTERPRETERS

PAID

R ADDITIONAL INFORMATION, CONTACT: WILLIAM E. HERRERA AT (909)612-3080

345
TACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***
Date NO#
11/24/03 02419

Claim # : 152CBANW9177N
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ADECCO
Date Of Injury: 5/6/03

DOS	SERVICE	DESCRIPTION	AMOUNT
06/27/03	MRI	REFERRED BY DR RAH: C/S, RT. SHOULDER *	150.00
11/20/03	PMT BY CHECK	DOS 6/27/03 # 903A34363755	-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.

UNITY COURIER SERVICE

Symbol Sets Character Set e Spacing 6 LPI Standard

DATE 09/06/07 CHECK NO. 026705 VENDOR KEY

INVOICE #	INVOICE DATE	AMOUNT	DISCOUNT	VOUCHER #	NET AMOUNT
01620	08/13/07	150.00	0.00	VOUCHER 023093	150.00
TOTALS ▶					

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#
08/13/07	01620

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

BILL TO:
*UNITY COURIER SERVICE
W.C. DEPARTMENT
ATTN: Manager/Owner
1501 N. Raymond Ave, Ste R
ANAHEIM, CA 92801-1100

Case: vs UNITY COURIER SERVICE
Date Of Injury: 8/20/02

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/03	MRI	REFERRED BY DR PERELMAN: L/S*	150.00
09/05/07	PMT BY CHECK	DOS 6/12/03 # 025706	-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.

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

DATE	CHECK AMT	CHECK NO.
4/1/2008	729.13	0016978281

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
529 Sedgwick Claims Management Services	1

2133

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

Claimant Name	Loss Date	Claim Number	SSN
	05/16/2002	20020602226-0001	

Amt Paid: 729.13 Description:
Amt Billed: 729.13 Invoice: 18203 ICN: 200206022260001
Dates: 01/20/2003 - 02/09/2007 Comment:

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

*** INVOICE ***

Date	NO#
04/07/08	18203

Claim # : 2002060226
W.C.A.B.: AHM 0099832
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (KING PRU,PA)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 61537
KING OF PRUSSIA, PA 19406

Case: vs SIMPSON MFG.
Date Of Injury: 5/16/02

DOS	SERVICE	DESCRIPTION	AMOUNT
01/20/03	MRI	REF BY DR WEILAND: C/S*	150.00
01/21/03	MRI	REF BY DR WEILAND: BIL SHLDRS *	150.00
02/13/03	X-RAYS	REF BY DR WEILAND: C/S*	150.00
11/29/05	PENALTIES	FOR DATE OF SERVICE 1/20/03	22.50
02/09/07	INTEREST	FOR DATE OF SERVICE 1/20/03	70.94
11/29/05	PENALTIES	FOR DATE OF SERVICE 1/21/03	22.50
02/09/07	INTEREST	FOR DATE OF SERVICE 1/21/03	70.89
11/29/05	PENALTIES	FOR DATE OF SERVICE 2/13/03	22.50
02/09/07	INTEREST	FOR DATE OF SERVICE 2/13/03	69.80
04/01/08	PMT BY CHECK	DOS 1/20/03 THRU 2/9/07 # 0016978281	-729.13

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 360326**
Check Date May 05, 2004
Tax ID# 33095671316

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA629555		62	10-25-03	10-25-03	05140	150.00

PAID

TOTAL AMOUNT OF CHECK 150.00

TO INSURE PROMPT PAYMENT OF YOUR BILLS, USE THE CLAIM NUMBER SHOWN ABOVE AND THE INJURED NAME ON ALL FUTURE CORRESPONDENCE.

PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

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

*** INVOICE ***

Date	NO#
05/07/04	05140

Claim # : SA629555
W.C.A.B.: VNO 0468119/20
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs 7 STAR SUITE HOTEL
Date Of Injury: 11/27/02

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/03	MRI	REF BY DR HEKMAT: LT KNEE*	150.00
/05/04	PMT BY CHECK	DOS 10/25/03 # CU-360326	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Revi EOR)

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

Provider Number: 330956713

Check #: **CU-011118**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 06/18/04
Doc #: 001694179

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** SA631724		
1	FULL/FINAL	07/01/03	07/01/03	Medical Services	1		150.00
					Total Allowances:		**$150.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SA631724	150.00	.00	150.00

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:

SA631724 FULL & FINAL SATISFACTION; OF LIEN/BILLS;

0120564000169417901 1

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#
06/22/04	02253

Claim # : SA631724
W.C.A.B.: LAO 0830731
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs WESTERN LABOR LEASING
Date Of Injury: 6/27/03

DOS	SERVICE	DESCRIPTION	AMOUNT
07/01/03	INITIAL EXAM	DR SIDHU*	150.00
/18/04	PMT BY CHECK	DOS 7/1/03 # CU-011118	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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MEDICAL
SA

STATE COMPENSATION INSURANCE FUND
P.O. BOX 92622, LOS ANGELES, CA 90009-2622

Check Number **CU- 189727**
Check Date March 12, 2004
Tax ID# 33095671316

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
SA634753		62	11-25-03	11-25-03	06067	150.00

PAID

TOTAL AMOUNT OF CHECK **150.00**

TO INSURE PROMPT PAYMENT OF YOUR BILLS, USE THE CLAIM NUMBER SHOWN ABOVE AND THE INJURED NAME ON ALL FUTURE CORRESPONDENCE.

PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

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

*** INVOICE ***

Date	NO#
03/17/04	06067

Claim # : SA634753
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CENTRAL ROOFING CO.
Date Of Injury: 7/24/03

DOS	SERVICE	DESCRIPTION	AMOUNT
11/25/03	MRI	REF BY DR GOFNUNG: LT KNEE*	150.00
/12/04	PMT BY CHECK	DOS 11/25/03 # CU-189727	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Market Rate
Year 2004

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

Year 2004

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
11869	10/29/2004	5/17/2005	$ 150.00	$ 150.00	FE35225192	11/19/2004	ESIS
07369	1/22/04 & 2/20/04	9/12/2005	$ 300.00	$ 300.00	10400	9/7/2005	Ralph Pipkin Trucking Inc. (empl)
12793	12/21/2004	2/7/2005	$ 150.00	$ 150.00	1020082	2/2/2005	ACCA
11817	10/14/2004	1/6/2005	$ 150.00	$ 150.00	898B74541681	12/31/2004	The Travelers
05344	11/13/03 & 1/15/04	8/17/2004	$ 270.00	$ 270.00	898B58072824	2/2/2004	The Travelers
07664	3/9/04 & 5/11/04	9/14/2004	$ 270.00	$ 270.00	28274251-5	7/9/2004	Pacific Specialty Risk Services
10870	8/5/04 & 9/9/04	9/20/2005	$ 270.00	$ 270.00	40733690	10/26/2004	Sentry Claims Service
10870	8/5/04 thru 1/19/05	9/20/2005	$ 295.50	$ 295.50	41005073	9/16/2005	Sentry Claims Service
08720	4/21/04 & 5/4/04	8/3/2004	$ 270.00	$ 270.00	898B66878613	7/28/2004	The Travelers
11715	10/6/04 & 11/15/04	11/2/2005	$ 300.00	$ 300.00	0001492610	10/31/2005	Universal Underwriters Group
09442	6/3/2004	5/27/2005	$ 150.00	$ 150.00	DA51234081	5/6/2005	ACE USA
09442	7/2/2004	5/27/2005	$ 120.00	$ 120.00	DA51234083	5/6/2005	ACE USA
11738	10/27/04 & 11/24/04	6/14/2005	$ 270.00	$ 270.00	121616	12/16/2004	ICW
03082	1/30/2004	8/3/2005	$ 150.00	$ 150.00	5030035520	3/9/2004	Employers Insurance Group
04346	9/30/03 thru 10/28/05	1/12/2006	$ 1,576.20	$ 1,576.20	6140546344	12/1/2005	Kemper
08035	3/2/04 thru 3/27/06	4/4/2006	$ 209.13	$ 209.13	898B96728247	3/31/2006	The Travelers
03944	8/26/03 thru 12/30/04	3/25/2005	$ 865.50	$ 865.50	48927906	3/21/2005	Fireman's Fund Insurance Company
08674	4/24/04 thru 9/24/04	4/26/2005	$ 415.50	$ 415.50	8801679596	4/22/2005	Farmers Insurance
09222	5/12/04 thru 11/24/04	1/13/2005	$ 390.00	$ 390.00	2820850326	1/7/2005	Crum & Forster
05197	10/7/03 thru 5/20/04	6/29/2005	$ 1,480.00	$ 1,480.00	6140286176	6/15/2004	Kemper
10001	7/21/04 & 8/20/04	2/25/2005	$ 270.00	$ 270.00	102774415	11/3/2004	CNA
10001	9/22/04 & 10/29/04	2/25/2005	$ 270.00	$ 270.00	102957565	2/22/2005	CNA

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
09899	5/26/04 thru 7/27/04	5/16/2005	$ 360.00	$ 360.00	2139471	5/11/2005	California Ins. Guarantee Assoc.
09834	6/30/04 thru 8/30/04	12/2/2005	$ 655.50	$ 655.50	8801724382	11/29/2005	Farmers Insurance
11458	9/29/04 thru 11/24/04	2/15/2005	$ 690.00	$ 690.00	70223083	2/7/2005	Royal & Sunalliance
04399	11/20/2003	9/27/2005	$ 120.00	$ 120.00	0004690242	6/3/2004	Gab Business Services
04399	9/24/03 thru 6/9/04	9/27/2005	$ 240.00	$ 240.00	0004837732	8/20/2004	Gab Business Services
12696	12/10/2004	1/18/2005	$ 120.00	$ 120.00	0041028809	1/12/2005	Gallagher Bassett
11397	9/29/04 thru 11/24/04	5/16/2005	$ 390.00	$ 390.00	0224240301	1/4/2005	St Paul Travelers
07357	2/24/2004	4/19/2004	$ 150.00	$ 150.00	0036349234	4/13/2004	Gallagher Bassett
12774	12/21/2004	1/31/2005	$ 150.00	$ 150.00	1080556756	1/28/2005	Zurich American Ins. Co.
07725	4/30/2004	12/14/2004	$ 175.50	$ 175.50	0040373069	12/3/2004	Gallagher Bassett
12769	12/21/2004	11/29/2005	$ 175.50	$ 175.50	WC394738	11/25/2005	Springfield Ins.
12515	12/8/2004	4/20/2006	$ 150.00	$ 150.00	36043281	5/25/2005	AIG Claim Services
12474	12/7/2004	2/28/2006	$ 193.63	$ 193.63	65519163-3	2/21/2006	The Hartford
12875	12/27/2004	3/16/2005	$ 150.00	$ 150.00	58613	3/11/2005	MTA Risk Management
06467	1/13/2004	8/17/2004	$ 150.00	$ 150.00	1203019	8/12/2004	Federated Corporate Services
06936	1/26/2004	5/27/2005	$ 150.00	$ 150.00	10647991	5/23/2005	Liberty Mutual
11622	10/8/2004	2/28/2006	$ 196.41	$ 196.41	6140569371	2/24/2006	Kemper
08307	3/29/2004	2/6/2006	$ 203.41	$ 203.41	36697069	2/1/2006	AIG Claim Services
08743	4/1/2004	6/14/2004	$ 150.00	$ 150.00	8621409501	6/9/2004	Crum & Forster
08226	3/30/2004	5/28/2004	$ 150.00	$ 150.00	5070088027	5/24/2004	Employers Insurance Group
06829	1/16/2004	2/27/2006	$ 150.00	$ 150.00	41131119	2/27/2006	Sentry Claims Service
07374	2/12/2004	12/7/2004	$ 150.00	$ 150.00	1080537932	12/2/2004	Zurich American Ins. Co.
12572	12/14/2004	3/13/2006	$ 193.29	$ 193.29	36784327	3/8/2006	AIG Claim Services
11331	9/21/2004	11/22/2005	$ 192.44	$ 192.44	0000077147	11/16/2005	Crum & Forster
12491	12/7/04 & 12/24/04	5/23/2005	$ 300.00	$ 300.00	0005268655	4/21/2005	Gab Business Services

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
12496	12/8/2004	1/31/2005	$ 150.00	$ 150.00	0000486201	1/28/2005	Sedgwick Claims Mgmt. Svcs.
09472	6/16/2004	7/6/2005	$ 150.00	$ 150.00	32252383-2	6/29/2005	Specialty Risk Services
12341	11/30/2004	9/9/2005	$ 150.00	$ 150.00	0190009478	9/7/2005	Clarendon National Ins. Co.
04288	8/14/04 thru 4/1/04	7/27/2005	$ 300.00	$ 300.00	103167295	7/20/2005	CNA
08925	5/3/04 & 5/17/04	8/19/2005	$ 300.00	$ 300.00	1066276	7/19/2004	Corvel
06613	1/11/2004	5/17/2004	$ 150.00	$ 150.00	34998183	4/9/2004	AIG Claim Services
06613	3/14/2004	5/17/2004	$ 150.00	$ 150.00	35099547	5/14/2004	AIG Claim Services
12221	11/17/2004	8/29/2005	$ 150.00	$ 150.00	0000334708	8/26/2005	Sedgwick Claims Mgmt. Svcs.
09110	5/28/2004	12/28/2004	$ 150.00	$ 150.00	CP-060943	12/22/2004	State Compensation Insurance Fund
07099	2/2/2004	10/6/2006	$ 150.00	$ 150.00	CI-510198	4/5/2004	State Compensation Insurance Fund
12058	11/12/2004 - 11/19/2004	6/6/2007	$ 420.00	$ 420.00	CU-982749	5/30/2007	State Compensation Insurance Fund

*C0FE35225192026310101041119000487 1
ESIS, INC.
PO BOX 5025
FREMONT CA 94537

DATE 11/19/04

CHECK NO. FE35225192

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 01033 FE35225192
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
44746350001 74

DOLLARS
$*********150.00

* NOT NEGOTIABLE *

FOR
10/29/04 THRU 10/29/04 11869

CLAIMANT
P PUAC

DATE OF EVENT
01/06/04

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

PAID

)A10B (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#
05/17/05	11869

Claim # : 44746350001748
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (FLORIDA31082)
W.C. DEPARTMENT
ATTN: CRISTINA OBIS
P.O. BOX # 31082
TAMPA, FL 33631-3082

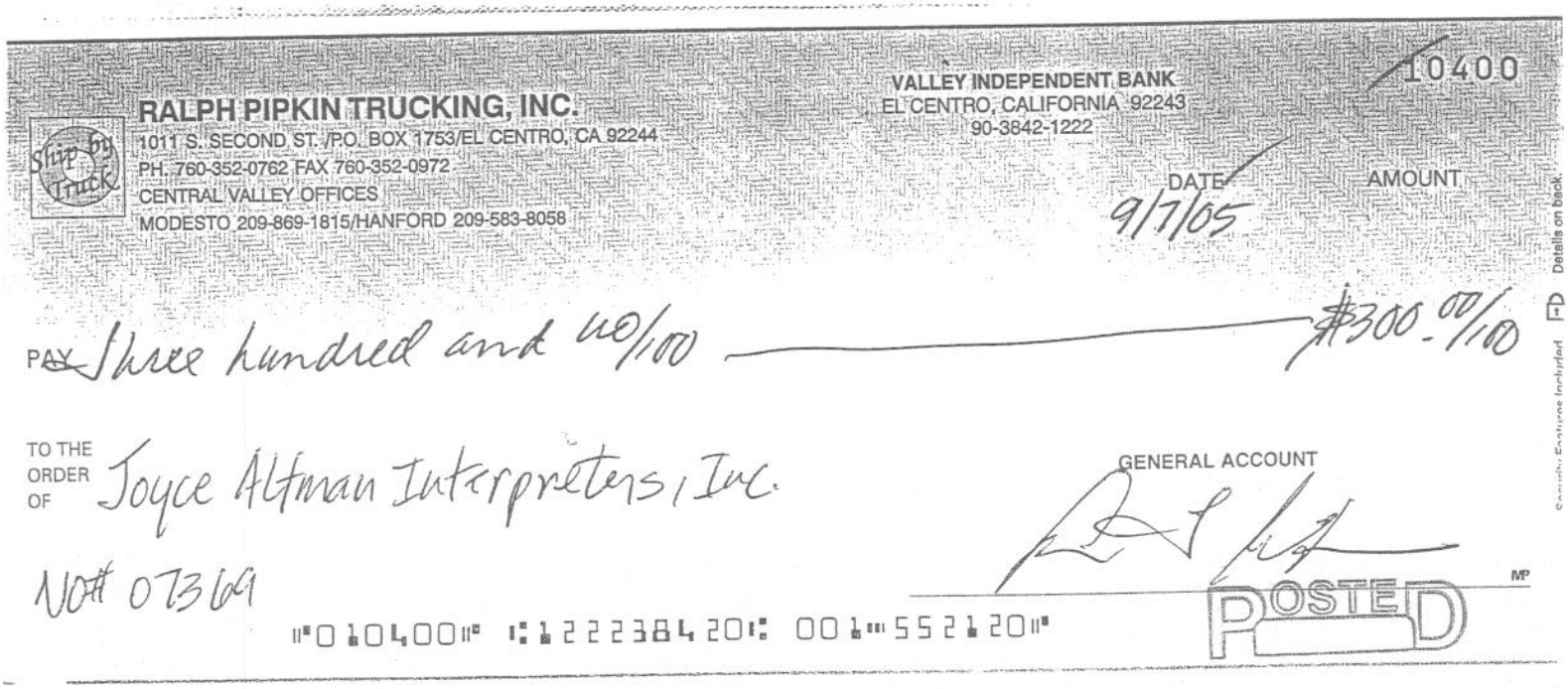
Case: vs AMERICAN BUILDING MAINTENANCE
Date Of Injury: 1/6/04

DOS	SERVICE	DESCRIPTION	AMOUNT
10/29/04	QME EVAL	DR BRODIE *	150.00
11/19/04	PMT BY CHECK	DOS 10/29/04 # FE35225192	-150.00
1/21/05	RE-EVAL	DR BRODIE *	120.00
05/13/05	PMT BY CHECK	DOS 1/21/05 # FE35868364	-120.00

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.



RALPH PIPKIN TRUCKING, INC.
1011 S. SECOND ST. /P.O. BOX 1753/EL CENTRO, CA 92244
PH. 760-352-0762 FAX 760-352-0972
CENTRAL VALLEY OFFICES
MODESTO 209-869-1815/HANFORD 209-583-8058

VALLEY INDEPENDENT BANK
EL CENTRO, CALIFORNIA 92243
90-3842-1222

10400

DATE 9/7/05

AMOUNT

PAY Three hundred and 40/100 —— $300.00/100

TO THE ORDER OF Joyce Altman Interpreters, Inc.

Not 07369

GENERAL ACCOUNT

POSTED

"010400" 1:122238420: 001"552120"

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

*** INVOICE ***

Date	NO#
09/12/05	07369

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

BILL TO:
*RALPH PIPKINS TRUCKING
W.C. DEPARTMENT
ATTN: MANAGER/ OWNER
1011 S. 2nd. STREET
EL CENTRO, CA 92243

Case: vs RALPH PIPKINS TRUCKING
Date Of Injury: 8/28/03

DOS	SERVICE	DESCRIPTION	AMOUNT
02/20/04	INITIAL EXAM	DR HAJJ *	150.00
01/22/04	MRI	REF BY DR MICHEL: LFT ELBOW, WRIST & HAND *	150.00
09/07/05	PMT BY CHECK	DOS 2/20/04 THRU 1/22/04 # 10400	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Payee: Joyce Altman Interpreters Inc **IRS/SSN:** 330956713 **Check Number:** 1020082 **Check Date:** 02/02/2005

Claim Number	Claimant Name	Incident Date	Payment Transaction	From	Through	Invoice Recvd.	Invoice #	Amount
39026708		12/16/2002	Interpreter Fees -	12/21/2004	12/21/2004		12793	150.00

ACCA

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

*** INVOICE ***

Date	NO#
02/07/05	12793

Claim # : 39026708
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ACCA (SAN FRANCISCO)
W.C. DEPARTMENT
ATTN: RYAN GILLES
P.O. BOX # 7027
SAN FRANCISCO, CA 94120-7027

Case: vs ARROW WIRE & CABLE
Date Of Injury: 12/16/02

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/04	QME EVAL	DR GROMIS *	150.00
02/02/05	PMT BY CHECK	DOS 12/21/04 # 1020082	-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 n treatment or med/legal. Reference rules and regulations section 9795.4 and bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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.

002491

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

UE01246

898B 74541681

The Travelers Indemnity Company

DATE: 12/31/04
LOSS DATE: 08/24/04
FILE NUMBER: 152 CB ABU0244 M

EMPLOYEE

ACCOUNT NAME:
MODTECH HOLDINGS INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

QME(CA ONLY)

SERVICE DATE: 10/14/2004

TOTAL PAID: $150.00

TAX INFO: 330956713267685 3Y

PAY MISC: #11817

PAYEE:

JOYCE ALTMAN INTERPRETERS

PAID
CHECK DATE

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

5009434
- DETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
01/06/05	11817

Claim # : 2BU0244M
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MOBTECH HOLDINGS INC.
Date Of Injury: 8/24/04

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/04	INITIAL EXAM	DR CHIRE *	150.00
12/31/04	PMT BY CHECK	DOS 10/14/04 # 898B 74541681	-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.

001112

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

UB01112

898B 58072824

The Travelers Indemnity Company

DATE: 02/02/04

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

LOSS DATE: 07/01/03
FILE NUMBER: 152 CB ALU3625 A

EMPLOYEE

ACCOUNT NAME:
IMPRESS USA INC

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 11/13/2003 TO: 01/15/2004

TOTAL PAID: $270.00

TAX INFO: 3309567132676853Y

PAY MISC: INVOICE 05344 INTERPRETING FE

PAYEE:

JOYCE ALTMAN INTERPRETERS

PAID

OR ADDITIONAL INFORMATION, CONTACT: MELISSA R TAYLOR AT (909)612-3007

)4116
)ETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
08/17/04	05344

Claim # : ALU 3625
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CYPRESS USA
Date Of Injury: 7/28/03

DOS	SERVICE	DESCRIPTION	AMOUNT
11/13/03	INITIAL EXAM	DR GALLONI *	150.00
01/15/04	RE-EVAL	DR GALLONI *	120.00
2/02/04	PMT BY CHECK	DOS 11/13/03 & 1/15/04 # 898B58072824	-270.00
02/20/04	MRI	REF BY DR GALLONI: RT SHLDR, RT ELBOW, LOWER BACK *	150.00
03/04/04	RE-EVAL	DR GALLONI *	120.00
04/02/04	PMT BY CHECK	DOS 2/20/04 & 3/4/04 # 898B61100694	-270.00
04/22/04	RE-EVAL	DR GALLONI *	120.00
05/20/04	RE-EVAL	DR GALLONI *	120.00
05/28/04	INITIAL EXAM	DR MILLER *	150.00
06/22/04	PMT BY CHECK	DOS 4/22/04 & 5/20/04 # 898B65137284	-240.00
06/22/04	PMT BY CHECK	DOS 5/28/04 # 898B65137284	-150.00
07/15/04	RE-EVAL	DR GALLONI *	120.00
08/09/04	PMT BY CHECK	DOS 11/13/03 THRU 7/15/04 # 898B67502124	-120.00

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.

PACIFIC SPECIALTY RISK SERVICES
P. O. BOX 8116
PLEASANTON, CA 94588

HIGCSR

925-225-8400

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

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
EDMUND MANAPUL
925-225-8460

PAID

Payee Name:	JOYCE ALTMAN INTERPRETERS
Claim Number:	YCN C 08986
Issue Date:	07/09/2004
Payment Narrative:	MISC MEDICAL 03/09/04-05/11/04
Check Amount:	$ 270.00
Check Number:	28274251-5

Invoice Number: 07664
Batch Number: 8289

028312572

HAR-100-1

FOLD AT DOTTED LINE AND DETACH

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

*** INVOICE ***

Date	NO#
09/14/04	07664

Claim # : YCN 08986C
W.C.A.B.: LAO 0803990
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (PLEASANT)
W.C. DEPARTMENT
ATTN: ED MANTAL
P.O. BOX # 8116
PLEASANTON, CA 94588

Case: vs ONE SOURCE
Date Of Injury: 7/12/01

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/04	INITIAL EXAM	DR DORSEY *	150.00
05/11/04	RE-EVAL	DR DORSEY *	120.00
07/09/04	PMT BY CHECK	DOS 3/9/04 THRU 5/11/04 # 28274251-5	-270.00
07/20/04	RE-EVAL	DR DORSEY *	120.00
09/10/04	PMT BY CHECK	DOS 07/20/04 # 28682668-0	-120.00

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 bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ceived in 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.

SENTRY CLAIMS SERVICE
PO BOX 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 40733690

10/26/04

1 1 1.460 04299 BCIM.F2T70SEN

REFERENCE NO. 022079570
EMPLOYEE/PATIENT:

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

CL NO. 51C421433

NOT NEGOTIABLE
$******270.00

THIS PAYMENT COVERS--ACCT #10870 02 VISITS FROM 080504 THRU 090904

20-656B

Detach Here

SENTRY CLAIMS SERVICE
PO BOX 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 41005073

9/16/05

1 1 075 05258

REFERENCE NO. 023196738
EMPLOYEE/PATIENT:

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

POSTED

CL NO. 51C421433

NOT NEGOTIABLE

$******295.50

THIS PAYMENT COVERS--ACCT #10870 06 VISITS FROM 080504 THRU 011905

20-656B

Detach Here

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

*** INVOICE ***

Date	NO#
09/20/05	10870

Claim # : 51C421433-536
W.C.A.B.: LBO 0361205
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W.C. DEPARTMENT
ATTN: JIM ZWICKER
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: vs MILLENNIUM PRODUCTS INC.
Date Of Injury: 7/19/04

DOS	SERVICE	DESCRIPTION	AMOUNT
08/05/04	INITIAL EXAM	DR DOMARACKI *	150.00
09/09/04	RE-EVAL	DR DOMARACKI *	120.00
10/22/04	RE-EVAL	DR DOMARACKI *	120.00
10/26/04	PMT BY CHECK	DOS 08/05/04 THRU 09/09/04 # 40733690	-270.00
11/19/04	P AND S	DR DOMARACKI *	150.00
01/19/05	PEN & INT	PER LABOR CODE °4622 DOS 11/19/04	25.50
09/16/05	PMT BY CHECK	DOS 10/22/04 THRU 11/19/04 # 41005073	-295.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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001321

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

UB01321

898B 66878613

The Travelers Indemnity Company

DATE: 07/28/04
LOSS DATE: 03/01/04
FILE NUMBER: 152 CB AFC0493 A

EMPLOYEE

ACCOUNT NAME:
C & D AEROSPACE INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 04/21/2004 TO: 05/04/2004

TOTAL PAID: $270.00

TAX INFO: 3309567132676853Y

PAY MISC: 08720

PAYEE:

JOYCE ALTMAN INTERPRETERS

PAID

OR ADDITIONAL INFORMATION, CONTACT: CARMEN MEJIA AT (909)612-3056

04325
DETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
08/03/04	08720

Claim # : AFC0493
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs C & D AEROSPACE
Date Of Injury: 3/04

DOS	SERVICE	DESCRIPTION	AMOUNT
04/21/04	RE-EVAL	DR CARR *	120.00
05/04/04	INITIAL EXAM	DR ATWAL *	150.00
07/28/04	PMT BY CHECK	DOS 4/21/04 & 5/4/04 # 898B66878613	-270.00

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 bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ceived in 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.

UNIVERSAL UNDERWRITERS GROUP

2901 DOUGLAS BLVD.
SUITE 355
ROSEVILLE CA 95661
916 787-3100

NUMBER: 0001492610
DATE ISSUED: 10/31/05
AMOUNT: 300.00

Please Include Claim Number On All Future Correspondence

CLAIM NUMBER: 233-0049857 001 XH
TAX ID:
POLICY NUMBER: WC 8221712
INVOICE NUMBER: 11715
DATE OF LOSS: 08/08/03
PAYMENT SERVICE DATES: 10/06/04-11/15/05
INSURED: GROUP 1 AUTOMOTIVE INC
CLAIMANT:
FILE SUPERVISOR: JACQUELINE FURLINE
PHONE NUMBER: 916 787-3100

NATURE OF PAYMENT: INTERPRETING SERVICE FOR DOS 10/6/04 AND 11/15/04
ATTACHMENT INSTRUCTIONS: HANDLING INSTRUCTIONS OR COPIES OR ATTACHMENTS MAY BE REQUIRED FOR THIS PAYMENT

PAYMENT DESCRIPTION	AMOUNT PAID
WORK COMP MEDICAL	300.00

TOTAL: 300.00

PATENT NO 4,227,720

ISSUED TO:
JOYCE ALTMAN INTERPRITERS, INC.

JOYCE ALTMAN INTERPRITERS, INC.
PO BOX 4165
TUSTIN CA 92781 4165

REQUESTED BY: MARSHA CROPPER

POSTED

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

*** INVOICE ***

Date	NO#
11/02/05	11715

Claim # : 2080112196
W.C.A.B.: LBO 0366464
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MILLER NISSAN
Date Of Injury: 8/8/03

DOS	SERVICE	DESCRIPTION	AMOUNT
10/06/04	INITIAL EXAM	DR WANG *	150.00
11/15/04	MRI	REF BY DR ANDALIB:L/S,LT KNEE *	150.00
10/31/05	PMT BY CHECK	DOS 10/6/04 THRU 11/15/04 # 0001492610	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

*10DA5123408104050010105050600105 23
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 4464
WOODLAND HILLS CA 91365-4464

DATE 05/06/05

CHECK NO. DA51234081

STATEMENT

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A21DA 00 01284 DA51234081
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C5166887

DOLLARS
$*********150.00

* NOT NEGOTIABLE *

FOR
06/03/04 THRU 06/03/04 09442

2 pymts ⇒

CLAIMANT

DATE OF EVENT
01/01/04

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.

DA18B (02/2003)

DETACH THIS PORTION BEFORE CASHING

*I0DA5123408304051010105050600105 24
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 4464
WOODLAND HILLS CA 91365-4464

DATE 05/06/05

CHECK NO. DA51234083

STATEMENT

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A21DA 00 01285 DA51234083
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C5166887

DOLLARS
$*********120.00

* NOT NEGOTIABLE *

FOR
07/02/04 THRU 07/02/04 09442

CLAIMANT

DATE OF EVENT
01/01/04

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.

DA18B (02/2003)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
05/27/05	09442

Claim # : 345C5166887
W.C.A.B.: LBO 0363755
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HAYES LEMMIZ INTERNATIONAL
Date Of Injury: CT 2/02 - 1/04

DOS	SERVICE	DESCRIPTION	AMOUNT
06/03/04	INITIAL EXAM	DR CHAN *	150.00
07/02/04	RE-EVAL	DR CHAN *	120.00
05/06/05	PMT BY CHECK	DOS 6/3/04 # DA51234081	-150.00
5/06/05	PMT BY CHECK	DOS 7/2/04 # DA51234083	-120.00
05/09/05	WCAB LB	MSC	147.00
05/24/05	PMT BY CHECK	DOS 5/9/05 # DA51344412	-147.00

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.

ICW

MAIL TO

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Claim# : 1010-04-00920
DOI : 08-13-04
Invoice# : 11738
From : 10-27-04

Claimant Name:
Trans# : 688453 Oper: ACG EX#: AA
Payee IRS# : 33-0956713
Thru : 11-24-04

02 INTERPRETING-DR. PAYANDEH 270.00

TOTAL PAID: $270.00

PAID
CK NO DATE

Ck # 121616
12/16/04

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

*** INVOICE ***

Date	NO#
06/14/05	11738

Claim # : 101000400920
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BAL SEAL ENGINEERING CO.
Date Of Injury: 8/10/04

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/04	INITIAL EXAM	DR PAYANDEH *	150.00
11/24/04	RE-EVAL	DR PAYANDEH *	120.00
12/16/04	PMT BY CHECK	DOS 10/27/04 THRU 11/24/04 # 121616	-270.00
12/29/04	RE-EVAL	DR PAYANDEH *	120.00
01/10/05	PMT BY CHECK	DOS 12/29/04 # 122997	-120.00
01/26/05	RE-EVAL	DR PAYANDEH *	120.00
02/14/05	PMT BY CHECK	DOS 01/26/05 # 125508	-120.00
02/23/05	RE-EVAL	DR PAYANDEH *	120.00
03/21/05	PMT BY CHECK	DOS 2/23/05 # 127655	-120.00
03/23/05	RE-EVAL	DR PAYANDEH *	120.00
04/06/05	PMT BY CHECK	DOS 3/23/05 # 128914	-120.00
04/27/05	RE-EVAL	DR SCHILLING *	120.00
05/24/05	PMT BY CHECK	DOS 4/27/05 # 132407	-120.00
05/25/05	P AND S	DR PAYANDEH *	150.00
06/13/05	PMT BY CHECK	DOS 5/25/05 # 133739	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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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 INSURANCE GROUP

Employers Elite Insurance Services

P O Box 9152, Oxnard, CA 93031
Workers' Compensation Administrator for
Harbor Specialty Insurance Company

ISSUE DATE	CHECK NO.
03/09/04	5030035520

03/09/04 Claimant: $150.00

ClaimNo: 50300151968 Date of Injury: 06/22/2003

Vendor Invoice: 03082 Billing Date: 02/19/04

IRS Number: 330956713

Payment For:

SvcPeriod: 01/30/04 to 01/30/04 Billed Amt: $150.00

Medical: Medical Other: INTERPRETER SERVICES FOR DR. SHAH

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#
08/03/05	03082

Claim # : 50300151968
W.C.A.B.: LBO 0353961
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FREMONT (OXNARD)
W.C. DEPARTMENT
ATTN: AMY MARQUIS
P.O. BOX # 9152
OXNARD, CA 93031-9152

Case: vs ORIGINAL BODY SHOP
Date Of Injury: 6/20/03

DOS	SERVICE	DESCRIPTION	AMOUNT
07/14/03	INITIAL EXAM	DR HAJJ *	150.00
01/30/04	INITIAL EXAM	DR SHAH *	150.00
02/18/04	PMT BY CHECK	DOS 7/14/03 # 5030034329	-150.00
03/09/04	PMT BY CHECK	DOS 1/30/04 # 5030035520	-150.00
01/26/05	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
01/26/05	C&R READING	@ THE L/O OF DENNIS FUSI	147.00
02/25/05	PMT BY CHECK	DOS 1/26/05 # 5030057710	-294.00
03/14/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
04/13/05	PMT BY CHECK	DOS 3/14/05 # 5030059896	-147.00
07/13/05	WCAB LB	MSC	147.00
07/28/05	PMT BY CHECK	DOS 7/13/05 # 5030063731	-147.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Kemper
Insurance Companies

[redacted]

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:

Claim/Seq #: 792152674
Employer Name: HANSOHL TRADING INC
Patient Ref#: 610-18-5346 Adjustor: JMW

Billing ID #: 888-H-5257218
EOR Date: 12/01/2005
Date of Accident: 09/19/2003
Unique Image ID: 16685983
Page: 1

This Audit was prepared in complicance 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: HANSOHL TRADING INC HANSOHL TRADING INC	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: Lumbermens Mutual P.O. Box 189080 Plantation, FL 33318-9080	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
30/2003	C0103	C0103	MISC SERVICES	1	1	150.00	150.00	112-003
08/2003	C0103	C0103	MISC SERVICES	1	1	150.00	150.00	
22/2003	C0103	C0103	MISC SERVICES	1	1	120.00	120.00	
30/2003	C0103	C0103	MISC SERVICES	1	1	25.50	25.50	
08/2004	C0103	C0103	MISC SERVICES	1	1	25.50	25.50	
14/2004	C0103	C0103	MISC SERVICES	1	1	120.00	120.00	
20/2004	C0103	C0103	MISC SERVICES	1	1	147.00	147.00	
17/2004	C0103	C0103	MISC SERVICES	1	1	120.00	120.00	
20/2004	C0103	C0103	MISC SERVICES	1	1	24.99	24.99	
10/2004	C0103	C0103	MISC SERVICES	1	1	147.00	147.00	
10/2004	C0103	C0103	MISC SERVICES	1	1	24.99	24.99	
02/2004	C0103	C0103	MISC SERVICES	1	1	150.00	150.00	
02/2005	C0103	C0103	MISC SERVICES	1	1	25.50	25.50	
09/2005	C0103	C0103	MISC SERVICES	1	1	147.00	147.00	
09/2005	C0103	C0103	MISC SERVICES	1	1	24.99	24.99	
08/2005	C0103	C0103	MISC SERVICES	1	1	147.00	147.00	

POSTED

(Continued on next page)

OK # 6140546344

Kemper
Insurance Companies

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:

Claim/Seq #: 792152674
Employer Name: HANSOHL TRADING INC
Patient Ref#: 610-18-5346

Adjustor: JMW

Billing ID #: 888-H-5257218
EOR Date: 12/01/2005
Date of Accident: 09/19/2003
Unique Image ID: 16685983
Page: 2

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
10/28/2005	C0103	C0103	MISC SERVICES	1	1	22.05	22.05	
10/28/2005	C0103	C0103	MISC SERVICES	1	1	4.68	4.68	

Total Actual Charges	:	$1,576.20
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$0.00
Contracted % Discount Reduction	:	$0.00
Total Reimbursable Amount	:	$1,576.20

Summary of Codes

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

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

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

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

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

*** INVOICE ***

Date	NO#
01/12/06	04346

Claim # : 792CU152674
W.C.A.B.: LBO 0355512
S.S.N. :
D.O.B. : , ,
Terms : 45 days

BILL TO:
BROADSPIRE INS (LEHIGH,PA)
W.C. DEPARTMENT
ATTN: CATHERINE FELT
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: vs HANSOHL TRADING INC.
Date Of Injury: 9/19/03

DOS	SERVICE	DESCRIPTION	AMOUNT
09/30/03	INITIAL EXAM	DR AMERI *	150.00
2/08/03	INITIAL EXAM	DR KOHEN *	150.00
12/22/03	RE-EVAL	DR AMERI *	120.00
11/30/03	PEN & INT	PER LABOR CODE °4622 DOS 9/30/03	25.50
02/08/04	PEN & INT	PER LABOR CODE °4622 DOS 12/8/03	25.50
05/14/04	RE-EVAL	DR AMERI *	120.00
05/20/04	DEPO PREP	@ THE L/O OF ADELSON, TRESTAN & BRUNDO	147.00
06/17/04	RE-EVAL	DR AMERI *	120.00
07/20/04	PEN & INT	PER LABOR CODE °4622 DOS 5/20/04	24.99
09/10/04	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O of DENNIS FUSI	147.00
11/10/04	PEN & INT	PER LABOR CODE °4622 DOS 9/10/04	24.99
12/02/04	P AND S	DR AMERI *	150.00
02/02/05	PEN & INT	PER LABOR CODE °4622 DOS 12/2/04	25.50
05/09/05	WCAB LB	MSC	147.00
07/09/05	PEN & INT	PER LABOR CODE °4622 DOS 5/9/05	24.99
08/08/05	WCAB LB	TRIAL	147.00
10/28/05	PENALTIES	FOR DATE OF SERVICE 8/8/05	22.05
10/28/05	INTEREST	FOR DATE OF SERVICE 8/8/05	4.68
11/14/05	WCAB LB	TRIAL (FULL DAY)	294.00
12/01/05	PMT BY CHECK	DOS 9/30/03 THRU 8/8/05 # 6140546344	-1576.20
01/10/06	PMT BY CHECK	DOS 11/14/05 # 605-0-708-584	-294.00

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#
01/12/06	04346

Claim # : 792CU152674
W.C.A.B.: LBO 0355512
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (LEHIGH,PA)
W.C. DEPARTMENT
ATTN: CATHERINE FELT
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: vs HANSOHL TRADING INC.
Date Of Injury: 9/19/03

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

002255

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

UF01128

898B 9672o247

The Travelers Indemnity Company

DATE: 03/31/06
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 AIK0394N	03/02/04 - 03/27/06	$ 209.13		INV#08035
	152 CB AIK9349R	03/08/06	$ 180.00		INV#16791
		Total Amount Paid	$*******389.13		

090011144
DETACH CHECK

SUMM -12129
OVRPSUM1-1212

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#
04/04/06	08035

Claim # : AIK0394
W.C.A.B.: LAO 0841328
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs POLLY'S BAKERY CAFE
Date Of Injury: 11/07/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/02/04	INITIAL EXAM	DR SIDHU*	150.00
01/24/06	PENALTIES	FOR DATE OF SERVICE 3/2/04	22.50
3/27/06	INTEREST	FOR DATE OF SERVICE 3/2/04	36.63
03/31/06	PMT BY CHECK	DOS 3/2/04 # 898B 96728247	-209.13

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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FIREMAN'S FUND INSURANCE COMPANY
NOVATO RESOLUTION CLAIMS CTR
777 SAN MARIN DRIVE
MAIL DROP C81
NOVATO CA 94998-3382

Policy No KWC 80823364 Claim No B440C00644455

Insured DECORE ATIVE SPECIALTIES, INC. HCO 082

Payee Name JOYCE ALTMAN INTERPRETERS INC

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

Division Code

Bank Number B1

Invoice Number 03944

Explanation For

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately

Representative Name KELLY J HAWTHORNE Phone No (415)899-3802

From 08/26/03 Thru 12/30/04 IRS# R330956713 Check Distribution M

Processor ID 082F826 Check Amount $865.50

Producer Name DODGE -DECORE ACTIVE Check No 48927906

Producer City WOODLAND HILLS St CA

PAID

Date of Loss 05/22/00

Issue Date 03/21/05

CF60S

Detach And Retain 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#
03/25/05	03944

Claim # : 44000644455
W.C.A.B.: AHM 0109904
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIREMAN'S FUND (NOVATO)
W.C. DEPARTMENT
ATTN: KELLY HAWTHORNE
777 SAN MARIN DRIVE
NOVATO, CA 94998

Case: vs DECORATIVE SPECIALTIES
Date Of Injury: 5/22/00

DOS	SERVICE	DESCRIPTION	AMOUNT
08/26/03	MRI	REFERRED BY DR GUTIERREZ: RT. WRIST, RT. HAND *	150.00
1/08/04	RE-EVAL	DR BROCKEL *	120.00
03/09/04	MRI	REF BY DR GUTIERREZ:RGT SHLDR *	150.00
04/21/04	INITIAL EXAM	@ HEALTH QUEST:WORK HARDENING W A. COWGILL *	150.00
06/08/04	RE-EVAL	DR BROCKEL *	120.00
06/21/04	PEN & INT	PER LABOR CODE °4622 DOS 4/21/04	25.50
12/30/04	QME EVAL	DR GROMIS *	150.00
03/21/05	PMT BY CHECK	DOS 8/26/03 THRU 12/30/04 # 48927906	-865.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CLAIMANT/PATIENT:

INSURED: KOBATA GROWERS, INC.

DATE OF LOSS: 05/13/2000

CLAIM NUMBER: E2 015646

CHECK NUMBER: 8801679596 4/22/05

DESCRIPTION: INTERPRETER

$415.50

FARMERS

USER ID: WE2MT53

CRID: E21593

#08674 4/24-6/24/04

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#
04/26/05	08674

Claim # : E2015646
W.C.A.B.: LBO 0354705
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs KOBATA GROWERS
Date Of Injury: 5/13/00

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/04	INITIAL EXAM	DR BRODIE *	150.00
08/27/04	RE-EVAL	DR BRODIE *	120.00
9/24/04	RE-EVAL	DR BRODIE *	120.00
06/24/04	PEN & INT	PER LABOR CODE °4622	25.50
04/22/05	PMT BY CHECK	DOS 4/24/04 THRU 9/24/04 # 08674	-415.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Please Detach Before Depositing.

Number: **2820850326**

CRUM&FORSTER

Insured: **GOODWILL INDUSTRIES OF ORANGE** Date of Loss: **10/11/02** Policy Number: **406032224**

Issuing Location: **DALLAS WORKERS COMP**

Issuing Date: **01/07/05**

Payee:

JOYCE ALTMAN INTERPRETERS, INC
09222
PO BOX 4165
TUSTIN CA 92781-1460

IRS: **330956713**

Claim Number: **DWC80090878**

Payment Explanation: **09222**

From **05/12/04** To **11/24/04**

FEA/DT	CLAIMANT	AMOUNT
MC		$390.00
	TOTAL	$390.00

Company Number: **7**
Producer:
HEFFERNAN GROUP/GOODWILL IND
1350 CARLBACK
WALNUT CREEK CA 94596

PAID
CHK NO [illegible]

Send To:

JOYCE ALTMAN INTERPRETERS, INC
09222
PO BOX 4165
TUSTIN CA 92781-1460

Processor: **TXCLTAY**

Internal Reference No:

Attachments:

DWC-F-

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

*** INVOICE ***

Date	NO#
01/13/05	09222

Claim # : DWC80090878
W.C.A.B.: LBO 0360531
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRUM & FOSTER (TEXAS)
W.C. DEPARTMENT
ATTN: ELIZABETH NOTTINGHAM
6404 INT'L PKWY, STE # 1000
PLANO, TX 75093

Case: vs GOODWILL
Date Of Injury: 10/11/02

DOS	SERVICE	DESCRIPTION	AMOUNT
05/12/04	INITIAL EXAM	DR CARR *	150.00
06/09/04	RE-EVAL	DR CARR *	120.00
11/24/04	RE-EVAL	DR PAYANDEH*	120.00
01/07/05	PMT BY CHECK	DOS 05/12/04 THRU 11/24/04 # 2820850326	-390.00

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.

Kemper
Insurance Companies

ck# 6140286176

Broadspire

[redacted]

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:

Claim/Seq #: 177026091
Employer Name: JONGSEONG CORP.
Patient Ref#: INTERPRETING

Adjustor: NKS

Billing ID #: 888-H-3433892
EOR Date: 06/15/2004
Date of Accident: 05/15/2003
Unique Image ID: 14384645
Page: 1

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

CLAIMANT:	EMPLOYER:	**JOYCE ALTMAN INTERPRETERS INC**
[redacted] 2918 LEWARD #204 LOS ANGELES, CA 90005-0000	JONGSEONG CORP. JONGSEONG CORP. 2538 W PICO BLVD FL 2 LOS ANGELES, CA 90006-0000	**PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: American Manufacturers P.O. Box 189080 Plantation, FL 33318-9080	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
0/07/2003	C0103	C0103	MISC SERVICES	1	1	150.00	150.00	
1/04/2003	C0103	C0103	MISC SERVICES		1	120.00	120.00	
2/11/2003	C0103	C0103	MISC SERVICES		1	120.00	120.00	
1/08/2004	C0103	C0103	MISC SERVICES		1	120.00	120.00	
1/09/2004	C0103	C0103	MISC SERVICES		1	125.00	125.00	
1/09/2004	C0103	C0103	MISC SERVICES		1	125.00	125.00	
1/12/2004	C0103	C0103	MISC SERVICES		1	150.00	150.00	
1/28/2004	C0103	C0103	MISC SERVICES		1	150.00	150.00	
3/12/2004	C0103	C0103	MISC SERVICES		1	150.00	150.00	
3/01/2004	C0103	C0103	MISC SERVICES		1	150.00	150.00	
5/20/2004	C0103	C0103	MISC SERVICES		1	120.00	120.00	

Total Actual Charges	:	$1,480.00
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$0.00
Contracted % Discount Reduction	:	$0.00
Total Reimbursable Amount	:	$1,480.00

(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#
06/29/05	05197

Claim # : 1770026091
W.C.A.B.: LBO 0355790
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (LEHIGH,PA)
W.C. DEPARTMENT
ATTN: NATE SMITH
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: vs JONG SEONG CORPORATION
Date Of Injury: CT 5/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT
10/07/03	INITIAL EXAM	DR ANDALIB*	150.00
11/04/03	RE-EVAL	DR ANDALIB*	120.00
12/11/03	RE-EVAL	DR ANDALIB*	120.00
1/08/04	RE-EVAL	DR ANDALIB*	120.00
01/09/04	EMG TESTING	REF BY DR ANDALIB*	125.00
01/09/04	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
01/12/04	MRI	REF BY DR ANDALIB: L/SP, LEFT KNEE*	150.00
01/28/04	INITIAL EXAM	@ PAIN MANAGEMENT CTR F.C.T*	150.00
03/12/04	MRI	REF BY DR ANDALIB: C/SP*	150.00
03/01/04	INITIAL EXAM	DR LIPEL*	150.00
05/20/04	RE-EVAL	DR ANDALIB*	120.00
05/21/04	DIAGN STUDY	DR MARSHAK: BONE SCAN*	150.00
06/15/04	PMT BY CHECK	DOS 10/7/03 THRU 5/20/04 # 6140286176	-1480.00
06/24/04	RE-EVAL	DR ANDALIB*	120.00
07/08/04	RE-EVAL	DR ANDALIB*	120.00
07/14/04	INITIAL EXAM	DR KVITNE*	150.00
08/04/04	PMT BY CHECK	DOS 10/7/03 THRU 7/14/04 # 6050459842	-540.00
06/13/05	WCAB LB	MSC	147.00
06/23/05	PMT BY CHECK	DOS 6/13/05 # 605-0-635-357	-147.00

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#
06/29/05	05197

Claim # : 1770026091
W.C.A.B.: LBO 0355790
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (LEHIGH,PA)
W.C. DEPARTMENT
ATTN: NATE SMITH
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: vs JONG SEONG CORPORATION
Date Of Injury: CT 5/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

0000020200832008102774415000000001984

CNA
PO BOX 6500
BREA CA 92822

CNA

JOYCE ALTMAN INTERPRETERS

PO BOX 4165
TUSTIN CA 92781-4165

#10274415

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

Claim Number *
2C 832008A

Insured/Client	Claimant	ATT
JACK IN THE BOX INC.		11/03/0

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
06/11/04		07/21/04-08/20/04	MED	26	TR		$270.0
							$270.0

PAID

Reason
INV 10001 DR SIDHU

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

CNA
PO BOX 6500
BREA CA 92822

CNA

JOYCE ALTMAN INTERPRETERS

PO BOX 4165
TUSTIN CA 92781-4165

Clt#102957565

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

Claim Number *
2C 832008A2

Insured/Clent	Claimant	ATT
JACK IN THE BOX INC.		02/22/05

Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
06/11/04		09/22/04-10/29/04	MED	26	TR		$270.00
							$270.00

PAID

Reason
INV 10001 DR SIDHU

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

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

*** INVOICE ***

Date	NO#
02/25/05	10001

Claim # : 2C832008
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (BREA6500)
W.C. DEPARTMENT
ATTN: DAPHNE HOPKINS
P.O. BOX # 6500
BREA, CA 92822-6500

Case: vs JACK IN THE BOX
Date Of Injury: 6/11/04

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/04	INITIAL EXAM	DR SIDHU *	150.00
08/20/04	RE-EVAL	DR SIDHU *	120.00
09/22/04	RE-EVAL	DR SIDHU *	120.00
1/03/04	PMT BY CHECK	DOS 07/21/04 THRU 08/20/04 # 102774415	-270.00
10/29/04	P AND S	DR SIDHU*	150.00
02/22/05	PMT BY CHECK	DOS 09/22/04 THRU 10/29/04 # 102957565	-270.00

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.

2139471

ALIFORNIA INSURANCE GUARANTEE ASSOCIATION

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

16-66/1220

INSURED	CLAIM NUMBER
MERRICK ENGINEERING, INC.	20600293621
CLAIMANT	POLICY NUMBER
0001	JY5319371-3 00
INSOLVENT COMPANY	DATE ISSUED
Fremont Indemnity Company	05/11/2005

CHECK TYPE	DATE OF LOSS	IN PAYMENT OF	IRS NO
CLAIM	10/25/2000	09899	33-0956713

PAY THE SUM OF Three Hundred Sixty and 00/100 Dollars********** ********** ********** ********** ********** ********** ********** ********** ********** ********** ********** **********

AMOUNT
$360.00

PAY TO THE ORDER OF
JOYCE ALTMAN INTERPRETERS, INC

PAID

NON-NEGOTIABLE
COPY ONLY

ALIFORNIA INSURANCE GUARANTEE ASSOCIATION P.O BOX 29066 GLENDALE, CA 91209 2139471

DESCRIPTION	INVOICE	IGA	GL CODE	BILLING FROM	BILLING TO	DATE ISSUED	AMOUNT
laim No 20600293621: 09899	09899	113	-4112-00-	05/26/2004	07/27/2004	05/11/2005	$360.00

TOTAL> $360.00

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

Entity: REMOTE TPA CAMBRIDGE
Location: SAN DIEGO
Examiner: brittaim

VAX807.CDR

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713 CERT# 300624

*** INVOICE ***

Date	NO#
05/16/05	09899

Claim # : 2060029361
W.C.A.B.: ANA 0349203
S.S.N. :
D.O.B. :
Terms : 60 days

BILL TO:
CAMBRIDGE INTEGRATED SVCS
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 25099
SANTA ANA, CA 92799

PAID

Case: ' vs MERRICK ENGINEERING
Date Of Injury: 10/25/00

DOS	SERVICE	DESCRIPTION	AMOUNT
05/26/04	RE-EVAL	DR VAZQUEZ *	120.00
06/21/04	RE-EVAL	DR VAZQUEZ *	120.00
07/27/04	RE-EVAL	DR VAZQUEZ *	120.00
05/11/05	PMT BY CHECK	DOS 5/26/04 THRU 7/27/04 # 2139471	-360.00

BALANCE 0.00

*** THIS IS AN INTERPRETING BILL ***

FARMERS

CLAIMANT/PATIENT:

INSURED: THE TANG GROUP, INC.

DATE OF LOSS: 06/21/2004

CLAIM NUMBER: E1 025119

CHECK NUMBER: 8801724382 11/29/05

DESCRIPTION: INTERPRETER $655.50

USER ID: WE2MT66

CRID: E22070

6/30/04 - 8/30/04

IW# 09834

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

*** INVOICE ***

Date	NO#
12/02/05	09834

Claim # : E1025119
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS. (SANTA ANA)
W.C. DEPARTMENT
ATTN: BETTY LUIS
P.O. BOX # 928
SANTA ANA, CA 92702-0928

Case: vs THANH RESTAURANT
Date Of Injury: 6/21/04

DOS	SERVICE	DESCRIPTION	AMOUNT
06/30/04	INITIAL EXAM	DR CARR *	150.00
06/30/04	MEDS	INSTRUCTION ON MEDICATIONS *	120.00
7/07/04	RE-EVAL	DR CARR *	120.00
08/04/04	RE-EVAL	DR CARR *	120.00
09/01/04	RE-EVAL	DR CARR *	120.00
08/30/04	PEN & INT	PER LABOR CODE °4622 DOS 6/30/04	25.50
11/29/05	PMT BY CHECK	DOS 6/30/04 THRU 9/1/04 # 8801724382	-655.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ck# 70223083 2/7/05

The attached payment is for the following claim(s):

CLAIM NUMBER	ACC/SAIL DATE	INSURED/CLAIMANT/CONVEYANCE	AMOUNT
290066427800	10/20/03		$690.00

ROYAL & SUNALLIANCE

DOS 9/29/ - 11/24/04

ROYAL & SUNALLIANCE
P.O. BOX 6506
ENGLEWOOD CO 80122

ATTN: RAGN BUCHANAN 303-771-1970
PLEASE REFER TO THE CLAIM NUMBER SHOWN ABOVE ON ALL CORRESPONDENCE OR INQUIRIES

PAID

01731

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

01731

73582E

(DETACH LOWER PORTION 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 CERT# 300624

*** INVOICE ***

Date	NO#
02/15/05	11458

Claim # : 2900664278; 7840026389
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 60 days

BILL TO:
ROYAL & SUN ALLIANCE
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 6506
INGLEWOOD, CA 80155

Case: vs TRIUMPH GROUP INC.
Date Of Injury: 10/03; 10/23/02

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/04	INITIAL EXAM	DR ANDALIB *	150.00
10/06/04	MRI	REF BY DR ANDALIB: C/S, L/S, LT SHOULDER*	150.00
10/20/04	RE-EVAL	DR ANDALIB *	120.00
11/03/04	RE-EVAL	DR ANDALIB *	120.00
11/24/04	P AND S	DR ANDALIB *	150.00
02/07/05	PMT BY CHECK	DOS 09/29/04 THRU 11/24/04 # 70223083	-690.00

BALANCE 0.00

*** THIS IS AN INTERPRETING BILL ***

GAB BUSINESS SERVICES, INC.
P.O. BOX 269037
SACRAMENTO CA 95827-9037

PHONE: (916)853-6600
FAX: (916)853-8222

0003203 01 MB **AUTO T6 0 6461 92781

DATE: 08/20/04

REQUISITION NO. 223713

PG 1 OF 1

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

VENDOR JOYCE ALTMAN INTERPRETERS INC. FEDERAL ID 33-0956713

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN: 624-10-7076
OCCURRENCE DATE 01/31/03
SERVICE FROM: 09/24/03
THRU: 06/09/04
EMPLOYER: FULL TIME SOLUTIONS, INC.

ACCOUNT:
GAB FILE NO.: 4863849047

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
06/09/04	04399	MD	240.00	.00	.00	240.00	

CHECK NO. 0004837732 NET CHECK TOTAL 240.00

GAB BUSINESS SERVICES, INC.
P.O. BOX 269037
SACRAMENTO CA 95827-9037

PHONE: (916)853-6600
FAX: (916)853-8222

0003911 01 MB **AUTO H1 1 6473 92781

DATE: 09/08/04

REQUISITION NO. 224169

PG 1 OF 1

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

VENDOR JOYCE ALTMAN INTERPRETERS INC. FEDERAL ID 33-0956713

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN: 624-10-7076
OCCURRENCE DATE 01/31/03
SERVICE FROM: 08/04/04
THRU: 08/04/04
EMPLOYER: FULL TIME SOLUTIONS, INC.

ACCOUNT:
GAB FILE NO.: 4863849047

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
08/04/04	04399	MD	120.00	.00	.00	120.00	

PAID

CHECK NO. 0004870389 NET CHECK TOTAL 120.00

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

*** INVOICE ***
Date NO#
09/27/05 04399

Claim # : 48638-49047
W.C.A.B.: LBO 0351655
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (SACRAMENTO)
W.C. DEPARTMENT
ATTN: LUSTER GREEN
P.O. BOX # 269037
SACRAMENTO, CA 95827-9037

Case: J vs FULL TIME SOLUTIONS
Date Of Injury: 1/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT
09/24/03	INJECTION	DR FADLEY- EPIDURAL *	150.00
09/18/03	INITIAL EXAM	DR FADLEY *	150.00
08/19/03	INITIAL EXAM	DR KATTAR *	150.00
0/08/03	INJECTION	DR FADLEY-CERVICAL EPIDURAL*	150.00
1/20/03	RE-EVAL	DR FADLEY *	120.00
12/15/03	PMT BY CHECK	DOS 09/24/03 TO 10/08/03 # 0004357474	-600.00
05/06/04	RE-EVAL	DR KATTAR *	120.00
06/03/04	PMT BY CHECK	DOS 11/20/03 # 0004690242	-120.00
06/09/04	RE-EVAL	DR KATTAR *	120.00
08/04/04	RE-EVAL	DR KATTAR *	120.00
08/20/04	PMT BY CHECK	DOS 09/24/03 THRU 06/09/04 # 0004837732	-240.00
09/08/04	PMT BY CHECK	DOS 08/04/04 # 0004870389	-120.00
10/27/04	RE-EVAL	DR KATTAR *	120.00
11/18/04	PMT BY CHECK	DOS 10/27/04 # 0005001480	-120.00
11/24/04	RE-EVAL	DR HOSSAIN *	120.00
01/12/05	RE-EVAL	DR KATTAR *	120.00
03/19/05	RE-EVAL	DR HOSSAIN *	120.00
04/30/05	FOLLOW-UP	DR HOSSAIN *	120.00
06/28/05	CT SCAN	REF BY DR NAGELBERG: C/S *	125.00
06/28/05	MRI	REF BY DR NAGELBERG: RT ELBOW *	125.00
09/21/05	PMT BY CHECK	DOS 11/24/04 THRU 6/28/05 # 0005558453	-730.00

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

*** INVOICE ***

Date	NO#
09/27/05	04399

Claim # : 48638-49047
W.C.A.B.: LBO 0351655
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GAB ROBBINS (SACRAMENTO)
W.C. DEPARTMENT
ATTN: LUSTER GREEN
P.O. BOX # 269037
SACRAMENTO, CA 95827-9037

Case: vs FULL TIME SOLUTIONS
Date Of Injury: 1/15/03

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

00003011 642901 A 1 0010 01 01204010-0001 02992 A

GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92653

642901 A 1 0010 01 01204010-0001 02992 A

008057 PAGE 1 OF 1 001534

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

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 949-458-0181
GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92653

GALLAGHER BASSERR SERVICES INC
FOR CONTINENTAL AIRLINES INC

CLAIM NO: 001534 072117 WC 01 (50750000) BRANCH NO.: 174 NO. 0041028809

CLAIMANT: ACC. DATE: 16May02 VN. 0001478664

DESCRIPTION: DCN 2005006F3197083 DOS:12/10/04 TO 12/10/04

DATE 12Jan05

######120.00

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#
01/18/05	12696

Claim # : 001534-07211-7W
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CONT'L AIRLINES CHELSEA FOOD
Date Of Injury: 5/16/02

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/04	RE-EVAL	DR GROMIS*	120.00
01/12/05	PMT BY CHECK	DOS 12/10/04 # 0041028809	-120.00

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.

CORPORATE HEADQUARTE
385 WASHINGTON ST.
ST. PAUL MN 55102

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

JOYCE ALTMAN INTERPRETERS, INC.
INVOICE # 11397
INVOICE DATE: 12/01/04
DOS: 9/29/04, 10/027/04, 11/24/04
$390.00

GP

0224240301

1/4/05

Claim Number:
WVA6403115-22H026

Carrier:
ST. PAUL FIRE AND MARINE INSURANCE COMPANY

Coverage:
WORKER COMP MEDICAL

Cause:
MISC CAUSES

Date of Loss:
03/31/04

Questions, please call:
VALERIE NORMINTON
(714) 620-0841

Check Amount;
$********390.00

PAID
CEN

ST PAUL TRAVELERS

8140 Rev. 11-2004 Printed in U.S.A.

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

*** INVOICE ***
Date NO#
05/16/05 11397

Claim # : WVA640311522H026
W.C.A.B.: AHM 0121881
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (ORANGE)
W.C. DEPARTMENT
ATTN: VAL NORMINTON
P.O. BOX # 14246
ORANGE, CA 92863

Case: vs B. BRAUN MEDICAL INC.
Date Of Injury: CT 8/2/04

DOS	SERVICE	DESCRIPTION	AMOUNT
09/29/04	INITIAL EXAM	DR CARR *	150.00
10/27/04	RE-EVAL	DR PAYANDEH*	120.00
11/24/04	RE-EVAL	DR PAYANDEH*	120.00
12/22/04	RE-EVAL	DR PAYANDEH*	120.00
01/04/05	PMT BY CHECK	DOS 09/29/04 THRU 11/24/04 # 0224240301	-390.00
01/14/05	PMT BY CHECK	DOS 12/22/04 # 0048190761	-120.00
01/19/05	RE-EVAL	DR PAYANDEH *	120.00
02/16/05	RE-EVAL	DR PAYANDEH *	120.00
02/23/05	PMT BY CHECK	DOS 01/19/05 # 0048194628	-120.00
03/30/05	P AND S	DR SCHILLING*	150.00
04/13/05	PMT BY CHECK	DOS 2/16/05 # 0224262069	-120.00
05/12/05	PMT BY CHECK	DOS 3/30/05 # 0224268642	-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 n treatment or med/legal. Reference rules and regulations section 9795.4 and bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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.

00003604 624200 A 1 0010 01 01204010-0001 03594 A

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

624200 A 1 0010 01 01204010-0001 03594 A

022020 PAGE 1 OF 1 011932

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

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

PAID

CLAIM NO: 011932 001745 WC 01 (501)

CLAIMANT:

DESCRIPTION: DCN 2004091F2121016

BRANCH NO.: 164

ACC. DATE: 13May02

DOS:02/24/04 TO 02/24/04

NO. 0036349234

VN. 0000069845

DATE 13Apr04

######150.00

25363535

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

*** INVOICE ***

Date	NO#
04/19/04	07357

Claim # : 011932-001745-WC01
W.C.A.B.: LBO 0343543
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs G.I. TRUCKING
Date Of Injury: 5/13/02

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/04	P AND S	DR AMERI *	150.00
04/13/04	PMT BY CHECK	DOS 2/24/04 # 0036349234	-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.

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

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781 4165

00473

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
262-0195367 001 LL	WC 9307790	12774		03/06/04	12/21/04-12/21/04

Check Number	1080556756	Date Issued	01/28/05	Amount	$****150.00
Insured	Saputo Cheese USA, Inc				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETERS				
Requested By	Linda Lugo				
File Supervisor	Lea Libang	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	150.00		

TOTAL $150.00

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#
01/31/05	12774

Claim # : 2620195367
W.C.A.B.: AHM 0117407
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SAPUTO CHEESE USA
Date Of Injury: 3/6/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/04	P AND S	DR GROMIS *	150.00
01/28/05	PMT BY CHECK	DOS 12/21/04 # 1080556756	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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00000795 639909 B 2 0010 01 01504010-0001 00003 A

GALLAGHER BASSETT-LA/ALISO VIE
P.O. BOX 30840
LAGUNA HILLS CA 92653

639909 B 2 0010 01 01504010-0001 00003 A

000929 PAGE 1 OF 1 001560

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 60103

GALLAGHER BASSETT
EXPLANATION OF BENEFITS

PAGE 1 OF 1

CASE: 00TU C881 339860-E1
FILE: 00000000000520
ID#: 33-0956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 60103

BILL REVIEWER:
DIAGNOSIS:
DATE OF SERVICE: 03-15-04 TO 06-30-04
DATE OF INJURY: 07-09-03
BILL DATE: 11-22-04
PATIENT ACCOUNT #:
SSN:
PATIENT:
SANTA ANA CA 92701

DCN #: 2004322F3527037

CLIENT: GALLAGHER BASSETT MANAGED CARE
GALLACA92656
EMPLOYER: 001560 QUANTA SERVICES, INC.
CLAIM: 005915WC01
ADJUSTER: AQUINO
BRANCH #: 174
DATE: 12-03-04 X# 00403730G9
ICN #: TUCB8110275572

DATE OF SERVICE	PROCEDURE	TYPE OF SERVICE	CHARGES	REDUCTION	RECOMMENDED ALLOWANCE	MSG
03-15-04	99929		150.00	150.00	0.00	*01726
04-30-04	99929		150.00	0.00	150.00	*03336
06-30-04	99929		25.50	0.00	25.50	*03336

PAID
CK NO DATE

TOTAL CHARGES	325.50		
BILL REVIEW REDUCTIONS		150.00	
RECOMMENDED ALLOWANCE			175.50

*01726 THE SUBMITTED CHARGES ARE DUPLICATES OF PREVIOUSLY SUBMITTED BILLS IN THE AMOUNT OF $
*03336 FHN CONTRACT STATUS INDICATOR 02 - NON-CONTRACTED PROVIDER

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9780 THROUGH 9795 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKERS' COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR CODE OR RULES OF PRACTICE AND PROCEDURE.
Unless otherwise noted, charges were reduced for exceeding the guidelines of the Official Medical Fee Schedule of the State of California.

FOR INQUIRIES CALL GENEX SERVICES, INC. AT (714)978-2005 OR SEND THE BILL AND THE ANALYSIS TO:
245 WEST ORANGEWOOD, SUITE 212, ORANGE, CA 92868

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

*** INVOICE ***

Date	NO#
12/14/04	07725

Claim # : 001560-005915WC01
W.C.A.B.: AHM 0110101
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: . vs WESTCOAST COMMUNICATIONS
Date Of Injury: 7/19/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/04	INJECTION	DR SHAH- CERVICAL EPIDURAL*	150.00
04/23/04	PMT BY CHECK	DOS 3/15/04 # 0036529141	-150.00
04/30/04	P AND S	DR MILLER*	150.00
06/30/04	PEN & INT	PER LABOR CODE °4622	25.50
12/03/04	PMT BY CHECK	DOS 04/30/04 THRU 06/30/04 # 0040373069	-175.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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4100-04-0170

nvoice# : 12769
rom : 12-21-04 Thru: 02-21-05

1 MISCELLANEOUS EXPENSE 175.50

TOTAL PAID: $175.50

OI : 01-20-04
OC# :
RANS# : 891532

0394738*18

Springfield Ins
11-25-05
Ck# WC 394738

POSTED

P#: 07

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

*** INVOICE ***

Date	NO#
11/29/05	12769

Claim # : 41000 40170
W.C.A.B.: LAO 0843774
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPRINGFIELD INS CO (COVINA)
W.C. DEPARTMENT
ATTN: JESSIE LIGHTHOLDES
P.O. BOX # 3029
COVINA, CA 91722

Case: vs SUPER A FOODS
Date Of Injury: CT 2002 - 1/20/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/21/04	P AND S	DR GROMIS *	150.00
02/21/05	PEN & INT	PER LABOR CODE °4622	25.50
1/25/05	PMT BY CHECK	DOS 12/21/04 # WC394738	-175.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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AIG004

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334
ADDRESS SERVICE REQUESTED

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 36043281
RFP No.: 00898091
05/25/2005

Insured: GEVITY/M AND M FOODS, INC
Claimant:

Claim Office: 124

Producer:
ACT: 12515 120804-120804

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003953531	00132734	01	06/08/2004	MED	O	$150.00	$4,221.31

PAID

Use file # 124-00132734 **on all correspondence, for prompt processing.**
For check information call: 925-901-2200

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

*** INVOICE ***
Date NO#
04/20/06 12515

Claim # : 124132734
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FOUR SEASONS FINE FOODS
Date Of Injury: 6/8/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/04	P AND S	DR GROMIS*	150.00
02/08/05	PEN & INT	PER LABOR CODE °4622 DOS 12/8/04	25.99
05/18/05	RE-EVAL	DR GROMIS*	120.00
05/25/05	PMT BY CHECK	DOS 12/8/04 # 36043281	-150.00
11/01/05	PMT BY CHECK	DOS 5/18/05 # 36471371	-145.99
03/08/06	FOLLOW-UP	DR GROMIS*	180.00
04/15/06	PMT BY CHECK	DOS 3/8/06 # 36890206	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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WESTERN WORKERS' COMP CLAIM CENTER
P. O. BOX 13835
SACRAMENTO, CA 95853-4835

866-401-9222

HIGCCM

JOYCE ALTMAN INTERPRETERS INC
PO BOX 1465
TUSTIN, CA 92781

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
WOLFE KRISTINA J
866-401-9222 EXT 49456

Payee Name:	JOYCE ALTMAN INTERPRETERS INC
Claim Number:	855 C 06942
Issue Date:	02/21/2006
Payment Narrative:	VOC REHAB EVAL 12/07/04-02/07/06 12474
Check Amount:	$ 193.63
Check Number:	65519163-3

PAID

Invoice Number: 12474
Batch Number: 5907

HAR-100-1

FOLD AT DOTTED LINE AND DETACH

0611893636

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

*** INVOICE ***

Date	NO#
02/28/06	12474

Claim # : 855C06942
W.C.A.B.: LAO 0847897
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
THE HARTFORD (SACRAMENTO)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 13835
SACRAMENTO, CA 95853-3835

Case: vs ABC CONTROL SYSTEM
Date Of Injury: 4/15/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/04	P AND S	DR GROMIS*	150.00
02/07/06	PENALTIES	FOR DATE OF SERVICE 12/7/04	22.50
2/07/06	INTEREST	FOR DATE OF SERVICE 12/7/04	21.13
02/21/06	PMT BY CHECK	DOS 12/7/04 # 65519163-3	-193.63

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Payee: Joyce Altman Interpreters, Inc.,
Examiner: GSW
IRS/SSN: 330956713
Policy ID: 0010-01

MTA Risk Mgmt

Check Number: 58613
Check Total: 150.00
Check Date: 03/11/2005

Incident	Account Number/ From	Through	Claim Number/ Invoice	Claimant Name	Description	Payment Amount
10/17/2002	12/27/2004	12/27/2004	1-03-03689		Expenses - General	150.00

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#
03/16/05	12875

Claim # : 1-03-03689
W.C.A.B.: VNO 0460829
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
L.A.C.M.T.A. (L.A.)
W.C. DEPARTMENT
ATTN: GLEE SANTOS-WHITE
1 GATEWAY PLAZA
LOS ANGELES, CA 90012

Case: vs L.A.C.M.T.A.
Date Of Injury: 10/17/02

DOS	SERVICE	DESCRIPTION	AMOUNT
12/27/04	ULTRASOUND	DIAGNOSTIC STUDY REF BY DR BURSTEIN: THYROID *	150.00
03/11/05	PMT BY CHECK	DOS 12/27/04 # 58613	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Federated
CORPORATE SERVICES, INC.
FEDERATED CLAIMS SERVICE
7 WEST SEVENTH ST
CINCINNATI, OHIO 45202

JOYCE ALTMAN INTERPRETERS,

P.O. BOX 1460

TUSTIN, CA 92781

IRS/SSN: 330956713
Check Number: 1203019
Check Date: 08/12/2004
Check Amount: $150.00

Claim Number / Invoice# / Comment	Claimant Name / Description	From Date	Thru Date	Amount
2003100624504 06467	Medical (WC)	01/13/2004	01/13/2004	$150.00

PLEASE DETACH AND RETAIN 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#
08/17/04	06467

Claim # : 2003100324505
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FEDERATED CLAIMS (REDONDO B)
W.C. DEPARTMENT
ATTN: CLAUDIA RITTER
P.O. BOX # 8012
REDONDO BEACH, CA 90277

Case: vs MACY'S WEST
Date Of Injury: 10/3/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/04	NCV	DIAGNOSTIC STUDY INTERP: U/E *	150.00
08/12/04	PMT BY CHECK .	DOS 01/13/04 # 1203019	-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.

PROVIDER INQUIRIES: (800) 500-7044

FOR APPEALS ONLY:
P.O. BOX 40024
FRESNO, CA 93755

SEND ORIGINAL BILLS TO:
PO BOX 989000
W SACRAMENTO, CA 95798

Liberty Mutual

B. CODE	CHECK REFERENCE	CHECK DATE
288	10647991	05/23/05
	CHECK AMOUNT	BLOCK NUMBER
	****$150.00	003001

OSN: MM0501052301-003001

CLAIM NO. WC 608-462008 HOD
CONTRACT NO: WC2-641-004120-472-04
DOCUMENT NO:

INTERNAL BILL NO: 052808253 MSR: N0066932
CUST/EXTERNAL BILL NO: 06051391387200
BR PROVIDER #: 008330956713A0

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

PATIENT ACCT. #:
SSN:
DOI:
PATIENT:
614 W. 108 ST.
LOS ANGELES, CA 90044

PROVIDER: JOYCE ALTMAN INTERPRETERS

EMPLOYER: GATE GOURMET INC.
LOCATION CODE: W36574
DATES OF SERVICE: 05/19/05-05/19/05
AUDIT DATE: 05/19/05

DATE OF SERVICE	PROCEDURE CODE	MOD CDE	SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
05/19/05	SETTL	FA	FULL AND FINAL SETTLEMENT	1.00	150.00	150.00	N/A	0.00	150.00	Z531

TOTAL CHARGES:	150.00
TOTAL PREVIOUSLY PAID:	0.00
TOTAL CURRENT PAYABLE:	150.00
TOTAL WITHHOLDING:	0.00
TOTAL AMOUNT PAID:	150.00

PAID

EXPLANATION CODE DESCRIPTIONS:
Z531 PAID PER FULL AND FINAL SETTLEMENT. (Z531)
Z400 AMOUNTS BILLED ABOVE THE RECOMMENDED ALLOWANCE OR IN EXCESS OF THE OFFICIAL MEDICAL FEE SCHEDULE AS ADOPTED BY THE DIVISION OF WORKERS' COMPENSATION ARE OBJECTED TO BY THIS PAYER. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE: REQUESTING A RECONSIDERATION BY CALLING THE TELEPHONE NUMBER ABOVE OR FILING AN APPLICATION AND/OR LIEN BEFORE THE WORKERS' COMPENSATION APPEALS BOARD IN ACCORDANCE WITH LABOR CODE SECTION 4604. CALIFORNIALABOR CODE, SECTION 4600, PROHIBITS ATTEMPTS TO SEEK PAYMENT FROM THE INJURED WORKER FOR MEDICAL TREATMENT. (Z400)

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

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

*** INVOICE ***

Date	NO#
05/27/05	06936

Claim # : WC608-462008
W.C.A.B.: LBO 0349245
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LIBERTY MUTUAL (W SACRAMENTO)
W.C. DEPARTMENT
ATTN: JEFFREY HANSON
P.O. BOX# 989000
WEST SACRAMENTO, CA 95798

Case: vs GATE GOURMET
Date Of Injury: 5/8/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/04	NCV	DIAGNOSTIC STUDY INTERP:U/L/E REF BY DR GROMIS*	150.00
05/23/05	PMT BY CHECK	DOS 1/26/04 # 10647991	-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.

Kemper
Insurance Companies

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:

Claim/Seq #: 177026115
Employer Name: LIM YOON HEE (INDIV); DBA: TI
Patient Ref#: 11622 Adjustor: GLG

Billing ID #: 888-H-5554691
EOR Date: 02/23/2006
Date of Accident: 03/04/2003
Unique Image ID: 17144018
Page: 1

This Audit was prepared in complicance 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: LIM YOON HEE (INDIV); DBA: TI TIFFANY KNIT 13771 NEW HOPE STREET GARDEN GROVE, CA 92843	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: American Manufacturers P.O. Box 189080 Plantation, FL 33318-9080	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
)/08/2004	C0103	C0103	MISC SERVICES	1	1	150.00	150.00	112-003
2/06/2006	C0103	C0103	MISC SERVICES	1	1	22.50	22.50	
2/06/2006	C0103	C0103	MISC SERVICES	1	1	23.91	23.91	

Total Actual Charges	:	$196.41	
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$0.00	
Contracted % Discount Reduction	:		$0.00
Total Reimbursable Amount	:		$196.41

CK# 6140569371
2/24/06

Summary of Codes

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

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

(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#
02/28/06	11622

Claim # : 177026115
W.C.A.B.: ANA 0380343
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (LEHIGH,PA)
W.C. DEPARTMENT
ATTN: KARIE BURNS
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: vs TIFFANY COLLECTIONS
Date Of Injury: 3/4/02

DOS	SERVICE	DESCRIPTION	AMOUNT
10/08/04	MRI	REF BY DR MARSHAK: SINUSES*	150.00
02/06/06	PENALTIES	FOR DATE OF SERVICE 10/8/04	22.50
2/06/06	INTEREST	FOR DATE OF SERVICE 10/8/04	23.91
02/24/06	PMT BY CHECK	DOS 10/8/04 # 6140569371	-196.41

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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 CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334

1S 000 9 0523669706900942039

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

Remittance – **No.:** 36697069
AMERICAN HOME ASSURANCE COMPANY **RFP No.:** 00942039
02/01/2006

Insured: J.C.PENNEYS COMPANY, INC
Claimant:
Producer: **Claim Office:** 052
ACT: 08307 032904-032904

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003322834	00174603	01	01/16/2004	MED	O	$203.41	$60,822.10

POSTED

Use file # 052-00174603 **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#
02/06/06	08307

Claim # : 00174603
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs JC PENNEY
Date Of Injury: 1/16/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/29/04	MRI	REF BY DR STYNER: L/S *	150.00
10/21/05	PENALTIES	FOR DATE OF SERVICE 3/29/04	22.50
2/23/05	INTEREST	FOR DATE OF SERVICE 3/29/04	30.91
02/01/06	PMT BY CHECK	DOS 3/29/04 # 36697069	-203.41

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Number: **8621409501**

CRUM&FORSTER

Insured: **PLYCRAFT INDUSTRIES, INC.** Date of Loss: **03/29/02** Policy Number: **408616021**

Issuing Location: **LOS ANGELES**

Issuing Date: **06/09/04**

Payee:

JOYCE ALTMAN INTERPRETERS, INC
PO BOX 4165
TUSTIN CA 92781-1460

IRS: **330956713**

Claim Number: **PZC80014102**

Payment Explanation: **INV.#08743**

From **04/01/04** To **04/01/04**

FEA/DT	CLAIMANT	AMOUNT
MC		$150.00
	TOTAL	$150.00

Company Number: **7**
Producer:
SHOMER INSURANCE AGENCY
7461 BEVERLY BLVD, STE 306
LOS ANGELES CA 90036

end To:

JOYCE ALTMAN INTERPRETERS, INC
PO BOX 4165
TUSTIN CA 92781-1460

Processor: **PZCGARC**

Internal Reference No:

Attachments:

PZC-F-

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

*** INVOICE ***

Date	NO#
06/14/04	08743

Claim # : PZC80014102
W.C.A.B.: N/A
S.S.N. : [illegible]
D.O.B. : [illegible]
Terms : 45 days

BILL TO:
CRUM & FORSTER (L.A.)
W.C. DEPARTMENT
ATTN: PARZANA TRANI
725 S. FIGUEROA # 2300
LOS ANGELES, CA 90017

Case: [illegible] vs PLYCRAFT INDUSTRIES
Date Of Injury: 3/28/02

DOS	SERVICE	DESCRIPTION	AMOUNT
04/01/04	MEDICAL	DR DAYKOWSKY- COLONOSCOPY *	150.00
06/09/04	PMT BY CHECK	DOS 4/1/04 # 8621409501	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

EMPLOYERS℠
EMPLOYERS INSURANCE GROUP
Employers Elite Insurance Services

P O Box 29074, Glendale, Ca 91209-9074
Workers' Compensation Administrator for
Harbor Specialty Insurance Company

ISSUE DATE	CHECK NO.
05/24/04	5070088027

05/24/04 Claimant: $150.00

ClaimNo: 50700150772 Date of Injury: 04/10/2002

Vendor Invoice: 082226 Billing Date: 04/23/04

IRS Number: 330956713

Payment For:

SvcPeriod: 03/30/04 to 03/30/04 Billed Amt: $150.00

Medical: Medical Other: DIAGNOSTIC STUDY

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

*** INVOICE ***

Date	NO#
05/28/04	08226

Claim # : 507-00150772
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: _ vs ATLAS SPRING
Date Of Injury: 4/10/02

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/04	DIAGN STUDY	BONE SCAN REF BY DR RASHTI: L/S *	150.00
5/24/04	PMT BY CHECK	DOS 03/30/04 # 5070088027`	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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SENTRY CLAIMS SERVICE
PO BOX 8032
STEVENS POINT, WI 54481

Please retain for your records. No. 41131119

1 1 1,303 06052 BCLM F2T20SEN

REFERENCE NO. 023728527
EMPLOYEE/PATIENT:

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

CL NO. 51C356023

NOT NEGOTIABLE
$*******150.00

THIS PAYMENT COVERS--ACCT #06829 01 VISITS FROM 011604 THRU 011604

20-656B

Detach Here

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

*** INVOICE ***

Date	NO#
02/27/06	06829

Claim # : 51C356023
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W.C. DEPARTMENT
ATTN: TINA ZBLEWSKI
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: vs HUNTLEIGHT
Date Of Injury: 9/9/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/04	DIAGN STUDY	BONE SCAN REF BY DR CHANDRAN *	150.00
02/27/06	PMT BY CHECK	DOS 1/16/04 # 41131119	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Zurich American Insurance Co.

lease Note:
e have a new mailing address for
r claim office. Please use the above
dress for any future correspondence.

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

00489

PAID
CK NO DATE

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0105327 001 LK	9306015	07374		08/01/02	02/12/04-02/12/04

Check Number	1080537932	Date Issued	12/02/04	Amount	$****150.00
Insured	Super Center Concepts, Inc.				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	Joyce Altman Interpreters, Inc				
Requested By	Maria Castillon				
File Supervisor	Linda Khashan	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	150.00		

TOTAL	$150.00

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#
12/07/04	07374

Claim # : 2080105327-001
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SUPER WAREHOUSE MARKET
Date Of Injury: 8/1/03

DOS	SERVICE	DESCRIPTION	AMOUNT
02/12/04	X-RAYS	REF BY DR ZLOTOLOW:C-T-L/S *	150.00
12/02/04	PMT BY CHECK	DOS 02/12/04 # 1080537932	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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AIG004

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

MS 001 2 2933678432700207227

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

Remittance –
GRANITE STATE INSURANCE COMPANY

No.: 36784327
RFP No.: 00207227
03/08/2006

Insured: SURF TO SUMMIT (A CORP)
Claimant:
Producer:
ACT: 12572 121404-121404

Claim Office: 293

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000007834671	00135656	01	07/01/2003	MED	O	$193.29	$11,711.06

Use file # 293-00135656 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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#
03/13/06	12572

Claim # : 293135656
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SURF OF SUMMIT
Date Of Injury: CT 7/1/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/04	X-RAYS	REF BY DR ROSENTHAL: C/S, T/S, L/S *	150.00
1/28/05	PENALTIES	FOR DATE OF SERVICE 12/14/04	22.50
02/07/06	INTEREST	FOR DATE OF SERVICE 12/14/04	20.79
03/08/06	PMT BY CHECK	DOS 12/14/04 # 36784327	-193.29

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Number:
0000077147

CRUM&FORSTER

Vendor Number: 406032375 Issuing Location: Dallas Claims Check Date: 11/16/2005

Payee:

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

IRS: 330956713

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
11331	DWC80098309	EXP		05/03/2004	$192.44

VOIDED

TOTAL: $192.44

Send Inquiries to:
6404 International Parkway Suite 1000
Plano, TX 75093

Processor: B. Williams

Internal Reference No: 11331

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#
11/22/05	11331

Claim # : DWC80098309
W.C.A.B.: N/A
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
CRUM & FOSTER (TEXAS)
W.C. DEPARTMENT
ATTN: MARY PEREZ
6404 INT'L PKWY, STE # 1000
PLANO, TX 75093

Case: vs ROSE & GEORGE
Date Of Injury: 5/3/04

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/04	MRI	REF BY DR ROSENTHAL: C/S *	150.00
10/28/05	PENALTIES	FOR DATE OF SERVICE 9/21/04	22.50
0/28/05	INTEREST	FOR DATE OF SERVICE 9/21/04	19.94
11/16/05	PMT BY CHECK	DOS 9/21/04 # 0000077147	-192.44

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

FAX.

0002713 01 MB **AUTO T6 0 6376 92781

DATE: 04/21/05

REQUISITION NO. 241872

PG 1 OF 1

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

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

CLAIM INFORMATION

CLAIMANT NAME:
CLAIMANT SSN:
OCCURRENCE DATE
SERVICE FROM: 12/07/04
THRU: 12/24/04
EMPLOYER: PETROVIC, DRAGAN (AN IN

ACCOUNT:
GAB FILE NO.: 6532200812

PAYMENT INFORMATION

SVC DATE	INVOICE NUMBER	SERVICE CODE	FEE	REVIEW REDUCTION	CONTRACT REDUCTION	NET	REASON CODE
2/07/04	12491	WZ	300.00	.00	.00	300.00	

PAID

CHECK NO. 0005268655 NET CHECK TOTAL 300.00

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

*** INVOICE ***

Date	NO#
05/23/05	12491

Claim # : 20064388
W.C.A.B.: VNO 0463521
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DRAGON CONSTRUCTION
Date Of Injury: 11/2/02

DOS	SERVICE	DESCRIPTION	AMOUNT
12/07/04	MRI	REF BY DR HEKMAT:RT SHOULDER, LT ELBOW *	150.00
12/24/04	MRI	REF BY DR HEKMAT: T/S, RT HIP *	150.00
04/21/05	PMT BY CHECK	DOS 12/7/04 THRU 12/24/04 # 0005268655	-300.00
04/27/05	MRI	REF BY DR HEKMAT: L/S *	150.00
05/18/05	PMT BY CHECK	DOS 4/27/05 # 0005322675	-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 ›or Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ..ceived in 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 8659
Long Beach, CA 90808

DATE	CHECK AMT	CHECK NO.
01/28/2005	150.00	0000486201

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services	001

*001432 0000486201 00001 OF 00001 OAM 050128 1010

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

Claimant Name	Loss Date	Claim Number	SSN
	10/11/2004	20041019035-0001	

Amt Paid: 150.00 Description: Miscellaneous Medical
Amt Billed: 150.00 Invoice: 12496 ICN: 200410190350001
Dates: 12/08/2004 - 12/08/2004 Comment:

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#
01/31/05	12496

Claim # : 20041019035
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LONG BEACH)
W.C. DEPARTMENT
ATTN: SHELLY SALDIVAR
P.O. BOX # 8219
LONG BEACH, CA 90808-8219

Case: vs RALPHS
Date Of Injury: 10/11/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/04	MRI	REF BY DR HEKMAT: BIL WRISTS *	150.00
01/28/05	PMT BY CHECK	DOS 12/08/04 # 0000486201	-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.

SPECIALTY RISK SERVICES
P.O. BOX 4020
WHEATON, IL 60189

800-526-1611

HIGCSR

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

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
ARLENE JOHOSKY
800-221-5473

Payee Name:	JOYCE ALMAN INTERPRETERS
Claim Number:	YCN C 08051
Issue Date:	06/29/2005
Payment Narrative:	MISC MEDICAL 06/16/04-06/16/04
Check Amount:	$ 150.00
Check Number:	32252383-2

PAID

Invoice Number:	09472
Batch Number:	9754

H&S-100-1

FOLD AT DOTTED LINE AND DETACH

057025807

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

*** INVOICE ***

Date	NO#
07/06/05	09472

Claim # : YCN08051C
W.C.A.B.: VNO 0455475
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DEL TACO
Date Of Injury: 8/18/01

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/04	MRI	REF BY DR TEPPER: C/S *	150.00
06/29/05	PMT BY CHECK	DOS 6/16/04 # 32252383-2	-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 eived in full and paid within 45 days, Joyce Altman Interpreters, Inc., mands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

Midland Claims

CLARENDON NATIONAL INSURANCE COMPANY
CLAIMS - CN19 - TRANSGUARD

Insured: Jesus Fernandez
Policy No: TRAN92568301
Program: 019

Date of Loss: 24-APR-04
Claim No: 01920041008003

9/7/05

Draft No: 0190009478
Amount: $150.00

POSTED

Collateral: 001
Line Code: 905
Claimant:
Amount: $150
Trans. Type: 41M/Medical Payment

Remarks: DOS 30-NOV-04 TO 30-NOV-04, INV # 12341 INTERPRETING

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

*** INVOICE ***

Date	NO#
09/09/05	12341

Claim # : 01920041008003
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MIDLAND CLAIM ADMIN. (S DIEGO)
W.C. DEPARTMENT
ATTN: JOHN B.
P.O. BOX # 191250
SAN DIEGO, CA 92159

Case: vs DART INTERNATIONAL
Date Of Injury: 4/24/04

DOS	SERVICE	DESCRIPTION	AMOUNT
11/30/04	CT SCAN	REF BY DR NAGELBERG: RT FOOT *	150.00
09/07/05	PMT BY CHECK	DOS 11/30/04 # 0190009478	-150.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

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

CNA
PO BOX 6500
BREA CA 92822

CNA

JOYCE ALTMAN INTERPRETERS

PO BOX 4165
TUSTIN CA 92781-4165

clt# 10316729S

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

Claim Number * 2C 031357G6

Insured/Clent: PEDUS BUILDING SERVICE

Claimant

ATT

Date of Loss: 06/30/98

Total WC Ind to Date

07/20/05

From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
08/14/03-04/01/04	MED	26	TR		$300.00
					$300.00

Reason: INV 04288 DRS ROSENBERG/LEON/DAYKOWSKY 0318

PAID

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

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

*** INVOICE ***

Date	NO#
07/27/05	04288

Claim # : 2C031357/2C034516A2
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (BREA6500)
W.C. DEPARTMENT
ATTN: ROBIN H./DAPHNE H.
P.O. BOX # 6500
BREA, CA 92822-6500

Case: vs PEDUS CARE SERVICES
Date Of Injury: 6/30/98; 9/18/98

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/03	MEDICAL	DR ROSENBERG- ENDOSCOPY*	150.00
12/17/03	PMT BY CHECK	DOS 8/14/03 # 102051775	-150.00
03/18/04	MEDICAL	DR LEON: ENDOSCOPY*	150.00
04/01/04	MEDICAL	DR DAYKOWSKY: COLONOSCOPY*	150.00
07/20/05	PMT BY CHECK	DOS 3/18/04 THRU 4/1/04 # 103167295	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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H HERE

DETACH HERE

CORVEL

EXPLANATION OF REVIEW

Chk# 10660276 7-19-04

nployer
ıtient: 1401 S Manhattan Pl Apt 10
Los Angeles, CA 90019

ıtient DOB: 04/08/59

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Business Unit: Los Angeles DWP
111 N Hope St
Room 552
Los Angeles, CA 90012-2694

LOB: Workers' Compensation
Site/Bill #: 6/553072 - 1
Reprice: CA, 92780
Billed Date: 06/03/04
Received: 06/25/04
Date of Audit: 07/06/04
DOS From: 05/03/04
DOS To: 05/17/04

Network:
Network Branch:
Contract:
Provider Tax Id: 33-0956713

Treating Physician:
Referring Physician:
Patient Control #:
RX Number:

Claim: 2003-00456
DOI: 06/04/03
Claim Rep.: MG
Processor Initials: JR

ate	Code		Units	POS	Bill Charges	TOS	Reduction DXR	Network Reduction	Allowed Fees
5/03/04	99199	UNLISTED SPECIAL SERV/REPORT			$150.00		$0.00	$0.00	$150.00
NVOICE #08925 6/3/04. MRI									
5/03/04	99199	UNLISTED SPECIAL SERV/REPORT			$150.00		$0.00	$0.00	$150.00
NJECTION									
ub-Totals for Bill: 553072					$300.00		$0.00	$0.00	
otals for Bill: 553072									$ $300.00

his analysis constitutes the claim administrators objection to fees in excess of OMFS and/or Title 8 of the California Code of egulation Section 9795 and/or 9789.10 - 9789.110. The provider shall not attempt to collect expenses for medical treatment from the njured worker, LC 4600. If you disagree with our objections, you have the right to file a lien/application with the WCAB to adjudicate he matter.

CD9 Diagnosis Code
59 INJURY, OTHER AND UNSPECIFIED

ICD9 Procedure Code

uestions regarding this claim may be sent to:

00 City Pkwy W Ste 200

range, CA 92868

Toll free:
Phone: 714-748-0475
FAX:

Dept. of Water & Power

PAID

Claim Summary to Date

ate Range: 10/08/2002 - 05/12/2004
ollars Billed on Claim: $45107.25
llowed Fee on Claim: $13012.49
otal Bills for Claim: 52

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

*** INVOICE ***

Date	NO#
08/19/05	08925

Claim # : **********
W.C.A.B.: LBO 0355039
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
DEPT. OF WATER AND POWER
W.C. DEPARTMENT
ATTN: MANAGER/OWNER
P.O. BOX # 5111-R552
LOS ANGELES, CA 90051-0010

Case: vs DEPT. OF WATER & POWER
Date Of Injury: 6/4/03

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/04	MRI	REF BY DR MILLER: RT SCIATIC *	150.00
05/17/04	INJECTION	REF BY DR MILLER: RT PIRIFORM SYNDROME *	150.00
07/19/04	PMT BY CHECK	DOS 5/3/04 # 1066276	-150.00
07/19/04	PMT BY CHECK	DOS 5/17/04 # 1066276	-150.00
04/22/05	MRI	REF BY DR MASHOOF: L/SP *	150.00
04/26/05	EMG TESTING	REF BY DR CARR: L/E *	125.00
04/26/05	NCV	DIAGNOSTIC STUDY INTERP: L/E *	125.00
06/27/05	PMT BY CHECK	DOS 4/22/05 # 1082127	-150.00
08/01/05	PMT BY CHECK	DOS 04/26/05 # 1083226	-250.00

BALANCE 0.00

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AIG004

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334
ADDRESS SERVICE REQUESTED

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

No.: 34998183
RFP No.: 00506653
04/09/2004

Insured: MORLEY GROUP INC
Claimant:
Producer:
ACT: 06613 011104-011104

Claim Office: 052

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000007085242	00162628	01	06/12/2002	MED	O	$150.00	$48,072.02

PAID

Use file # 052-00162628 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334
ADDRESS SERVICE REQUESTED

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

No.: 35099547
RFP No.: 00544803
05/14/2004

Insured: MORLEY GROUP INC
Claimant:
Producer:
ACT: 06613 031404-031404

Claim Office: 052

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000007085242	00162628	01	06/12/2002	MED	O	$150.00	$52,141.84

PAID

Use file # 052-00162628 **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#
05/17/04	06613

Claim # : 052162628
W.C.A.B.: MON 0312495
S.S.N. :
D.O.B. : ,
Terms : 45 days

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

Case: vs MORLEY CONSTRUCTION CO.
Date Of Injury: 6/12/02

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/04	MRI	REF BY DR GOLCHEH: LT KNEE*	150.00
03/14/04	MRI	REF BY DR GOLCHEH: L/S*	150.00
04/09/04	PMT BY CHECK	DOS 1/11/04 # 34998183	-150.00
05/14/04	PMT BY CHECK	DOS 3/14/04 # 35099547	-150.00

BALANCE 0.00

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Sedgwick Claims Management Services, Inc
P O Box 61563
King of Prussia PA 19406

DATE	CHECK AMT	CHECK NO.
08/26/2005	150.00	0000334708

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*005225 0000334708 00001 OF 00001 OPM 050825 1613

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

Claimant Name	Loss Date	Claim Number	SSN
	09/15/2004	20040913657-0001	

Amt Paid: 150.00
Amt Billed: 150.00
Dates: 11/17/2004 - 11/17/2004
Description: Miscellaneous Medical
Invoice: 12221
Comment:
ICN: 200409136570001

POSTED

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

*** INVOICE ***

Date	NO#
08/29/05	12221

Claim # : 20040913657
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14623)
W.C. DEPARTMENT
ATTN: ALAN LOGIE
P.O. BOX 14623
LEXINGTON, KY 40512-4623

Case: vs L.A.U.S.D.
Date Of Injury: 9/15/04

DOS	SERVICE	DESCRIPTION	AMOUNT
11/17/04	CT SCAN	REF BY DR NAGELBERG: L/S *	150.00
08/26/05	PMT BY CHECK	DOS 11/17/04 # 0000334708	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

5

State Compensation Insurance Fund
P.O. Box 419
Santa Ana, CA 92702-0419
(714)565-5000

Provider Number: 330956713

Check #: **CP-060943**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 12/22/04
Doc #: 004050578

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:		**Claim #:**	01209969	**Date of Injury:**	12/03/02	
1	2004122013561640UIM 01U	05/28/04	TXI	Non Med Legal Interp	1	150.00	.00		150.00
			Patient Name:		**Claim #:**	SP391363	**Date of Injury:**	01/23/01	
2	2004122014041111UIM 01U	05/19/03	TXI	Non Med Legal Interp	1				
			Patient Name:		**Claim #:**	SP603727	**Date of Injury:**	07/23/04	
3	2004122114455180UIM 01U	10/27/04	TXI	Non Med Legal Interp	1				
			Patient Name:		**Claim #:**	SP602342	**Date of Injury:**	07/16/03	
	ICD-9 Code: 959.9 INJURY SITE NOS								
4	2004122115211493UIM 01U	11/08/04	TXI	Non Med Legal Interp	1				
			Patient Name:		**Claim #:**	01410787	**Date of Injury:**	10/20/03	
5	2004122115224293UIM 01U	11/17/04	TXI	Non Med Legal Interp	1				
			Patient Name:		**Claim #:**	01202857	**Date of Injury:**	11/21/02	
	ICD-9 Code: 959.9 INJURY SITE NOS								
6	2004122115243841UIM 01U	08/12/04	TXI	Non Med Legal Interp	1				
7	2004122115243841UIM 01U	11/16/04	TXI	Non Med Legal Interp	1				

Subtotal:

Total Allowances:

PAID
CK NO DATE

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#
12/28/04	09110

Claim # : 01209969
W.C.A.B.: VNO 0462255
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF
W.C. DEPARTMENT
ATTN: TERESA
P.O. BOX # 419
SANTA ANA, CA 92702-0419

Case: vs TITLE INSURANCE MESSENGER SVCS
Date Of Injury: 12/3/02

DOS	SERVICE	DESCRIPTION	AMOUNT
05/28/04	CT SCAN	REF BY DR NAGELBERG: C/S,L/S*	150.00
/22/04	PMT BY CHECK	DOS 05/28/04 # CP-060943	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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MEDICAL
TL

STATE COMPENSATION INSURANCE FUND
SACRAMENTO STATE CONTRACT
P.O. BOX 659011, SACRAMENTO, CA 95865-9011

Check Number **CI- 510198**
Check Date April 05, 2004
Tax ID# 330956713F6

SUBMITTED IN PAYMENT OF THE FOLLOWING ITEMS

CLAIM NUMBER	INJURED	PAYMENT TYPE	DATES OF SERVICE		INVOICE	AMOUNT
NL101113		5C	02-02-04	02-02-04	07099	150.00

PAID

TOTAL AMOUNT OF CHECK **150.00**

TO INSURE PROMPT PAYMENT OF YOUR BILLS, USE THE CLAIM NUMBER SHOWN ABOVE AND THE INJURED NAME ON ALL FUTURE CORRESPONDENCE.

PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT. Thank You.

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

*** INVOICE ***

Date	NO#
10/06/06	07099

Claim # : NL101113
W.C.A.B.: LBO 0349899
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF
W.C. DEPARTMENT
ATTN: SHAWNA MEKAL
P.O. BOX# 254700
SACRAMENTO, CA 95865-4700

Case: vs PRE-SCHOOL SERVICES
Date Of Injury: 5/23/02

DOS	SERVICE	DESCRIPTION	AMOUNT
02/02/04	INITIAL EXAM	DR SIDHU*	150.00
/05/04	PMT BY CHECK	DOS 2/2/04 # CI-510198	-150.00
11/05/04	RE-EVAL	DR SIDHU*	120.00
12/02/04	PMT BY CHECK	DOS 11/05/04 # CI-024769	-120.00
12/17/04	P AND S	DR SIDHU*	150.00
01/12/05	PMT BY CHECK	DOS 12/17/04 # CI-033716	-150.00
11/29/05	WCAB LB	MSC	147.00
02/15/06	PENALTIES	FOR DATE OF SERVICE 11/29/05	22.05
02/15/06	INTEREST	FOR DATE OF SERVICE 11/29/05	4.54
03/23/06	PMT BY CHECK	DOS 11/29/05 # CI-118809	-173.59
06/08/06	WCAB LB	REHAB. CONF.	147.00
07/12/06	RU-122 READ	@ WCAB LB	147.00
08/29/06	WCAB LB	MSC	147.00
10/02/06	PMT BY CHECK	DOS 6/8/06 THRU 8/29/06 # CI-152756	-441.00

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.

[redacted]

Provider Number: 330956713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-982749**
12058
Issue Date: 05/30/07
Doc #: 012793338

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
				Patient Name:	**Claim #:** SA637514		
1	FULL/FINAL			Medical Services	1		420.00

12058

Total Allowances: **$420.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
SA637514	420.00	.00	420.00

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:

SA637514 FULL & FINAL; WCAB STIP & ORDER DATED; 5/22/07; MED. INTERPRETING SERVICE

PAID

012793338012

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

*** INVOICE ***

Date	NO#
06/06/07	12058

Claim # : SA637514
W.C.A.B.: VNO 0494683
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: ____ vs CONSOLIDATED FOUNDRIES
Date Of Injury: 9/11/01

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/04	INITIAL EXAM	DR PHAN*	150.00
12/10/04	RE-EVAL	DR PHAN*	120.00
11/19/04	INITIAL EXAM	DR MASON*	150.00
02/06/06	PENALTIES	FOR DATE OF SERVICE 11/12/04	22.50
05/22/07	INTEREST	FOR DATE OF SERVICE 11/12/04	44.47
02/06/06	PENALTIES	FOR DATE OF SERVICE 11/19/04	22.50
05/22/07	INTEREST	FOR DATE OF SERVICE 11/19/04	44.14
05/30/07	PMT BY CHECK	DOS 11/12/04 THRU 5/22/07 # CU-982749	-420.00
06/04/07	BLCE OFF SET	BALANCE OFF SET	-133.61

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Market Rate

Jan 2005 - Sept 2005

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

Jan 2005 - Sept 2005

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
13086	1/17/2005	3/31/2005	$ 150.00	$ 150.00	0000274347	3/28/2005	Sedgwick Claims Mgmt. Svcs.
13666	2/16/05 thru 8/22/05	9/12/2005	$ 300.00	$ 300.00	40997210	9/7/2005	Sentry Claims Service
12564	12/14/04 thru 11/22/05	12/2/2005	$ 189.66	$ 189.66	8801724568	11/30/2005	Farmers Insurance
14299	3/19/05 thru 3/22/05	4/19/2005	$ 300.00	$ 300.00	35943006	4/13/2005	AIG Claim Services
13246	1/7/05 thru 1/8/05	4/19/2005	$ 300.00	$ 300.00	48860369	2/8/2005	Fireman's Fund
12583	5/6/05 thru 1/30/06	2/17/2006	$ 330.20	$ 330.20	898B94417569	2/14/2006	The Travelers
14569	3/28/2005	7/11/2005	$ 150.00	$ 150.00	898B83665845	7/7/2005	The Travelers
16073	6/21/2005	7/12/2005	$ 150.00	$ 150.00	0002671330	7/5/2005	Republic Indemnity
13164	1/10/2005	4/25/2005	$ 150.00	$ 150.00	50701162293	4/20/2005	Employers Insurance Group
13261	1/7/2005	4/25/2005	$ 150.00	$ 150.00	1080057496	2/16/2005	Zurich Services Corporation
13722	2/14/05 thru 11/17/05	12/21/2005	$ 186.49	$ 186.49	0000717169	12/12/2005	Sedgwick Claims Mgmt. Svcs.
14482	3/22/05 thru 4/6/05	5/18/2005	$ 300.00	$ 300.00	1377993	5/16/2005	Chubb Group of Ins. Cos.
13567	1/27/2005	6/29/2005	$ 150.00	$ 150.00	FE36016424	6/23/2005	ESIS
14404	3/18/2005	5/17/2005	$ 150.00	$ 150.00	0043155611	5/12/2005	Gallagher Bassett
16716	8/3/2005	9/7/2005	$ 150.00	$ 150.00	1151399	9/2/2005	ACCA
16191	6/29/05 thru 4/4/06	5/17/2006	$ 183.75	$ 183.75	2810696547	5/11/2006	Broadspire
14677	3/30/2005	8/29/2005	$ 150.00	$ 150.00	80229063	8/25/2005	Octagon Risk Services
12515	2/8/05 thru 5/18/05	4/20/2006	$ 145.99	$ 145.99	36471371	11/1/2005	AIG Claim Services
14983	4/19/05 thru 8/2/05	2/10/2006	$ 510.00	$ 510.00	DA51999674	9/1/2005	ACE USA
15140	4/14/05 thru 5/19/05	9/6/2005	$ 270.00	$ 270.00	898B86407974	9/1/2005	The Travelers
13401	1/24/05 thru 11/23/05	5/26/2006	$ 680.31	$ 680.31	0000126513	5/23/2006	FA Richards & Assoc.
08536	3/29/2004	12/6/2005	$ 150.00	$ 150.00	DA51484387	6/15/2005	ACE USA

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
18183	9/27/2005	10/18/2005	$ 150.00	$ 150.00	898B88419069	10/13/2005	The Travelers
17572	9/15/2005	11/7/2005	$ 150.00	$ 150.00	898B89408709	11/2/2005	The Travelers
14372	3/17/05 & 5/3/05	9/8/2006	$ 270.00	$ 270.00	8030036416	9/6/2006	Employers Insurance Group
16948	8/16/05 thru 8/18/06	9/5/2006	$ 651.25	$ 651.25	37225479	9/1/2006	AIG Domestic Claims
15621	5/13/05 thru 5/23/05	7/27/2005	$ 270.00	$ 270.00	1010364460	7/21/2005	Zurich American Guarantee
08685	4/19/04 thru 10/5/05	10/21/2005	$ 616.50	$ 616.50	0048210304	10/17/2005	St Paul Travelers
13239	1/13/2005	8/24/2007	$ 150.00	$ 150.00	0041551747	2/11/2005	Gallagher Bassett
15334	3/15/2005 thru 8/16/05	3/20/2006	$ 720.00	$ 720.00	0000091322	10/19/2005	PTSC MTA Risk Mgmt. Authority
17071	8/19/2005	12/9/2005	$ 150.00	$ 150.00	CU-603004	12/7/2005	State Compensation Insurance Fund
16488	7/20/2005	3/20/2006	$ 120.00	$ 120.00	CI-117129	3/13/2006	State Compensation Insurance Fund
16707	8/4/2005	11/10/2005	$ 150.00	$ 150.00	CU-580177	11/8/2005	State Compensation Insurance Fund
16662	8/2/2005	8/17/2006	$ 150.00	$ 150.00	CU-802326	8/15/2006	State Compensation Insurance Fund

Sedgwick Claims Management Services, Inc
P. O. Box 70249
Pasadena CA 91117

DATE	CHECK AMT	CHECK NO.
03/28/2005	150.00	0000274347

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*004429 0000274347 00001 OF 00001 OPM 050325 1430

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

Claimant Name	Loss Date	Claim Number	SSN
	06/08/2004	20040606859-0001	

Amt Paid: 150.00 Description: Miscellaneous Medical
Amt Billed: 150.00 Invoice: 13086 ICN: 200406068590001
Dates: 01/17/2005 - 01/17/2005 Comment:

PAID

EI99LFRM (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#
03/31/05	13086

Claim # : 20040606859
W.C.A.B.: LAO 0855355
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14623)
W.C. DEPARTMENT
ATTN: ROXANNA
P.O. BOX 14623
LEXINGTON, KY 40512-4623

Case: vs L.A.U.S.D. GRIDLEY SCHOOL
Date Of Injury: 6/8/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/17/05	X-RAYS	REF BY DR SCHIFFMAN: C/S, L/S & RT SHOULDER *	150.00
3/28/05	PMT BY CHECK	DOS 1/17/05 # 0000274347	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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SENTRY CLAIMS SERVICE
PO BOX 8032
STEVENS POINT, WI 54481

Please retain for your records.

No. 40997210

9/7/05

1 1 978 05249 BCLM.F2170SEN

REFERENCE NO. 023161085
EMPLOYEE/PATIENT:

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

POSTED

CL NO. 51C469277

NOT NEGOTIABLE

$******300.00

HIS PAYMENT COVERS--ACCT #13666 01 VISITS FROM 021605 THRU 082205

Detach Here

(7/02)

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

*** INVOICE ***

Date	NO#
09/12/05	13666

Claim # : 51C469277
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SENTRY INSURANCE (STEVENS,WI)
W.C. DEPARTMENT
ATTN: SANDIE STUDINSKI
P.O. BOX # 8032
STEVENS POINT, WI 54481

Case: vs FINE GRAPHIC FINISHING
Date Of Injury: 1/27/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/05	X-RAYS	REF BY DR SHIFFMAN: C/S, T/S*	150.00
08/22/05	MRI	REF BY DR SCHIFFMAN: C/S*	150.00
09/07/05	PMT BY CHECK	DOS 2/16/05 THRU 8/22/05 # 40997210	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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DATE OF LOSS: 04/27/2004 CRID: E25190

CLAIM NUMBER: E2 027996

CHECK NUMBER: 8801724568

DESCRIPTION:	INTERPRETER 11/30/05	$150.00	INTERPRETER	$22.50
	INTERPRETER	$17.16		

TOTAL = $189.66

POSTED

03-185 11-04 1343

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

*** INVOICE ***

Date	NO#
12/02/05	12564

Claim # : E20207996
W.C.A.B.: VNO 0495548
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs LA PERGALA RESTAURANT
Date Of Injury: 4/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/04	X-RAYS	REF BY DR ROSENTHAL: C/S*	150.00
11/22/05	PENALTIES	FOR DATE OF SERVICE 12/14/04	22.50
11/22/05	INTEREST	FOR DATE OF SERVICE 12/14/04	17.16
11/30/05	PMT BY CHECK	DOS 12/14/04 # 8801724568	-189.66

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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AIG004

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334
ADDRESS SERVICE REQUESTED

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

No.: 35943006
RFP No.: 00482893
04/13/2005

Insured: MAYER ROOFING INC
Claimant:
Producer:
ACT: 14299 031905-032205

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000007169391	00079661	01	02/16/2005	MED	O	$300.00	$1,429.68

PAID

Use file # 710-00079661 **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#
04/19/05	14299

Claim # : 710079661
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MAYER ROOFING
Date Of Injury: 2/16/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/19/05	CT SCAN	REF BY DR SIRAKOFF: LT ANKLE, LT FOOT *	150.00
03/22/05	MRI	REF BY DR SIRAKOFF: L/S, C/S *	150.00
04/13/05	PMT BY CHECK	DOS 3/19/05 THRU 3/22/05 # 35943006	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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FIREMAN'S FUND INSURANCE COMPANY
NO CALIF REG COMP CLMS CNTR
777 SAN MARIN DR. C81
NOVATO CA 94998-3381

Policy No NZB 02406943 Claim No B780C04423756

Insured HOUSER, ERIC HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS

Send to JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

Division Code

Bank Number B1

Invoice Number 13246

Explanation For [redacted] - INV#13246
DOS 010705 010805

Please contact our office with questions concerning this payment or claim. Any error in payee name, address or tax identification number should be reported immediately

PAID

Representative Name LINDA J SANTENS Phone No (916)852-4441

From 01/07/05 Thru 01/08/05 IRS# R330956713 Check Distribution M

Processor ID 780F852 Check Amount $300.00

Producer Name UNITED AGENCIES-HAYS

Producer City PASADENA St CA

Check No 48860369

Date of Loss 07/13/04

Issue Date 02/08/05

60S

Detach And Retain 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#
04/19/05	13246

Claim # : 78004423756
W.C.A.B.: LAO 0853905
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIREMAN'S FUND (R CORDOVA)
W.C. DEPARTMENT
ATTN: LINDA SANTEN
2995 PROSPECT PARK DR.
RANCHO CORDOVA, CA 95670

Case: vs ERIC HAUSER
Date Of Injury: 7/13/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/05	CT SCAN	REF BY DR NAGELBERG: C/S*	150.00
01/07/05	MRI	REF BY DR NAGELBERG: C/S, LT SHOULDER*	150.00
02/08/05	PMT BY CHECK	DOS 01/08/05 THRU 01/07/05 # 48860369	-300.00
03/04/05	MRI	REF BY DR NAGELBERG: C/S*	150.00
04/15/05	PMT BY CHECK	DOS 3/4/05 # 48983670	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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)1665

THE TRAVELERS - ORANGE CL CLAIM
WC CLAIM DEPT
PO BOX 14246
ORANGE CA 92863

UB01665

898B 94417569

The Travelers Indemnity Company

DATE: 02/14/06
LOSS DATE: 05/09/04
FILE NUMBER: 221 CB VYZ1300 M

EMPLOYEE

ACCOUNT NAME:
HOUSE OF BLUES

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

ST. PAUL FIRE AND MARINE CANADIAN BRANCH

EXPLANATION OF PAYMENT

QME(CA ONLY)

SERVICE DATE: 12/10/2004 TO: 01/30/2006

TOTAL PAID: $330.20
TAX INFO: 330956713372l476Y
PAY MISC: INV. 12583
PAYEE:
JOYCE ALMAN INTERPRETERS

POSTED

)R ADDITIONAL INFORMATION, CONTACT: MAUREEN HASTINGS AT (714)922-1760

)4669
)ETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
02/17/06	12583

Claim # : WVA020629622A022
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (ORANGE)
W.C. DEPARTMENT
ATTN: CHRIS LOPEZ
P.O. BOX # 14246
ORANGE, CA 92863

Case: . vs HOUSE OF BLUES
Date Of Injury: 5/9/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/10/04	MRI	REF BY DR DANESH: T/S, L/S *	150.00
12/20/04	NCV	DIAGNOSTIC STUDY INTERP:U/L/E *	150.00
03/08/05	PMT BY CHECK	DOS 12/10/04 THRU 12/20/04 # 0048195752	-300.00
05/06/05	TESTING	NEURO MUSCULAR TESTING W/ DR DANESH *	150.00
09/09/05	INITIAL EXAM	DR TERRANCE - PSYCH. EVALUAT.*	150.00
11/16/05	PENALTIES	FOR DATE OF SERVICE 9/9/05	22.50
01/30/06	INTEREST	FOR DATE OF SERVICE 9/9/05	7.70
02/14/06	PMT BY CHECK	DOS 5/6/05 THRU 9/9/05 # 898B 94417569	-330.20

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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01408

THE TRAVELERS - ORANGE CL CLAIM
WC CLAIM DEPT
PO BOX 14246
ORANGE CA 92863

0

898B 83665845

The Travelers Indemnity Company

DATE: 07/07/05
LOSS DATE: 01/10/05
FILE NUMBER: 221 CB ABM0945 E

EMPLOYEE

ACCOUNT NAME:
PACIFIC COAST FEATHER COMPANY

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/28/2005

TOTAL PAID: $150.00
TAX INFO: 330956713372l476Y
PAY MISC: INV.#14569 CT-SCAN DR. NAGELB
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: CYNTHIA BUTLER AT (714)922-1726

006605
DETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
07/11/05	14569

Claim # : ABM0945
W.C.A.B.: LAO 0855223
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (ORANGE)
W.C. DEPARTMENT
ATTN: CYNTHIA BUTLER
P.O. BOX # 14246
ORANGE, CA 92863

Case: vs PACIFIC COAST FEATHERS
Date Of Injury: 1/10/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/05	CT SCAN	REF BY DR NAGELBERG: L/S*	150.00
07/07/05	PMT BY CHECK	DOS 3/28/05 # 898B 83665845	-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.

DETACH AND RETAIN FOR YOUR RECORDS

JULY 11, 2005

0002671330

Invoice							Service		Amounts	
Number	Date	Control #	Claim #	Claimant Name	Unit	Exm.	From	To	Billed	Paid
	7/05/05	16070	04337152		06	005	6/21/05	6/21/05	150.00	150.00
								Total		150.00

PAID

public Indemnity Co. of America (818) 990-9860
). Box 20036 Encino, CA 91416-0036

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#
07/12/05	16073

Claim # : 0433715
W.C.A.B.: LBO 0366240
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
REPUBLIC INDEMNITY (ENCINO)
W.C. DEPARTMENT
ATTN: SCOTT GROMM
P.O. BOX # 20036
ENCINO, CA 91416-0036

Case: vs LUCKY FASHION
Date Of Injury: 7/29/04

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/05	CT SCAN	REF BY DR NAGELBERG: C/S, L/S*	150.00
07/05/05	PMT BY CHECK	DOS 6/21/05 # 0002671330	-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.

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 INSURANCE GROUP

Employers Elite Insurance Services
P O Box 29074, Glendale, Ca 91209-9074

Workers' Compensation Administrator for
Harbor Specialty Insurance Company

ISSUE DATE	CHECK NO.
04/20/05	5070116293

04/20/05 Claimant: $150.00

ClaimNo: 50700153924 Date of Injury: 07/07/2003

Vendor Invoice: 13164 Billing Date: 04/15/05

IRS Number:

Payment For:

SvcPeriod: 01/10/05 to 01/10/05 Billed Amt: $150.00

Medical: Medical Other: INTERPRETER SERVICES FOR DR. AINBINDER

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

*** INVOICE ***

Date	NO#
04/25/05	13164

Claim # : 50700153924
W.C.A.B.: VNO 0483289
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FREMONT (GLENDALE)
W.C. DEPARTMENT
ATTN: ADRIENNE ROBERTSON
P.O BOX # 29074
GLENDALE, CA 91209

Case: vs KITCOR CORP.
Date Of Injury: 7/7/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/10/05	CT SCAN	REF BY DR AINBINDER: L/S *	150.00
04/20/05	PMT BY CHECK	DOS 1/10/05 # 50701162293	-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 n treatment or med/legal. Reference rules and regulations section 9795.4 and abor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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 SERVICES CORPORATION

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

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

09197

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Contract	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0111308 001 CF	WC 8298257	13261		10/14/04	01/07/05-01/07/05

Check Number	1080053620	Date Issued	02/16/05	Amount	$****150.00
Customer	Able Building Maintenance				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	Joyce Altman Interpreters, Inc.				
Requested By	Yetta Steward				
File Supervisor	Carlota Forbes	Phone Number	818 227-1700		

PAID

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	150.00		

TOTAL $150.00

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#
04/25/05	13261

Claim # : 2080111308-001
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ABLE BLDG. MAINTENANCE
Date Of Injury: 10/14/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/07/05	MRI	REF BY DR SIRAKOFF: LT KNEE*	150.00
02/16/05	PMT BY CHECK	DOS 01/07/05 # 1080053620	-150.00
02/25/05	MRI	REF BY DR SIRAKOFF: L/S*	150.00
04/21/05	PMT BY CHECK	DOS 2/25/05 # 1080057496	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Sedgwick Claims Management Services, Inc
P.O. Box 61537
King of Prussia, PA 19406

DATE	CHECK AMT	CHECK NO.
12/12/2005	186.49	0000717169

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services	001

*000180 3 479 0000717169 00001 OF 00001 OPM 051209 1430

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

Claimant Name	Loss Date	Claim Number	SSN
	12/11/2004	200412180180001	

Amt Paid: 186.49
Amt Billed: 186.49
Dates: 02/14/2005 - 11/17/2005

Description: Miscellaneous Medical
Invoice:
Comment:

ICN: 200412180180001

POSTED

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

E1001 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#
12/21/05	13722

Claim # : 20041218018
W.C.A.B.: LAO 0853442
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LONG BEACH)
W.C. DEPARTMENT
ATTN: DON HODGES
P.O. BOX # 8219
LONG BEACH, CA 90808-8219

Case: vs FOOD 4 LESS
Date Of Injury: 12/11/04

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/05	MRI	REF BY DR RASKEWITZ: C/S, L/S & LT HIP*	150.00
11/17/05	PENALTIES	FOR DATE OF SERVICE 2/14/05	22.50
11/17/05	INTEREST	FOR DATE OF SERVICE 2/14/05	13.99
12/12/05	PMT BY CHECK	DOS 2/14/05 # 0000717169	-186.49

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CHUBB GROUP OF INSURANCE COMPANIES
801 South Figueroa Street 2400
Los Angeles, CA 90017-____

Date of Loss: 02/17/2004
Policy: 000071603773
Occurrence: 000369
Insured: Garden Fresh Restaurant Corp.
Print Date: 05/17/2005 11:00:02 AM

Payment Summary

Payee: Joyce Altman Interpreters

IssueDate: 05/16/2005
Check Number: 1377993
SSN#/TIN#

Date	Claimant	Description	Amount
		Translator	300.00

RALD

Comments: dos 3/22/05 to 4/06/05 sv.

Check Total: 300.00

Claim Representative: LOUIS MARTINEZ

Phone: (213)612-5453

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

*** INVOICE ***

Date	NO#
05/18/05	14482

Claim # : 023204009146
W.C.A.B.: N/A
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO. (L.A.)
W.C. DEPARTMENT
ATTN: LUIS MARTINEZ
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: vs GARDEN FRESH SOUPLANTATION
Date Of Injury: 2/17/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/22/05	MRI	REF BY DR GLANDONF: L/S *	150.00
04/06/05	EMG TESTING	@ ADVANCED CARE: L/E *	150.00
05/16/05	PMT BY CHECK	DOS 3/22/05 THRU 4/6/05 # 1377993	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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*C0FE360164240291701010506230005104
ESIS, INC.
PO BOX 4464
WOODLAND HILLS CA 91365-4464

DATE 06/23/05

CHECK NO. **FE36016424**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 01192 FE36016424
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
9360345000214

DOLLARS
$*********150.00

* NOT NEGOTIABLE *

FOR
01/27/05 THRU 01/27/05 LOC/DR CAPEN

PAID

CLAIMANT

DATE OF EVENT
09/19/03

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

OA108 (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#
06/29/05	13567

Claim # : 93603450002145
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs N/A
Date Of Injury: 9/19/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/27/05	MRI	REF BY DR CAPEN: L/S*	150.00
6/23/05	PMT BY CHECK	DOS 1/27/05 # FE36016424	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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00000614 648217 A 2 0010 02 01204010-0001 00509 A

GALLAGHER BASSETT-LA/THOUSAND
PO BOX 5120
THOUSAND OAKS CA 91359

648217 A 2 0010 02 01204010-0001 00509 A

003776 PAGE 1 OF 1 000808

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

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 866-444-8379
GALLAGHER BASSETT-LA/THOUSAND
PO BOX 5120
THOUSAND OAKS CA 91359

GALLAGHER BASSETT SERVICES INC
FOR SODEXHO

CLAIM NO: 000808 017403 WC 01 (72436001)

CLAIMANT:

DESCRIPTION: DCN 2005124F5463022

BRANCH NO.: 165

ACC. DATE: 09Dec04

DOS:03/18/05 TO 03/18/05

CHK NO. 0043155611

VN. 0000086964

DATE 12May05

######150.00

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#
05/17/05	14404

Claim # : 000808017403-WC-01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs VANGUARD UNIVERSITY
Date Of Injury: 12/9/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/05	MRI	REF BY DR GOTTSCHALK: C/S*	150.00
5/12/05	PMT BY CHECK	DOS 3/18/05 # 0043155611	-150.00

BALANCE 0.00

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Payee: Joyce Altman Interpreters Inc | IRS/SSN: | Check Number: 1151399 | Check Date: 09/02/2005

Claim Number	Claimant Name	Incident Date	Payment Transaction	From	Through	Invoice Recvd.	Invoice #	Amount
39041287		10/21/2003	Interpreter Fees -	08/03/2005	08/03/2005		16716	150.00

ACCA

POSTED

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

*** INVOICE ***

Date	NO#
09/07/05	16716

Claim # : 39041287, 39043958
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ACCA (SAN DIEGO)
W.C. DEPARTMENT
ATTN: ANNE HERSH
P.O. BOX # 85479
SAN DIEGO, CA 92186

Case: vs BEST WESTERN MOTEL
Date Of Injury: 10/21/03

DOS	SERVICE	DESCRIPTION	AMOUNT
08/03/05	MRI	REF BY DR RAH: LT SHOULDER *	150.00
09/02/05	PMT BY CHECK	DOS 9/3/05 # 1151399	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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BROADSPIRE

[redacted]

*** AUDIT OF MEDICAL CHARGES ***

Patient Name: '

Claim/Seq #: 792172327
Employer Name: ALLEGIS GROUP, INC.
Patient Ref#: 16191 Adjustor: RXM

Billing ID #: 888-H-5701802
EOR Date: 05/10/2006
Date of Accident: 05/05/2005
Unique Image ID: 17342445
Page: 1

This Audit was prepared in complicance 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: HORACIO TELON 6710 ETIWANDA AVE RESEDA, CA 91335	EMPLOYER: ALLEGIS GROUP, INC. 1889 N. RICE AVE, STE 207 OXNARD, CA 93030-0000	**JOYCE ALTMAN INTERPRETERS INC** **PO BOX 4165** **TUSTIN, CA 92781 4165**
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: Insurance Company State Of Penn 70 Pine Street New York, NY 10270	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
3/29/2005	C0103	C0103	MISC SERVICES	1	1	150.00	150.00	
/21/2005	C0103	C0103	MISC SERVICES	1	1	22.50	22.50	
2/02/2006	C0103	C0103	MISC SERVICES	1	1	11.25	11.25	

Total Actual Charges	:	$183.75	5/11/06
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$0.00	
Contracted % Discount Reduction	:	$0.00	
Total Reimbursable Amount	:	$183.75	Ck#2810696547

Summary of Codes

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

(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#
05/17/06	16191

Claim # : YMA05315
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (PLEASANT)
W.C. DEPARTMENT
ATTN: LISA JARQUIN
P.O. BOX # 8116
PLEASANTON, CA 94588

Case: vs TEK SYSTEMS
Date Of Injury: 5/5/05

DOS	SERVICE	DESCRIPTION	AMOUNT
06/29/05	MRI	REF BY DR NAGELBERG: BIL HIPS*	150.00
11/21/05	PENALTIES	FOR DATE OF SERVICE 6/29/05	22.50
04/04/06	INTEREST	FOR DATE OF SERVICE 6/29/05	11.25
05/11/06	PMT BY CHECK	DOS 6/29/05 THRU 4/4/06 # 2810696547	-183.75

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Payee: JOYCE ALTMAN INTERPRETER INC
Company Name: Octagon Risk Services, Inc.
Facility: UC Los Angeles Medical Center

IRS/SSN:
Check Number: 80229063

Administrator: MLORENZO
Check Total: $150.00
Check Date: 08/25/2005

njury	From / Through / Account Number	Claim Number / Invoice	Claimant Name	Description
)4/11/2001	03/30/2005 03/30/2005	200107208 14677		Other - Medical

POSTED

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

*** INVOICE ***

Date	NO#
08/29/05	14677

Claim # : 200107208
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
OCTAGON RISK SVCS (L.A.)
W.C. DEPARTMENT
ATTN: MELINX LORENZO
P.O. BOX # 956914
LOS ANGELES, CA 90024

Case: vs U.C.L.A.
Date Of Injury: 4/11/01

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/05	DIAGN STUDY	TOMOGRAM REF BY DR LUCERO: LT WRIST *	150.00
8/25/05	PMT BY CHECK	DOS 03/30/05 # 80229063	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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AIC004

AIG CLAIM SERVICES, INC.
P.O. BOX 334
PARSIPPANY NJ 07054-0334
ADDRESS SERVICE REQUESTED

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

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 36471371
RFP No.: 00963350
11/01/2005

Insured: GEVITY/M AND M FOODS, INC
Claimant:
Producer:
ACT: 12515 020805-051805

Claim Office: 124

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003953531	00132734	01	06/08/2004	MED	O	$145.99	$7,837.68

POSTED

Use file # 124-00132734 **on all correspondence, for prompt processing.**
For check information call: 925-901-2200

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

*** INVOICE ***

Date	NO#
04/20/06	12515

Claim # : 124132734
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FOUR SEASONS FINE FOODS
Date Of Injury: 6/8/04

DOS	SERVICE	DESCRIPTION	AMOUNT
12/08/04	P AND S	DR GROMIS*	150.00
02/08/05	PEN & INT	PER LABOR CODE °4622 DOS 12/8/04	25.99
05/18/05	RE-EVAL	DR GROMIS*	120.00
05/25/05	PMT BY CHECK	DOS 12/8/04 # 36043281	-150.00
11/01/05	PMT BY CHECK	DOS 5/18/05 # 36471371	-145.99
03/08/06	FOLLOW-UP	DR GROMIS*	180.00
04/15/06	PMT BY CHECK	DOS 3/8/06 # 36890206	-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 bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ceived in 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.

*R0DA51999674039501010509010001620
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 4464
WOODLAND HILLS CA 91365-4464

DATE 09/01/05

CHECK NO. DA51999674

STATEMENT

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 01221 DA51999674
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C5166040

DOLLARS
$*********510.00

* NOT NEGOTIABLE *

FOR
04/19/05 THRU 08/02/05 14983

CLAIMANT

DATE OF EVENT
04/05/05

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

PAID

)A18B (02/2003)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
02/10/06	14983

Claim # : 345C516604-0
W.C.A.B.: LAO 0856850
S.S.N. :
D.O.B. : -, -
Terms : 45 days

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

Case: [redacted] vs ALAMITOS BELMONT REHAB. HOSP.
Date Of Injury: 4/5/04 - 4/5/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/05	INITIAL EXAM	DR SIDHU*	150.00
05/19/05	RE-EVAL	DR SIDHU*	120.00
06/21/05	RE-EVAL	DR SIDHU*	120.00
08/02/05	RE-EVAL	DR SIDHU*	120.00
09/01/05	PMT BY CHECK	DOS 4/19/05 THRU 8/2/05 # DA51999674	-510.00
09/20/05	FOLLOW-UP		120.00
10/13/05	P AND S	DR SIDHU*	230.00
12/01/05	PMT BY CHECK	DOS 9/20/05 # DA52591414	-120.00
02/07/06	PMT BY CHECK	DOS 10/13/05 # DA53011930	-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

UB00971

898B 86407974

The Travelers Indemnity Company

DATE: 09/01/05
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 ABU1375A	04/14/05 - 05/19/05	$ 270.00		INV 15140
	152 CB CLS2506N	08/10/05	$ 150.00		INVOICE# 14862
		Total Amount Paid	$******420.00		

PAID

SUMM -121295
OVRPSUM1-121295

ACH CHECK

DETACH CHECK

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

*** INVOICE ***

Date	NO#
09/06/05	15140

Claim # : ABU1375
W.C.A.B.: LBO 0368519
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 HEINZ
Date Of Injury: 10/4/04

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/05	INITIAL EXAM	DR POSPISIL *	150.00
05/19/05	RE-EVAL	DR POSPISIL *	120.00
09/01/05	PMT BY CHECK	DOS 4/14/05 THRU 5/19/05 # 898B 86407974	-270.00

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 bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ceived in 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: 642854 / Accident date: 12/08/2003.
Insured: Landscape Specialist, Inc., Policy: 3800002446031.

The payment is for Miscellaneous Medical Expense. from 01/24/2005 to 11/23/2005.
Check: 0000126513, issued: 05/23/2006, for $680.31

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

Please contact Deanna Smith, telephone: (562) 426-9800 in Long Beach CA, email: deanna.smith@fara.com, if you have questions regarding this payment.

FARA

U.S. Mail

0000598308

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

*** INVOICE ***

Date	NO#
05/26/06	13401

Claim # : 642854
W.C.A.B.: LAO 0853940
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ARTISTIC MAINTENANCE
Date Of Injury: 12/8/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/05	INITIAL EXAM	DR SIDHU *	150.00
03/16/05	P AND S	DR SIDHU *	150.00
9/07/05	RE-EVAL	DR SIDHU *	120.00
11/23/05	FOLLOW-UP	DR SIDHU *	180.00
02/07/06	PENALTIES	FOR DATE OF SERVICE 1/24/05	22.50
04/10/06	INTEREST	FOR DATE OF SERVICE 1/24/05	21.79
02/07/06	PENALTIES	FOR DATE OF SERVICE 3/16/05	22.50
04/10/06	INTEREST	FOR DATE OF SERVICE 3/16/05	13.52
05/23/06	PMT BY CHECK	DOS 1/24/05 THRU 4/10/06 # 0000126513	-680.31

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

*10DA51484387057820101050615001537 7
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 4464
WOODLAND HILLS CA 91365-4464

DATE 06/15/05

CHECK NO. **DA51484387**

STATEMENT

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A21DA 00 01917 DA51484387
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C4559313

DOLLARS
$*********150.00

* NOT NEGOTIABLE *

FOR
03/29/04 THRU 03/29/04 LOC:DR ROSE

CLAIMANT

DATE OF EVENT
03/22/04

PAID

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.

DA18B (02/2003)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
12/06/05	08536

Claim # : 345C4559313 POL#CH3524616
W.C.A.B.: LBO 0358813
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs REMEDY TEMP INC.
Date Of Injury: 3/22/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/29/04	INITIAL EXAM	DR ROSE *	150.00
06/15/05	PMT BY CHECK	DOS 3/29/04 # DA51484387	-150.00
10/20/05	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
12/01/05	PMT BY CHECK	DOS 10/20/05 # DA52592580	-147.00

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.

1446

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

UB01446

898B 88419069

The Travelers Indemnity Company

DATE: 10/13/05
LOSS DATE: 05/03/04
FILE NUMBER: 152 CB AFC3502 N

EMPLOYEE

ACCOUNT NAME:
APW, LTD

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 09/27/2005

TOTAL PAID: $150.00
TAX INFO: 330956713372l476Y
PAY MISC: INV#18183
PAYEE:
JOYCE ALMAN INTERPRETERS

VOIDED

FOR ADDITIONAL INFORMATION, CONTACT: JOCELYN D. HAUBRUGE AT (909)612-3816

004450
DETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
10/18/05	18183

Claim # : 152CBAFC3502-N
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: VS APW INTEGRATED SYSTEMS
Date Of Injury: 5/3/04

DOS	SERVICE	DESCRIPTION	AMOUNT
09/27/05	QME EVAL	DR GROMIS*	150.00
0/13/05	PMT BY CHECK	DOS 9/27/05 # 898B 88419069	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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)1669

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

UB01669

898B 89408709

The Travelers Indemnity Company

DATE: 11/02/05
LOSS DATE: 02/13/05
FILE NUMBER: 152 CB ABU8522 H

EMPLOYEE

ACCOUNT NAME:
QUEBECOR WORLD (USA) INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 09/15/2005

TOTAL PAID: $150.00
TAX INFO: 330956713372l476Y
PAY MISC: INV. #17572
PAYEE:
JOYCE ALMAN INTERPRETERS

POSTED

FOR ADDITIONAL INFORMATION, CONTACT: BENJAMIN TOMILLOSO AT (909)612-3043

004673
DETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
11/07/05	17572

Claim # : ABU8522
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs N/A
Date Of Injury: 2/13/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/15/05	QME EVAL	DR GROMIS *	150.00
1/02/05	PMT BY CHECK	DOS 9/15/05 # 898B 89408709	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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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 INSURANCE GROUP

Employers Compensation Insurance Company
P O Box 9152, Oxnard, CA 93031

ISSUE DATE	CHECK NO.
09/06/06	8030036416

09/06/06 Claimant: $270.00

ClaimNo: 80300151593 Date of Injury: 03/15/2005

Vendor Invoice: 14372 Billing Date: 08/03/06

IRS Number: 330956713

Payment For:

SvcPeriod: 03/17/05 to 03/17/05 Billed Amt: $150.00

Medical: Medical Other: INTERPRETER SERVICES FOR DR SIDHU

SvcPeriod: 05/03/05 to 05/03/05 Billed Amt: $120.00

Medical: Medical Other: INTERPRETER SERVICES FOR DR SIDHU

#270.00

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#
09/08/06	14372

Claim # : 80300151593
W.C.A.B.: POM 0286107
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
EMPLOYERS INS GROUP (OXNARD)
W.C. DEPARTMENT
ATTN: DANNA CLARIZIO
P.O. BOX # 9152
OXNARD, CA 93031

Case: vs MINYA INTERNATIONAL CORP.
Date Of Injury: 3/15/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/17/05	INITIAL EXAM	DR SIDHU *	150.00
05/03/05	RE-EVAL	DR SIDHU *	120.00
9/06/06	PMT BY CHECK	DOS 3/17/05 THRU 5/3/05 # 8030036416	-270.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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AIG004

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 7 7103722547900706763

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

Remittance -
COMMERCE AND INDUSTRY INSURANCE CO.

No.: 37225479
RFP No.: 00706763
09/01/2006

Insured: TITAN PLASTICS GROUP, INC. (A
Claimant:
Producer:
ACT: 16948 081605-081806

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003287679	00113198	01	05/17/2005	MED	O	$651.25	$33,290.62

Use file # 710-00113198 **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#
09/05/06	16948

Claim # : 710113198
W.C.A.B.: LAO 0861086
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TITARI PLASTIC GROUP
Date Of Injury: 5/17/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/05	INITIAL EXAM	DR KHARAZI *	150.00
8/18/05	MEDICAL	WORK CONDITIONING W/ DR KHARRAZI *	150.00
08/23/05	INITIAL EXAM	@ UNITED CARE HEALTH CTR W/ ACUPUNCTURIST *	150.00
08/30/05	RE.EVAL	@ UNITED CARE HEALTH CTR. W/ ACUPUNCTURIST *	120.00
11/28/05	PENALTIES	FOR DATE OF SERVICE 8/16/05	22.50
08/18/06	INTEREST	FOR DATE OF SERVICE 8/16/05	18.29
11/28/05	PENALTIES	FOR DATE OF SERVICE 8/23/05	22.50
08/18/06	INTEREST	FOR DATE OF SERVICE 8/23/05	17.96
09/01/06	PMT BY CHECK	DOS 8/16/05 THRU 6/13/06 # 37225479	-651.25

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 ı treatment or med/legal. Reference rules and regulations section 9795.4 and .abor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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 7774
SAN FRANCISCO CA 94120 7774
415 538-7100

Zurich

American Guarantee & Liability

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

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

00062

PAID

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
201-0128762 001 RB	WC 4376474	15621		04/19/05	05/13/05-05/23/05

Check Number	1010364460	Date Issued	07/21/05	Amount	$****270.00
Insured	Bligh Roof Company				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	Joyce Altman Interpreters, Inc.				
Requested By	Alodie Cooper				
File Supervisor	Richard Bailey	Phone Number	415 538-7100		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	270.00		
TOTAL	$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#
07/27/05	15621

Claim # : 2010128762
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BLIGH ROOF COMPANY
Date Of Injury: 4/19/05

DOS	SERVICE	DESCRIPTION	AMOUNT
05/13/05	INITIAL EXAM	DR DOMARACKI*	150.00
05/23/05	RE-EVAL	DR DOMARACKI*	120.00
07/21/05	PMT BY CHECK	DOS 05/13/05 THRU 05/23/05 #1010364460	-270.00

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.

S. CALIF/COMMERCIAL
333 CITY BLVD W SUITE 1100
ORANGE CA 928682973

10/17/05

0048210304

Claim Number:
WVA0204981-22A250

Carrier:
ST. PAUL FIRE AND MARINE INSURANCE COMPANY

Coverage:
WORKER COMP INDEMNITY

Cause:
FALL OR SLIP INJURY

Date of Loss:
11/20/03

Questions, please call:
MAUREEN HASTINGS
(714) 620-1200

Check Amount:
$********616.50

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

Payment period: FROM 04/19/04 TO 10/06/05

INTREPETERS FEES 04/19/04; 06/19/04; 07/15/05; 09/22/05; 10/06/05 INV # 08685
MPH

POSTED

ST PAUL TRAVELERS

8140 Rev. 11-2004 Printed in U.S.A.

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

*** INVOICE ***

Date	NO#
10/21/05	08685

Claim # : WVA 020498122A250
W.C.A.B.: LBO 0357772
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CONCENTRA (FLORIDA)
W.C. DEPARTMENT
ATTN: LAIMA STURONAS
P O BOX 21607
TAMPA, FL 33622

Case: vs MIMI'S CAFE
Date Of Injury: 11/20/03

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/04	INITIAL EXAM	DR ROSE *	150.00
06/19/04	PEN & INT	PER LABOR CODE °4622	25.50
07/14/05	WCAB LB	MSC	147.00
09/22/05	DEPO PREP	@ THE L/O OF KEGEL, TOBIN & LUCKS	147.00
10/05/05	WCAB LB	MSC	147.00
10/17/05	PMT BY CHECK	DOS 4/19/04 THRU 10/05/05 # 0048210304	-616.50

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 bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ceived in 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.

00003583 644213 A 1 0010 01 01204010-0001 03576 A

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

644213 A 1 0010 01 01204010-0001 03576 A

008686 PAGE 1 OF 1 001537

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

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

CLAIM NO: 001537 012794 WC 01 (E0146) BRANCH NO.: 102 NO. 0041551747

CLAIMANT: ACC. DATE: 05Jun03 VN. 0000153741

DESCRIPTION: DCN 2005038F7249091 DOS:01/13/05 TO 01/13/05

DATE 11Feb05
######150.00

12339

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#
08/24/07	13239

Claim # : 001567-012794-WC01
W.C.A.B.: LBO 0365557
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs EL TORITO
Date Of Injury: 6/5/03

DOS	SERVICE	DESCRIPTION	AMOUNT
01/13/05	INITIAL EXAM	DR VAZQUEZ*	150.00
2/11/05	PMT BY CHECK	DOS 01/13/05 # 0041551747	-150.00
03/02/06	FOLLOW-UP	DR GROMIS*	180.00
10/17/06	WCAB LB	TRIAL	147.00
11/07/06	PMT BY CHECK	DOS 1/13/05 THRU 10/17/06 # 39197317	-327.00
08/13/07	WCAB LB	MSC	147.00
08/15/07	PMT BY CHECK	DOS 08/13/07 #0058189326	-147.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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00091-00091

Metro

PTSC MTA RISK MANAGEMENT AUTHORITY
ONE GATEWAY PLAZA
MS 99-21-2
LOS ANGELES, CA 90012-2952

US

JOYCE ALTMAN INTERPRETERS, INC.,
P O BOX 1460
TUSTIN, CA 92781

Check No.	0000091322
Check Date	10/19/2005
Check Amount	$720.00
IRS/SSN	

Incident Date	Invoice Number	Claimant/Description	Amount
03/15/2005	1-05-07402 15334	EXPENSES - GENERAL	$720.00
		TOTAL	$720.00

POSTED

PAGE 1/1

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

*** INVOICE ***

Date	NO#
03/20/06	15334

Claim # : 1-05-07-402
W.C.A.B.: MON 0325193
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
L.A.C.M.T.A. (L.A.)
W.C. DEPARTMENT
ATTN: MANUEL MARTIN DEL CAMPO
1 GATEWAY PLAZA
LOS ANGELES, CA 90012

Case: vs L.A.C.M.T.A.
Date Of Injury: 12/23/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/05	FOLLOW-UP	DR GROMIS*	120.00
4/12/05	FOLLOW-UP	DR GROMIS*	120.00
05/10/05	FOLLOW-UP	DR GROMIS*	120.00
06/14/05	FOLLOW-UP	DR GROMIS*	120.00
07/12/05	FOLLOW-UP	DR GROMIS*	120.00
08/16/05	FOLLOW-UP	DR GROMIS*	120.00
10/19/05	PMT BY CHECK	DSO 3/15/05 THRU 8/16/05 # 0000091322	-720.00
01/03/06	FOLLOW-UP	DR GROMIS*	180.00
02/07/06	FOLLOW-UP	DR GROMIS*	180.00
03/16/06	PMT BY CHECK	DOS 1/3/06 THRU 2/7/06 # 0000114061	-360.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Explanation of Review (EOR)

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

Provider Number: 330956713

Check #: **CU-603004**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 12/07/05
Doc #: 008110952

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	SA633986	**Date of Injury:**	02/19/03	
1	20051206093341 90CJC 01U	10/09/03	TXI	Non Med Legal Interp	1				
2	20051206093341 90CJC 01U	11/06/03	TXI	Non Med Legal Interp	1				
3	20051206093341 90CJC 01U	12/07/03	TXI	Non Med Legal Interp	1				
4	20051206093341 90CJC 01U	12/13/03	TXI	Non Med Legal Interp	1				
								Subtotal:	
		Patient Name:			**Claim #:**	02843460	**Date of Injury:**	07/28/05	
5	20051206140845 13RLJ 01U	08/24/05	TXI	Interpreting	1				
6	20051206140845 13RLJ 01U	09/21/05	TXI	Interpreting	1				
7	20051206140845 13RLJ 01U	10/31/05	TXI	Interpreting	1				
								Subtotal:	
		Patient Name:			**Claim #:**	SA455246	**Date of Injury:**	01/02/04	
	ICD-9 Code: 959.9 INJURY SITE NOS								
8	20051205131631 70MBB 01U	10/26/05	TXI	Intnm	1	147.00	57.00	INT1	
		Patient Name:			**Claim #:**	01337335	**Date of Injury:**	06/22/03	
9	20051017101815 13H1A 02A	09/01/05	TXI	Non Med/Legal Interp	1				
				Sub-Totals:					
				Adjustment:					
				Totals:					
		Patient Name:			**Claim #:**	01054821	**Date of Injury:**	03/04/02	
10	20051206074157 27KDE 01U	08/19/05	TXI	Non-Medical Legal In	1	150.00	.00	G32	150.00
		Patient Name:			**Claim #:**	SA640844	**Date of Injury:**	02/09/04	
11	[illegible]1313203994DJS 03UA	01/21/05	TXI	Nml Interpreting	1				
				Sub-Totals:					
				Adjustment:					
				Totals:					
		Patient Name:			**Claim #:**	01472988	**Date of Injury:**	06/02/04	
12	20051205125436 90AAR 01U	10/21/05	TXI	Interpreter	1				
13	20051205125436 90AAR 01U	10/28/05	TXI	Interpreter	1				

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.

J8-1900811095201J

POSTED

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

*** INVOICE ***

Date	NO#
12/09/05	17071

Claim # : 01054821 - 02352998
W.C.A.B.: LBO 0368972
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RA PHILIPS INDUSTRIES
Date Of Injury: CT 3/4/02 - 1/19/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/19/05	QME EVAL	DR CHIN*	150.00
/07/05	PMT BY CHECK	DOS 8/19/05 # CU-603004	-150.00

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 659011
Sacramento, CA 95865-9011
(916)567-7500

Provider Number: 330956713

Check #: **CI -117129**

JOYCE ALTMAN INTERPRETERS, INC
Po Box 4165
Tustin CA 92781

Issue Date: 03/13/06
Doc #: 009033484

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** TL369596		
1	16488	07/20/05	07/20/05	Med-Legal Evals & Costs	1		120.00
					Total Allowances:		**$120.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
TL369596	120.00	.00	120.00

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.

0124470300903348401 1

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

*** INVOICE ***

Date	NO#
03/20/06	16488

Claim # : 7D-TL369596
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX# 254700
SACRAMENTO, CA 95865-4700

Case: vs CALIFORNIA DEPT OF CORRECTIONS
Date Of Injury: 3/8/04

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/05	RE-EVAL	DR PAYANDEH*	120.00
/13/06	PMT BY CHECK	DOS 7/20/05 # CI-117129	-120.00

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-580177

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/08/05
Doc #: 007826369

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 01543884			
1	19039	10/06/05	10/06/05	Interpreter fees	1		
			Patient Name: [redacted]	**Claim #:** SA635095			
2	16707	08/04/05	08/04/05	Interpreter fees	1		150.00

Total Allowances:

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01543884			
SA635095	150.00	.00	150.00

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Notations:

01543884	19039;
SA635095	INV # 16707;

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

POSTED

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

*** INVOICE ***

Date	NO#
11/10/05	16707

Claim # : SA635095
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TACO BELL
Date Of Injury: 9/23/03

DOS	SERVICE	DESCRIPTION	AMOUNT
/04/05	MRI	REF BY DR REY: L/S*	150.00
/08/05	PMT BY CHECK	DOS 8/4/05 # CU-580177	-150.00

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-802326
16662

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 08/15/06
Doc #: 010487940

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 01479938			
1	FULL/FINAL	08/02/05	08/02/05	Medical Services	1		150.00
						Total Allowances:	**$150.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01479938	150.00	.00	150.00

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:

01479938 FULL/FINAL SATISFACTION; OF LIEN/BILLS PER STIP &; ORDER DTD 8/10/06;

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!

0125551601048794001 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#
08/17/06	16662

Claim # : 01479938
W.C.A.B.: N/A
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs CLARY ROOFING
Date Of Injury: 6/11/04

DOS	SERVICE	DESCRIPTION	AMOUNT
08/02/05	MRI	REF BY DR MISSIRIAN: C/S, L/S & RT KNEE*	150.00
08/15/06	PMT BY CHECK	DOS 8/2/05 # CU-802326	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Market Rate

Oct 2005 - Year 2006

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

Oct 2005 - Year 2006

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
19137	10/20/2005	11/17/2005	$ 150.00	$ 150.00	1488184	11/15/2005	Kaiser Permanente
19225	10/26/2005	6/27/2006	$ 183.04	$ 183.04	37047909	6/20/2006	AIG Domestic Claims
08061	10/31/2005	12/6/2005	$ 150.00	$ 150.00	0000388196	12/2/2005	Applied Underwriters
19186	10/27/05 thru 2/2/06	7/12/2006	$ 920.00	$ 920.00	70128990	2/21/2006	Octagon Risk Services
19680	11/21/2005	9/27/2006	$ 230.00	$ 230.00	898B93180906	1/20/2006	The Travelers
19224	10/26/05 thru 10/26/05	1/17/2006	$ 250.00	$ 250.00	103365530	1/11/2006	CNA
19622	11/15/05 & 12/6/05	1/13/2006	$ 380.00	$ 380.00	1080658386	1/10/2006	Zurich American Insurance Co.
19135	10/20/2005	11/29/2005	$ 150.00	$ 150.00	0000375088	11/22/2005	Sedgwick Claims Mgmt. Svcs.
18992	10/10/05 thru 10/10/05	11/2/2005	$ 250.00	$ 250.00	898B89194797	10/28/2005	The Travelers
21695	4/24/2006	10/10/2007	$ 230.00	$ 230.00	370294435	6/13/2006	AIG Domestic Claims
20683	2/7/06 & 5/2/06	5/24/2006	$ 330.00	$ 330.00	36982062	5/20/2006	AIG Domestic Claims
20876	2/28/2006	5/9/2006	$ 230.00	$ 230.00	1248500	4/10/5318	ACCA
20559	1/24/06 & 8/8/06	9/19/2006	$ 410.00	$ 410.00	37263066	9/16/2006	AIG Domestic Claims
21771	5/3/06 thru 7/24/06	9/25/2006	$ 640.00	$ 640.00	37279223	9/23/2006	AIG Domestic Claims
15881	3/29/2006	5/5/2006	$ 230.00	$ 230.00	DA53553583	5/2/2006	ACE USA
21470	4/7/06 thru 2/20/07	4/4/2008	$ 1,103.57	$ 1,103.57	0016745769	3/31/2008	Sedgwick Claims Mgmt. Svcs.
23499	10/16/2006	4/22/2008	$ 180.00	$ 180.00	100465216 0	4/17/2008	Specialty Risk Services
22827	8/25/06 thru 2/21/07	6/12/2007	$ 609.14	$ 609.14	0002408646	6/6/2007	Sedgwick Claims Mgmt. Svcs.
20359	7/24/06 thru 7/5/07	8/13/2007	$ 1,703.68	$ 1,703.68	0014534567	8/7/2007	Sedgwick Claims Mgmt. Svcs.
22732	8/14/06 thru 3/13/07	6/7/2007	$ 1,049.03	$ 1,049.03	0000537098	3/30/2007	Sedgwick Claims Mgmt. Svcs.
20570	1/26/2006	10/12/2007	$ 230.00	$ 230.00	0009966899	4/3/2006	Sedgwick Claims Mgmt. Svcs.
20547	1/17/2006	1/17/2006	$ 230.00	$ 230.00	0000867066	7/18/2006	Sedgwick Claims Mgmt. Svcs.

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
19534	5/30/06 thru 2/13/07	8/20/2007	$ 1,002.57	$ 1,002.57	0014693034	8/29/2007	Sedgwick Claims Mgmt. Svcs.
21217	3/13/2006	9/13/2006	$ 180.00	$ 180.00	00116375582	9/7/2006	Sedgwick Claims Mgmt. Svcs.
20480	1/16/2006	2/27/2006	$ 230.00	$ 230.00	WC0402094*20	2/22/2006	Springfield Insurance
10642	10/24/06 thru 4/9/07	6/12/2007	$ 181.34	$ 181.34	896D36113184	6/5/2007	The Travelers
21643	4/4/2006	5/16/2006	$ 180.00	$ 180.00	898B98678043	5/9/2006	The Travelers
20343	12/13/05 & 1/18/06	2/9/2006	$ 380.00	$ 380.00	896D10780578	2/6/2006	The Travelers
20926	2/24/06 thru 5/31/06	7/28/2006	$ 820.00	$ 820.00	896D13464117	6/21/2006	The Travelers
20827	2/15/2006	3/27/2006	$ 230.00	$ 230.00	303265	3/24/2006	Tristar Risk Management
12811	12/23/04 & 5/12/06	6/27/2006	$ 300.00	$ 300.00	9766903265	6/23/2006	Safeway
20847	2/13/06 thru 3/2/06	5/4/2006	$ 360.00	$ 360.00	83193318	4/21/2006	Risk Enterprise Management
21897	5/8/06 thru 8/25/06	9/7/2006	$ 273.85	$ 273.85	50352462	9/5/2006	Octagon Risk Services
19457	10/27/05 thru 2/7/06	9/28/2006	$ 530.00	$ 530.00	0100201618	2/16/2006	Majestic Insurance
22243	5/31/2006	9/1/2006	$ 230.00	$ 230.00	630815	7/11/2006	Mitsui Sumitomo
21954	4/26/06 thru 5/18/06	3/10/2008	$ 460.00	$ 460.00	355318	7/19/2006	ICW
21954	6/29/2006	3/10/2008	$ 180.00	$ 180.00	356431	8/2/2006	ICW
09274	8/15/06 thru 8/29/07	9/7/2007	$ 441.00	$ 441.00	0058573336	9/5/2007	Gallagher Bassett
21711	4/25/06 thru 7/12/06	8/29/2006	$ 271.60	$ 271.60	38261250	8/24/2006	Gallagher Bassett
22073	7/12/06 thru 8/21/06	1/5/2007	$ 360.00	$ 360.00	38727100	9/29/2006	Gallagher Bassett
22279	6/21/2006	7/28/2006	$ 230.00	$ 230.00	37849431	7/21/2006	Gallagher Bassett
21399	3/30/2006	4/18/2006	$ 230.00	$ 230.00	0049026336	4/11/2006	Gallagher Bassett
21187	3/15/2006	6/13/2006	$ 180.00	$ 180.00	49745745	6/9/2006	Fireman's Fund Ins. Co.
21775	4/19/06 & 5/17/06	11/20/2006	$ 410.00	$ 410.00	9244372	6/12/2006	Frank Gates Service Co.
21299	3/20/06 thru 4/27/06	10/23/2007	$ 530.00	$ 530.00	9233767	5/24/2006	Frank Gates Service Co.
20677	2/9/06 & 2/28/06	5/15/2006	$ 410.00	$ 410.00	2810686736	5/8/2006	Frank Gates Service Co.
20881	2/23/06 thru 5/11/06	10/9/2006	$ 1,630.00	$ 1,630.00	00043003	9/13/2006	Everest National Ins. Co.

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
21137	3/7/2006	4/3/2008	$ 180.00	$ 180.00	103988004	3/28/2008	CNA
20602	1/18/2006	2/28/2006	$ 180.00	$ 180.00	0373078467	2/25/2006	Crawford & Company
20823	2/15/06 thru 6/14/06	7/5/2006	$ 632.12	$ 632.12	0000661196	6/30/2006	Cambridge Integrated Svcs. Group
20322	3/27/2006	8/30/2006	$ 180.00	$ 180.00	0000217153	4/20/2006	Crum & Forster
20322	12/19/05 thru 7/17/06	8/30/2006	$ 691.46	$ 691.46	0000332355	8/25/2006	Crum & Forster
20378	12/29/05 thru 3/2/06	5/31/2006	$ 590.00	$ 590.00	003682990	4/7/2006	Cambridge Integrated Svcs. Group
21230	3/13/2006	3/7/2008	$ 230.00	$ 230.00	0000228754	5/2/2006	Crum & Forster
20609	1/25/06 thru 2/15/07	8/17/2007	$ 833.92	$ 833.92	41219	9/14/2007	Berkshire Hathaway
21318	3/27/2006	10/30/2006	$ 180.00	$ 180.00	6140586929	5/1/2006	Kemper
20505	4/24/2006	6/19/2006	$ 180.00	$ 180.00	2810717674	5/19/2006	Broadspire
20505	5/15/2006	6/19/2006	$ 230.00	$ 230.00	2810768160	6/15/2006	Broadspire
22118	5/24/2006 - 12/13/2006	5/4/2007	$ 3,140.26	$ 3,140.26	CP-251414	4/30/0007	State Compensation Insurance Fund
20730	8/28/2006	4/202007	$ 180.00	$ 180.00	CH-072972	9/26/2006	State Compensation Insurance Fund
	8/4/2006		$ 180.00	$ 180.00	CH-071302	9/6/2006	
	7/14/2006		$ 180.00	$ 180.00	CH-070092	8/18/2006	
	6/26/2006		$ 180.00	$ 180.00	CH-068275	8/1/2006	
	5/17/2006		$ 180.00	$ 180.00	CH-067216	7/19/2006	
	5/10/2006		$ 180.00	$ 180.00	CH-064567	6/21/2006	
	4/26/2006		$ 180.00	$ 180.00	CH-063696	6/13/2006	
	3/31/2006		$ 180.00	$ 180.00	CH-060866	5/12/2006	
	3/10/2006		$ 180.00	$ 180.00	CH-058368	4/18/2006	
	2/1/2006 - 2/17/2006		$ 410.00	$ 410.00	CH-057131	4/4/2006	
	12/18/2006 - 1/8/2007		$ 360.00	$ 360.00	CH-083307	2/8/2007	
	9/13/2006		$ 180.00	$ 180.00	CH-074229	10/12/2006	

KAISER PERMANENTE

WORKERS COMPENSATION ACCOUNT

1488184
11/15/05

escription	From Date	To Date	Invoice #	Invoice Amt	Amount
nterpreter	10/20/2005	10/20/2005	19137	$0.00	$150.00

laim Number: 62003115535 Claimant: Payee: JOYCE ALTMAN INTERPRETERS
heck Number: 1488184 Total Check Amt: $150.00 Event Date: 09/09/2003 Department: 6000-02-401-4350 O/P MED RECORDS-DAY

POSTED

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

*** INVOICE ***

Date	NO#
11/17/05	19137

Claim # : 62003115535
W.C.A.B.: MON 0314064
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
KAISER PERMANENTE (OAKLAND)
W.C. DEPARTMENT
ATTN: RODRICK BATTLE
P.O. BOX # 12927
OAKLAND, CA 94604-2927

Case: vs KAISER PERMANENTE
Date Of Injury: 9/11/03

DOS	SERVICE	DESCRIPTION	AMOUNT
10/20/05	MRI	REF BY DR SILVER: C/S, L/S*	150.00
1/15/05	PMT BY CHECK	DOS 10/20/05 # 1488184	-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 n treatment or med/legal. Reference rules and regulations section 9795.4 and abor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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 2933704790900246995

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

Remittance –
AMERICAN HOME ASSURANCE COMPANY

No.: 37047909
RFP No.: 00246995
06/20/2006

Insured: VANGUARD CAR RENTAL
Claimant:
Producer:
102605-051706

PAID

Claim Office: 293

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003715381	00126487	01	12/22/2003	MED	O	$183.04	$21,955.21

Use file # 293-00126487 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
06/27/06	19225

Claim # : 293126487
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: RENTAL CAR
Date Of Injury: 12/23/03

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/05	MRI	REF BY DR NAGELBERG:RT WRIST	150.00
01/10/06	PENALTIES	FOR DATE OF SERVICE 10/26/05	22.50
`5/17/06	INTEREST	FOR DATE OF SERVICE 10/26/05	10.54
,6/20/06	PMT BY CHECK	DOS 10/26/05 THRU 5/17/06 # 37047909	-183.04

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

pplied Risk Services, Inc.
O. Box 281900
an Francisco, CA 94128-1900

APPLIED UNDERWRITERS

Medical Payment

Check Date:	12/02/05
Service Begining:	10/31/05
Service Ending:	10/31/05

CK# 0000388196

Claimant Name	Date Of Birth	Date Of Injury	Claim #
		12/23/03	12537

Bill #	Dates Of Service	Billed Amt.	Allowed Amt.	Discount Amt.	Net Amt.
8061	10/31/05-10/31/05	150.00	150.00	0.00	150.00

Messages

POSTED

Total	150.00

REMOVE DOCUMENT ALONG THIS 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#
12/06/05	08061

Claim # : 12537
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
APPLIED RISK SERVICES (SF)
W.C. DEPARTMENT
ATTN: ERIC THOMPSON
P.O. BOX# 281900
SAN FRANCISCO, CA 94128-1900

Case: vs INNOVATIVE STORE SYSTEMS
Date Of Injury: 12/23/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/04	NCV	DIAGNOSTIC STUDY INTERP: U/E	150.00
3/24/04	INITIAL EXAM	DR RATINER	150.00
06/21/04	PMT BY CHECK	DOS 3/9/04 & 3/24/04 # 0000166920	-300.00
10/31/05	CT SCAN	REF BY DR VARU:ABDOMEN	150.00
12/02/05	PMT BY CHECK	DOS 10/31/05 # 0000388196	-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 n treatment or med/legal. Reference rules and regulations section 9795.4 and .bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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

Company Name: Octagon Risk Services Inc | Policy ID: | Administrator: TSCASTO

Facility: CSU, San Bernardino | IRS/SSN: | Check Total: $920.00

Check Number: 70128990 | Check Date: 02/21/2006

Injury	From Account Number	Through	Claim Number Invoice	Claimant Name	Description	Payment Amount
8/01/2001	10/27/2005	02/02/2006	063A01428 19186		Other - Expense	$920.00

4LD

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

*** INVOICE ***
Date NO#
07/12/06 19186

Claim # : 063A01428
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
OCTAGON RISK SVCS (OAKLAND)
W.C. DEPARTMENT
ATTN: JANET BARRERA
P O BOX # 2078
OAKLAND, CA 94604

Case: vs CALIFORNIA STATE UNIVERSITY
Date Of Injury: 8/2001

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/05	INITIAL EXAM	DR GROMIS*	230.00
12/01/05	FOLLOW-UP	DR GROMIS*	180.00
12/29/05	FOLLOW-UP	DR GROMIS*	180.00
01/31/06	MRI	REF BY DR GROMIS: C/S, L/S, RT SHOULDER*	150.00
02/02/06	FOLLOW-UP	DR GROMIS*	180.00
02/21/06	PMT BY CHECK	DOS 10/27/05 THRU 2/2/06 # 70128990	-920.00
03/09/06	FOLLOW-UP	DR GROMIS*	180.00
03/27/06	PMT BY CHECK	DOS 3/9/06 # 70132724	-180.00
05/10/06	P AND S	DR GROMIS*	230.00
07/10/06	PMT BY CHECK	DOS 5/10/06 # 70144445	-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 bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ceived in 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 - ORANGE CL CLAIM
WC CLAIM DEPT
PO BOX 14246
ORANGE CA 92863

0

898B 93180906

The Travelers Indemnity Company

DATE: 01/20/06
LOSS DATE: 02/24/05
FILE NUMBER:

EMPLOYEE

ACCOUNT NAME:

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

ST. PAUL FIRE AND MARINE CANADIAN BRANCH

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 11/21/2005

TOTAL PAID: $230.00
TAX INFO: 330956713372147 6Y
PAY MISC: INV. 19680
PAYEE:
JOYCE ALMAN INTERPRETERS

FOR ADDITIONAL INFORMATION, CONTACT:

020010525
DETACH CHECK

UNSUMM
OVRPUNS
DETACH CHECK

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

*** INVOICE ***

Date	NO#
09/27/06	19680

Claim # : 221 CB V1X8918R
W.C.A.B.: LBO 0373950
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs NATUAR
Date Of Injury: 2/24/05

DOS	SERVICE	DESCRIPTION	AMOUNT
11/21/05	INITIAL EXAM	DR AMERI*	230.00
01/20/06	PMT BY CHECK	DOS 11/21/05 # 898B 93180906	-230.00
4/07/06	FOLLOW-UP	DR HUSSAIN*	180.00
05/09/06	PMT BY CHECK	DOS 4/7/06 # 898B 98678043	-180.00
05/12/06	FOLLOW-UP	DR KATTAR*	180.00
05/31/06	PMT BY CHECK	DOS 5/12/06 # 898B 99735489	-180.00
06/23/06	RE-EVAL	DR HUSSAIN*	180.00
07/19/06	PMT BY CHECK	DOS 6/23/06 # 896D 15185889	-180.00
07/28/06	FOLLOW-UP	DR HUSSAIN*	180.00
08/30/06	P AND S	DR KATTAR*	230.00
09/05/06	WCAB LB	EXPEDITED HEARING	147.00
09/15/06	RE-EVAL	DR HUSSAIN*	180.00
09/14/06	PMT BY CHECK	DOS 11/21/05 THRU 8/30/06 # 896D 19000341	-410.00
09/21/06	PMT BY CHECK	DOS 9/5/06 # 896D 19488681	-147.00

BALANCE 180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

PO BOX 6500
BREA CA 92822

CNA

JOYCE ALTMAN INTERPRETERS

PO BOX 4165
TUSTIN CA 92781-4165

CK#10332553D

* To expedite handling of your claim, please include our claim number on all future correspondence to us.						Claim Number * [redacted]	
Insured/Client [redacted]		Claimant [redacted]				ATT	01/11/06
Date of Loss	Total WC Ind to Date	From - thru Dates	Suff/DT	TRAN Code#	EXP	Pay Code#	Amount
10/10/00		10/26/05-10/26/05	MED	26	TR		$250.00
							MRA&MRI
							$250.00

Reason
INV 19224 DR NAGELBERG

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

ACRMWF 2.11.02

PLEASE DETACH BEFORE CASHING

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

*** INVOICE ***

Date	NO#
01/17/06	19224

Claim # : 82586630
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CNA CLAIM PLUS
W.C. DEPARTMENT
ATTN: LORE GARY
P.O. BOX # 6500
BREA, CA 92822-6500

Case: vs VIRCO MFG CORP.
Date Of Injury: 10/10/00

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/05	MRA	REF BY DR NAGELBERG:RT SHLDR*	125.00
10/26/05	MRI	REF BY DR NAGELBERG:RT SHLDR*	125.00
11/11/06	PMT BY CHECK	DOS 10/26/05 # 103365530	-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).

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

Zurich American Insurance Co.

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

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781

00308

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
262-0180576 001 MR	WC 9303302	19622		09/05/03	11/15/05-12/06/05

Check Number	1080658386	Date Issued	01/10/06	Amount	$****380.00
Insured	Virco Mfg. Corporation				
Claimant					
Nature of Payment	WC MEDICAL PAYMENT NOT OTHERWISE SPECIFIED				
Issued To	JOYCE ALTMAN INTERPRETERS				
Requested By					
File Supervisor		Phone Number			

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	380.00		
TOTAL	$380.00		

POSTED

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713 CERT# 300624

*** INVOICE ***

Date	NO#
01/13/06	19622

Claim # : 2620180576
W.C.A.B.: LBO 0373649
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INSURANCE CO.
W.C. DEPARTMENT
ATTN: EVA REALE
P.O. BOX # 981030
WEST SACRAMENTO, CA 95798

Case: vs 0VIRGO MFG CORP
Date Of Injury: 9/5/03

DOS	SERVICE	DESCRIPTION	AMOUNT
11/15/05	INITIAL EXAM	DR PAYANDEH *	230.00
12/06/05	NCV	DIAGNOSTIC STUDY INTERP:U/E *	150.00
01/10/06	PMT BY CHECK	DOS 11/15/05 THRU 12/6/05	-380.00

BALANCE 0.00

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

Sedgwick Claims Management Services, Inc
P O Box 61563
King of Prussia PA 19406

DATE	CHECK AMT	CHECK NO.
11/22/2005	150.00	0000375088

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*001121 12 2158 0000375088 00001 OF 00001 OPM 051121 1602

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

Claimant Name	Loss Date	Claim Number	SSN
	03/17/1999	WC648098600	

Amt Paid: 150.00
Amt Billed: 150.00
Dates: 10/20/2005 - 10/20/2005

Description: Miscellaneous Medical
Invoice: 19135
Comment: #19135

ICN: WC648098600

VOIDED

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

E1001J-KM (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#
11/29/05	19135

Claim # : 648098600
W.C.A.B.: VNO 0388196
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CMS - Long Beach
W.C. DEPARTMENT
ATTN: ERNIE PARK
P.O. BOX # 61537
KING OF PRUSSIA, PA 19406

Case: [redacted] vs WEST VALLEY OCCUPATIONAL
Date Of Injury: 3/17/99

DOS	SERVICE	DESCRIPTION	AMOUNT
10/20/05	MRI	REF BY DR NAGELBERG: L/S*	150.00
11/22/05	PMT BY CHECK	DOS 10/20/05 # 0000375088	-150.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

000842

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

UB00842

898B 89194797

The Travelers Indemnity Company

DATE: 10/28/05
LOSS DATE: 06/18/04
FILE NUMBER: 152 CB ABU0824 F

EMPLOYEE

ACCOUNT NAME:
LAKESHORE LEARNING MATERIALS

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 10/10/2005

TOTAL PAID: $250.00
TAX INFO: 330956713372147 6Y
PAY MISC: INV#18992
PAYEE:
JOYCE ALMAN INTERPRETERS

POSTED

FOR ADDITIONAL INFORMATION, CONTACT: DIANE YOUNG AT (909)612-3266

301003846
DETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
11/02/05	18992

Claim # : ABU0824
W.C.A.B.: MON 0331338
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs LAKESHORE LEARNING CENTER
Date Of Injury: 6/18/04

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/05	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
10/10/05	EMG TESTING	REF BY DR MASHOOF: L/E*	125.00
10/28/05	PMT BY CHECK	DOS 10/10/05 # 898B 89194797	-250.00

BALANCE 0.00

INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

AIG004

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

ABOVE ADDRESS ONLY FOR RETURNS
IS 000 9 7103702943500305062

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

Remittance –
AMERICAN HOME ASSURANCE COMPANY

No.: 37029435
RFP No.: 00305062
06/13/2006

Insured: GRUMA CORP
Claimant:
Producer:
042406-042406

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003825771	00174074	01	08/17/2005	MED	O	$230.00	$12,363.00

Use file # 710-00174074 **on all correspondence, for prompt processing.**
For check information call: 714-436-3970

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

*** INVOICE ***

Date	NO#
10/10/07	21695

Claim # : 710174074
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MISSION FOODS
Date Of Injury: 8/17/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/24/06	INITIAL EXAM	ACUP. W/ DR NGUYEN:RT SHLDR*	230.00
06/13/06	PMT BY CHECK	DOS 4/24/06 # 370294435	-230.00
10/05/06	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	147.00
12/12/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
02/23/07	PENALTIES	FOR DATE OF SERVICE 10/5/06	22.05
02/23/07	INTEREST	FOR DATE OF SERVICE 10/5/06	7.46
02/23/07	PENALTIES	FOR DATE OF SERVICE 12/12/06	37.50
02/23/07	INTEREST	FOR DATE OF SERVICE 12/12/06	7.33
03/20/07	PMT BY CHECK	DOS 10/5/06 THRU 12/12/06 # 37685811	-397.00
10/16/07	PMT BY CHECK	DOS 4/24/06-3/20/07 # 24496227	-74.34

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), 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 001 2 7103698006200201345

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

Remittance - **No.:** 36980062
RFP No.: 00201345
05/20/2006

GRANITE STATE INSURANCE COMPANY
Insured:
Claimant: COUSINS CARPET, INC. (A CORP) **Claim Office:** 710
Producer:

ACT: 710221663 020706-050206

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000001519584	00221663	01	11/14/2005	MED	O	$330.00	$3,787.68

Use file # - 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#
05/24/06	20683

Claim # : 710221663
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COUSIN CARPET
Date Of Injury: 11/14/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/07/06	NCV	DIAGNOSTIC STUDY INTERP: U/E	150.00
05/02/06	FOLLOW-UP	DR PAYANDEH	180.00
05/20/06	PMT BY CHECK	DOS 2/7/06 THRU 5/2/06 # 36982062	-330.00

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 treatment or med/legal. Reference rules and regulations section 9795.4 and bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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: Check Number: 1248500 Check Date: 05/02/2006

Claim Number	Claimant Name	Incident Date	Payment Transaction	From	Through	Invoice Recvd.	Invoice #	Amount
9037430	Ortega, Sofia	08/01/2003	Lien Payment -	05/02/2006	05/02/2006			750.00
9014088		01/30/2002	Interpreter Fees -	02/28/2006	02/28/2006		20876	230.00

ACCA

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#
05/09/06	20876

Claim # : 39014088;39056421
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ACCA (SAN FRANCISCO)
W.C. DEPARTMENT
ATTN: BILL NATHAN
P.O. BOX # 7027
SAN FRANCISCO, CA 94120-7027

Case: vs BROADWAY KNOTTING MILLS
Date Of Injury: 1/30/02;1/19/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/28/06	QME EVAL	DR SCHILLING	230.00
05/02/06	PMT BY CHECK	DOS 2/28/06 # 1248500	-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 or Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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 001 2 7103726306600774992

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

Remittance –
GRANITE STATE INSURANCE COMPANY

No.: 37263066
RFP No.: 00774992
09/16/2006

Insured: AERO VOICE (A CORP)
Claimant:
Producer:

Claim Office: 710

INV #: 20559 012406-080806

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000005405390	00110339	01	05/05/2005	MED	O	$410.00	$4,500.88

PAID

Use file # 710-00110339 **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#
09/19/06	20559

Claim # : 710110339
W.C.A.B.: N/A
S.S.N. : - -
D.O.B. : i
Terms : 45 days

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

Case: vs AEROVOICE
Date Of Injury: 5/5/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/24/06	FOLLOW-UP	DR PAYANDEH	180.00
08/08/06	P AND S	DR PAYANDEH	230.00
09/16/06	PMT BY CHECK	DOS 1/24/06 THRU 8/8/06 # 37263066	-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 bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ceived in 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
IS 000 9 7103727922300817842

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

Remittance –
AMERICAN HOME ASSURANCE COMPANY

No.: 37279223
RFP No.: 00817842
09/23/2006

Insured: BLUE COLLAR, INC.
Claimant:
Producer:
ACT: 21771 050306-072406

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000005502947	00246854	01	04/19/2006	MED	O	$640.00	$1,989.26

PAID

Use file # 710-00246854 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

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

*** INVOICE ***

Date	NO#
09/25/06	21771

Claim # : 710246854
W.C.A.B.: LBO 0378407
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs BLUE COLLAR STAFFING SOLUTIONS
Date Of Injury: 4/19/06

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/06	INITIAL EXAM	DR DOMARACKI	230.00
07/07/06	RE-EVAL	DR DOMARACKI	180.00
07/24/06	P AND S	DR DOMARACKI	230.00
09/23/06	PMT BY CHECK	DOS 5/3/06 THRU 7/24/06 # 37279223	-640.00

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.

*10DA53:5358204993010106050200132 15
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 4464
WOODLAND HILLS CA 91365-4464

DATE 05/02/06

CHECK NO. DA53553582

STATEMENT

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A21DA 00 01318 DA53553582
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

FILE ID
345C4717570

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

* NOT NEGOTIABLE *

FOR
03/29/06 THRU 03/29/06 NO#15881/@DR.GROMIS

CLAIMANT

DATE OF EVENT
07/17/04

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.

A18B (02/2003)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
05/05/06	15881

Claim # : C34C4717570
W.C.A.B.: N/A
S.S.N. : - -
D.O.B. : N/A
Terms : 45 days

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

Case: , vs VARCO INTERNATIONAL INC.
Date Of Injury: 7/17/04

DOS	SERVICE	DESCRIPTION	AMOUNT
05/10/05	QME EVAL	DR GROMIS	150.00
07/05/05	PMT BY CHECK	DOS 5/10/05 # DA51605150	-150.00
3/29/06	INITIAL EXAM	DR GROMIS	230.00
05/02/06	PMT BY CHECK	DOS 3/29/06 # DA53553583	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

DATE	CHECK AMT	CHECK NO.
3/31/2008	1,103.57	0016745769

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
210 Sedgwick Claims Management Services	1

2261

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

Claimant Name		Loss Date	Claim Number	SSN
		01/06/2006	A621000736-0001-01	

Amt Paid: 1103.57 Description:
Amt Billed: 1103.57 Invoice: 21470 ICN: A621000736000101
Dates: 04/07/2006 - 02/20/2007 Comment:

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#
04/04/08	21470

Claim # : A621000736
W.C.A.B.: LAO 0865049,99
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LONG BEACH)
W.C. DEPARTMENT
ATTN: Sally Schmitzer
P.O. BOX # 8219
LONG BEACH, CA 90808-8219

Case: vs BIG LOTS STORES INC.
Date Of Injury: 6/1/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/07/06	INITIAL EXAM	DR SIDHU*	230.00
06/09/06	FOLLOW-UP	DR SIDHU*	180.00
08/18/06	FOLLOW-UP	DR SIDHU*	180.00
09/29/06	FOLLOW-UP	DR SIDHU*	180.00
10/25/06	P AND S	DR SIDHU*	230.00
02/20/07	PENALTIES	FOR DATE OF SERVICE 4/7/06	34.50
02/20/07	INTEREST	FOR DATE OF SERVICE 4/7/06	24.57
02/20/07	PENALTIES	FOR DATE OF SERVICE 10/25/06	34.50
02/20/07	INTEREST	FOR DATE OF SERVICE 10/25/06	10.00
03/31/08	PMT BY CHECK	DOS 4/7/06 THRU 2/20/07 # 0016745769	-1103.57

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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SO California SRS Claim Office
P.O. Box 5068
Syracuse, NY 13220-5068
888-737-7726

SRS
SPECIALTY RISK SERVICES

001753
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01766

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
23499 08-21-06	72HMC TP0619 YMEC 08805	PACIFIC CLAY PRODUCTS INC		$180.00
Nature of Payment: Miscellaneous Medical			Service Dates 10-16-2006 10-16-2006	$180.00
Claim Handler: Debra Cole 888-737-7726 SO California SRS Claim Office P.O. Box 5068 Syracuse, NY 13220-5068			Additional Comments: PAID	

Issue Date	04-17-2008	Check Number	100465216 0	Total Amount of Check	$180.00

Please keep the above information for your records.

0012 1004652160

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

*** INVOICE ***

Date	NO#
04/22/08	23499

Claim # : YME08805
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (RIVERS)
W.C. DEPARTMENT
ATTN: Lorie Ortiz
P.O. BOX # 59907
RIVERSIDE, CA 92517

Case: vs PACIFIC CLAY PRODUCTIONS
Date Of Injury: 8/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/16/06	FOLLOW-UP	DR SANJIV JAIN*	180.00
04/17/08	PMT BY CHECK	DOS 10/16/06 # 100465216 0	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Sedgwick Claims Management Services, Inc
PO Box 619067
Roseville, CA 95661-9066

DATE	CHECK AMT	CHECK NO.
6/6/2007	609.14	0002408646

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
200 Sedgwick Claims Mgmt Svcs/The Home	1

4195

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

Claimant Name	Loss Date	Claim Number	SSN
	06/08/2006	20060616668-0001	

Amt Paid: 609.14 Description: Miscellaneous Medical
Amt Billed: 609.14 Invoice: 22827 ICN: 200606166680001
Dates: 08/25/2006 - 02/21/2007 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#
06/12/07 22827

Claim # : 20060616668
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CMS
W.C. DEPARTMENT
ATTN: Cherly Anderson
P.O. BOX # 619066
ROSEVILLE, CA 95661

Case: vs HOME DEPOT
Date Of Injury: 6/8/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/06	TESTING	NEURO MUSCULAR TESTING W/ DR HUSSAIN*	150.00
08/23/06	INITIAL EXAM	DR KATTAR*	230.00
10/13/06	RE-EVAL	DR KATTAR*	180.00
02/21/07	PENALTIES	FOR DATE OF SERVICE 8/23/06	34.50
02/21/07	INTEREST	FOR DATE OF SERVICE 8/23/06	14.64
06/06/07	PMT BY CHECK	DOS 8/25/06 THRU 2/21/07 # 0002408646	-609.14

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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.
8/7/2007	1,703.68	0014534567

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
210 Sedgwick Claims Management Services	1

2480

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

Claimant Name	Loss Date	Claim Number	SSN
	07/21/2005	A521017106-0001-01	

Amt Paid: 1703.68 Description: Miscellaneous Medical
Amt Billed: 1703.68 Invoice: 20359 ICN: A521017106000101
Dates: 12/27/2005 - 07/05/2007 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#
08/13/07 20359

Claim # : A521017106
W.C.A.B.: LBO 0374845
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CMS
W.C. DEPARTMENT
ATTN: PAMELA PITTSHOLT
P.O. BOX # 8219
LONG BEACH, CA 90808-8219

Case: vs BIG LOTS
Date Of Injury: 7/21/05

DOS	SERVICE	DESCRIPTION	AMOUNT
12/27/05	INITIAL EXAM	DR PAYANDEH*	230.00
01/10/06	EMG TESTING	REF BY DR BEHZAD: L/E*	150.00
01/31/06	FOLLOW-UP	DR PAYANDEH*	180.00
02/03/06	MRI	REF BY DR PAYANDEH: L/S*	150.00
02/14/06	DIAGN STUDY	MOTION X-RAY REF BY:DR PAYANDEH- LOW BACK*	150.00
03/07/06	FOLLOW-UP	DR PAYANDEH*	180.00
04/11/06	FOLLOW-UP	DR PAYANDEH*	180.00
05/10/06	WCAB LB	EXP. HEARING (FULL DAY)	294.00
05/16/06	FOLLOW-UP	DR PAYANDEH*	180.00
06/05/06	WCAB LB	EXP. HEARING	147.00
06/20/06	RE-EVAL	DR PAYANDEH*	180.00
07/25/06	FOLLOW-UP	DR PAYANDEH*	180.00
07/24/06	INITIAL EXAM	DR JAZAYERI*	230.00
08/25/06	FOLLOW-UP	DR JAZAYERI*	180.00
08/29/06	FOLLOW-UP	DR PAYANDEH*	180.00
09/12/06	PMT BY CHECK	DOS 12/27/05 THRU 7/25/06 # 0011620707	-2201.00
09/15/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
09/22/06	FOLLOW-UP	DR JAZAYERI*	180.00
10/16/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
10/20/06	FOLLOW-UP	DR JAZAYERI*	180.00
11/20/06	FOLLOW-UP	DR JAZAYERI*	180.00
03/12/07	PENALTIES	FOR DATE OF SERVICE 9/15/06	22.05
07/05/07	INTEREST	FOR DATE OF SERVICE 9/15/06	14.50
03/12/07	PENALTIES	FOR DATE OF SERVICE 10/16/06	22.05
07/05/07	INTEREST	FOR DATE OF SERVICE 10/166/06	13.06
05/10/07	WCAB LB	MSC	147.00
07/05/07	PENALTIES	FOR DATE OF SERVICE 7/24/06	34.50
07/05/07	INTEREST	FOR DATE OF SERVICE 7/24/06	26.52
08/07/07	PMT BY CHECK	DOS 12/27/05 THRU 7/5/07	-1703.68

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

*** INVOICE ***

Date	NO#
08/13/07	20359

Claim # : A521017106
W.C.A.B.: LBO 0374845
S.S.N. :
D.O.B. : /
Terms : 45 days

BILL TO:
SEDGWICK CMS
W.C. DEPARTMENT
ATTN: PAMELA PITTSHOLT
P.O. BOX # 8219
LONG BEACH, CA 90808-8219

Case: vs BIG LOTS
Date Of Injury: 7/21/05

DOS	SERVICE	DESCRIPTION	AMOUNT

0014534567

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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 14623
Lexington KY 40512-4623

DATE	CHECK AMT	CHECK NO.
06/04/2007	150.00	0000561442

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
525 Sedgwick Claims Management Services	001

*000190 8 1204 0000561442 00001 0F 00001 0AM 070604 0920

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

Claimant Name	Loss Date	Claim Number	SSN

Amt Paid: 150.00
Amt Billed: 150.00
Dates: 03/21/2007 - 03/21/2007

04/06/2005 20050409437-0001
Description: Miscellaneous Medical
Invoice: 22732
Comment:
ICN: 20050409437000l

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#
06/07/07	22732

Claim # : 20050409437
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS
W.C. DEPARTMENT
ATTN: Jennifer Borodian
P.O. BOX 70249
PASADENA, CA 91117

Case: v. L.A.U.S.D
Date Of Injury: 4/6/05

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/06	MRI	REF BY DR EVANS:L/S,RT SHLDR, LF WRIST*	150.00
08/14/06	INITIAL EXAM	DR ANEL*	230.00
08/31/06	INITIAL EXAM	DR ONUBAH*	230.00
08/31/06	EMG TESTING	REF BY DR ONUBAH: L/E*	125.00
08/31/06	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
12/08/06	PENALTIES	FOR DATE OF SERVICE 8/14/06	22.50
03/13/07	INTEREST	FOR DATE OF SERVICE 8/14/06	10.92
12/08/06	PENALTIES	FOR DATE OF SERVICE 8/14/06	34.50
03/13/07	INTEREST	FOR DATE OF SERVICE 8/14/06	16.74
12/08/06	PENALTIES	FOR DATE OF SERVICE 8/31/06	34.50
03/13/07	INTEREST	FOR DATE OF SERVICE 8/31/06	15.51
12/08/06	PENALTIES	FOR DATE OF SERVICE 8/31/06	37.50
03/13/07	INTEREST	FOR DATE OF SERVICE 8/31/06	16.86
03/21/07	SURGERY	DR HAJJ - LT SHOULDER*	150.00
03/30/07	PMT BY CHECK	DOS 8/14/06 THRU 3/13/07 # 0000537098	-1049.03
06/04/07	PMT BY CHECK	DOS 3/21/07 # 0000561442	-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.

Sedgwick Claims Management Services, Inc
P.O. BOX 4276
WALNUT CREEK, CA 94596-0276

DATE	CHECK AMT	CHECK NO.
4/3/2006	230.00	0009966899

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
100 Sedgwick Claims Management Services	1

2057

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

Claimant Name	Loss Date	Claim Number	SSN
	03/05/2005	20050407428-0001	

Amt Paid: 230.00 Description:
Amt Billed: 230.00 Invoice: 20570 ICN: 200504074280001
Dates: 01/26/2006 - 01/26/2006 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#
10/12/07	20570

Claim # : 20050407428
W.C.A.B.: LBO 0375711
S.S.N. :
D.O.B. : [illegible]
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (WALNUT CREEK)
W.C. DEPARTMENT
ATTN: CHRIS SERGET
PO BOX # 4276
WALNUT CREEK, CA 94596

Case: vs ROSA SOUTH WEST DISTRIB. CTR.
Date Of Injury: 3/5/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/26/06	INITIAL EXAM	DR VAZQUEZ*	230.00
04/03/06	PMT BY CHECK	DOS 1/26/06 # 0009966899	-230.00
05/07/07	WCAB LB	LAW & MOTION	147.00
06/01/07	PMT BY CHECK	DOS 5/7/07 # 0013816553	-147.00
07/10/07	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	147.00
08/13/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/06/07	PMT BY CHECK	DOS 7/10/07 # 0014444123	-147.00
10/08/07	PMT BY CHECK	DOS 8/13/07 # 0014862978	-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.

Sedgwick Claims Management Services, Inc
P.O. Box 61537
King of Prussia, PA 19406

DATE	CHECK AMT	CHECK NO.
7/18/2006	230.00	0000867066

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services	1

3253

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

Claimant Name	Loss Date	Claim Number	SSN
	12/08/2005	20051215891-0001	

Amt Paid: 230.00 Description: Miscellaneous Medical
Amt Billed: 230.00 Invoice: [illegible] ICN: 200512158910001
Dates: 01/17/2006 - 01/17/2006 Comment: unpaid interpreter bill 1/17/06

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#
07/21/06	20547

Claim # : 20051215891
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LONG BEACH)
W.C. DEPARTMENT
ATTN: MELISA ACBAN
P.O. BOX # 8219
LONG BEACH, CA 90808-8219

Case: vs FOOD 4 LESS
Date Of Injury: 12/8/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/17/06	INITIAL EXAM	DR PAYANDEH*	230.00
07/18/06	PMT BY CHECK	DOS 1/17/06 # 0000867066	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Sedgwick Claims Management Services, Inc
P.O. Box is 5787
Riverside, CA 92517-5787

DATE	CHECK AMT	CHECK NO.
8/29/2007	1,002.57	0014693034

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
810 Sedgwick Claims Management Services	1

3765

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

Claimant Name	Loss Date	Claim Number	SSN
	09/30/2005	A581008164-0001-01	

Amt Paid: 1002.57 Description:
Amt Billed: 1002.57 Invoice: 19534 ICN: A581008164000101
Dates: 11/10/2005 - 02/13/2007 Comment:

PAID

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

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING

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

*** INVOICE ***
Date NO#
08/20/07 19534

Claim # : A581008164
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (RIVERSIDE)
W.C. DEPARTMENT
ATTN: MARK KELLER
P.O. BOX 5787
RIVERSIDE, CA 92517

Case: vs CONAGRA FDS PACKAGED FDS
Date Of Injury: 9/30/05

DOS	SERVICE	DESCRIPTION	AMOUNT
11/10/05	INITIAL EXAM	DR SIDHU*	230.00
12/06/05	RE-EVAL	DR SIDHU*	180.00
02/28/06	PENALTIES	FOR DATE OF SERVICE 11/10/05	34.50
02/28/06	INTEREST	FOR DATE OF SERVICE 11/10/05	9.42
04/05/06	FOLLOW-UP	DR SIDHU*	180.00
05/17/06	FOLLOW-UP	DR SIDHU*	180.00
05/30/06	FOLLOW-UP	DR SIDHU*	180.00
06/13/06	PMT BY CHECK	DOS 11/10/05 THRU 5/17/06 # 0010899419	-813.92
06/22/06	FOLLOW-UP	DR SIDHU*	180.00
06/27/06	FOLLOW-UP	DR SIDHU*	180.00
08/01/06	MRI	REF BY DR SIDHU:RESULTS	150.00
08/05/06	P AND S	DR SIDHU*	230.00
10/18/06	PENALTIES	FOR DATE OF SERVICE 8/1/06	22.50
02/13/07	INTEREST	FOR DATE OF SERVICE 8/1/06	10.21
10/18/06	PENALTIES	FOR DATE OF SERVICE 8/5/06	34.50
02/13/07	INTEREST	FOR DATE OF SERVICE 8/5/06	15.36
08/29/07	PMT BY CHECK	DOS 11/10/05-2/13/07 # 0014693034	-1002.57

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Sedgwick Claims Management Services, Inc
P.O. BOX 4276
WALNUT CREEK, CA 94596-0276

DATE	CHECK AMT	CHECK NO.
9/7/2006	180.00	0011637582

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
213 Sedgwick Claims Management Services	1

2586

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

Claimant Name	Loss Date	Claim Number	SSN
	01/29/2005	CA03000743-0001	

Amt Paid: 180.00 Description: Miscellaneous Medical
Amt Billed: 180.00 Invoice: 21217 ICN: CA030007430001
Dates: 08/22/2006 - 08/22/2006 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#
09/13/06	21217

Claim # : CA03000743-0001
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (WALNUT CREEK)
W.C. DEPARTMENT
ATTN: BENITA NIELSEN
PO BOX # 4276
WALNUT CREEK, CA 94596

Case: vs TARGET
Date Of Injury: 1/29/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/06	FOLLOW-UP	DR SAGHAFI *	180.00
09/07/06	PMT BY CHECK	DOS 3/13/06 # 00116375582	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Springfield Ins.

4100-04-0709

ıvoice# : 20480
:om : 01-16-06 Thru: 01-16-06

. MISCELLANEOUS EXPENSE 230.00

TOTAL PAID: $230.00

)I : 12-24-04
)C# :
:ANS# : 912307

ck# WC0402094*20
2/22/06

)#: 07

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#
02/27/06	20480

Claim # : 4100040709
W.C.A.B.: ANA 0388705
S.S.N. : - -
D.O.B. : 8/20/74
Terms : 45 days

BILL TO:
SPRINGFIELD INS CO (COVINA)
W.C. DEPARTMENT
ATTN: BETTY TORRES
P.O. BOX # 3029
COVINA, CA 91722

Case: vs RANCH MARQUET INC.
Date Of Injury: 12/24/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/06	P AND S	DR RAHMAN*	230.00
02/22/06	PMT BY CHECK	DOS 1/16/06 # WC0402094*20	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

UB01760

896D 36113184

The Travelers Indemnity Company

DATE: 06/05/07
LOSS DATE: 12/01/03
FILE NUMBER: 152 CB AIK1691 P

EMPLOYEE

ACCOUNT NAME:
VALLARTA SUPERMARKET #14

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 10/24/2006

TOTAL PAID: $181.34
TAX INFO: 330956713372147 6Y
PAY MISC: INV. NO. 10642
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: NEVA CHAVEZ AT (909)612-3895

156004764
DETACH CHECK

UNSUMM -050799
OVRPUNS1-121285
DETACH CHECK

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

*** INVOICE ***

Date	NO#
06/12/07	10642

Claim # : 152-CBAALK1691P
W.C.A.B.: OXN 0135610
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs VALLARTA SUPERMARKET
Date Of Injury: 12/1/03

DOS	SERVICE	DESCRIPTION	AMOUNT
08/06/04	CONSULT	DR LIPEL*	150.00
10/13/04	PMT BY CHECK	DOS 08/06/04 # 898B 70686783	-150.00
10/24/06	MRI	REF BY DR RASHTI: L/S*	150.00
01/30/07	PENALTIES	FOR DATE OF SERVICE 10/24/06	22.50
04/09/07	INTEREST	FOR DATE OF SERVICE 10/24/06	8.84
06/05/07	PMT BY CHECK	DOS 10/24/06 THRU 4/9/07 # 896D 36113184	-181.34

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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01379

THE TRAVELERS - ORANGE CL CLAIM
WC CLAIM DEPT
PO BOX 14246
ORANGE CA 92863

0

898B 98678043

The Travelers Indemnity Company

DATE: 05/09/06
TIN: 330956713
PROVIDER: JOYCE ALMAN INTERPRETERS

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

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
-0976	221 CB CJR9275T	04/04/06	$ 180.00		INVOICE# 21643, DATE: 5/1/2006
-5031	221 CB V1X8918R	11/21/05 - 04/07/06	$ 180.00		INV. 19680
		Total Amount Paid	$*******360.00		

PAID

0152
- DETACH CHECK

SUMM -121295
OVRPSUM1-121295

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#
05/16/06	21643

Claim # : CJR9275;FZX3448
W.C.A.B.: MON 0336050
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (ORANGE)
W.C. DEPARTMENT
ATTN: LANCE LOWRY
P.O. BOX # 14246
ORANGE, CA 92863

Case: BEST AMERICAN HOSP.
Date Of Injury: 12/19/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/06	FOLLOW-UP	DR GROMIS*	180.00
05/09/06	PMT BY CHECK	DOS 4/4/06 # 898B 98678043	-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 bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not eceived in 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.

01326

THE TRAVELERS - RANCHO CORDOVA CL C
WORKERS COMPENSATION CLAIMS
PO BOX 13089
SACRAMENTO CA 95813-4089
UA01326

896D 10780578

The Travelers Indemnity Company

DATE: 02/06/06
LOSS DATE: 09/12/05
FILE NUMBER: 480 CB CHA0103 N

EMPLOYEE

ACCOUNT NAME:
EDWARD ROYBAL

JOYCE ALMAN INTERPRETERS
P O BOX 4165
TUSTIN CA 92781

EXPLANATION OF PAYMENT

OTHER

DATE OF SERVICE: 12/13/05
DATE OF SERVICE: 01/18/06
TOTAL PAID: $380.00
TAX INFO: 330956713 Y C
PAY MISC: INV # 20343
PAYEE:
JOYCE ALMAN INTERPRETERS

POSTED

FOR ADDITIONAL INFORMATION, CONTACT: NANCY MARTINS AT (916)638-6321

7001326
- DETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***

Date	NO#
02/09/06	20343

Claim # : CHA0103
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs EDWARD ROYBAL
Date Of Injury: 9/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
12/13/05	INITIAL EXAM	DR DANESH*	230.00
01/18/06	NCV	DIAGNOSTIC STUDY INTERP: L/E*	150.00
02/06/06	PMT BY CHECK	DOS 12/13/05 THRU 1/18/06 # 896D 10780578	-380.00

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

UB01563

896D 13464117

The Travelers Indemnity Company

DATE: 06/21/06
LOSS DATE: 01/18/06
FILE NUMBER: 152 CB CHP6254 T

EMPLOYEE

ACCOUNT NAME:
DECORE-ATIVE SPECIALTIES INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 02/24/2006 TO: 05/31/2006

TOTAL PAID: $820.00
TAX INFO: 330956713331748 1Y
PAY MISC: 20926
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

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

04567
DETACH CHECK

UNSUMM -050799
OVRPUNS1-121295
DETACH CHECK

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

*** INVOICE ***
Date NO#
07/28/06 20926

Claim # : CHP6254
W.C.A.B.: POM 0288881
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DECORE-ATIVE SPECIALTIES
Date Of Injury: 1/18/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/24/06	INITIAL EXAM	DR HUSSAIN *	230.00
03/31/06	FOLLOW-UP	DR HUSSAIN*	180.00
04/28/06	FOLLOW-UP	DR HUSSAIN*	180.00
05/31/06	P AND S	DR KATTAR*	230.00
06/09/06	P AND S	DR HUSSAIN*	230.00
06/21/06	PMT BY CHECK	DOS 2/24/06 THRU 5/31/06 # 896D 13464117	-820.00
07/24/06	PMT BY CHECK	DOS 6/9/06 # 896D 15538392	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Client: Burton Way Carmel

Payee: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Check Number: 303265
Check Date: 03/24/2006
Check Amount: $230.00

Claim Number: 06152971
Employee
From - To: 02/15/2006 - 02/15/2006
For: Direct Pay
Burton Way Carmel

Amount: $230.00
Incident Date: 09/30/2005
Payment Type: LANGUAGE TRANSLATOR
Invoice No: 20827
Invoice Date: 03/03/2006

TRISTAR

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

*** INVOICE ***

Date	NO#
03/27/06	20827

Claim # : 06152971
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (L.A.)
W.C. DEPARTMENT
ATTN: JEFF NAKADATE
P.O. BOX # 512028
LOS ANGELES, CA 90051-2028

Case: vs BEVERLY HILLS CORMEL
Date Of Injury: 9/30/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/06	INITIAL EXAM	DR BOYER*	230.00
03/24/06	PMT BY CHECK	DOS 2/15/06 # 303265	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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SAFEWAY

AYEE NAME JOYCE ALTMAN INTERPRETERS, INC

DDRESS 1 Po Box 4165 12811

DDRESS 2

ITY, STATE ZIP Tustin CA 92781

Draft Number: 9766903265
Draft Issue Date: 06/23/2006
Draft Amount: $*********300.00

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

AIMANT ME	CLAIM NUMBER	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	PAY AMOUNT	FROM/THRU DATE	PAY CAT	PAYMENT DESCRIPTION	DATE OF LOSS/INJURY
	PRO CODE	SVC DATE	SVC DESCRIPTION			BILLED AMOUNT	FEE SCHED RED	PPO SCHED RED	ALLOWED
	29105505	12811	05/17/2006	300.00	300.00	12/23/2004 05/12/2006	018	Other Misc	03/31/2003
						0.00	0.00	0.00	0.00

PAID

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

atacare
00 Aston 2nd Flr
ine, CA 92606
-978-7282

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

*** INVOICE ***

Date	NO#
06/27/06	12811

Claim # : 29105505; 29105504
W.C.A.B.: TAO 0825621/38
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs VONS
Date Of Injury: 3/31/03; 8/27/02

DOS	SERVICE	DESCRIPTION	AMOUNT
12/23/04	RE-EVAL	DR GROMIS*	120.00
05/12/06	RE-EVAL	DR GROMIS*	180.00
6/23/06	PMT BY CHECK	DOS 12/23/04 THRU 5/12/06 # 9766903265	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

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

Joyce Altman Interpreters, Inc
P O Bo 4165
Tustin, CA 92781-

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

Name Diana Lopez Telephone # 714-579-2503

Check #	83193318	**Claim number**	719-0194845-600
Check date	04/21/2006	**Date of loss**	05/03/2004
Check amount	$ 360.00	**Claimant**	
Invoice		**Client/insured**	Shell Oil Company

Services/period **From** 02/13/2006 **To** 03/02/2006

Payee Joyce Altman Interpreters, Inc

PAID

For INVOICE NO. 20847

00158

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

*** INVOICE ***
Date NO#
05/04/06 20847

Claim # : 7190194845
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SHELL OIL CO.
Date Of Injury: 5/3/04

DOS	SERVICE	DESCRIPTION	AMOUNT
02/13/06	FOLLOW-UP	DR VAZQUEZ*	180.00
03/02/06	FOLLOW-UP	DR VAZQUEZ*	180.00
04/17/06	P AND S	DR VAZQUEZ*	230.00
04/21/06	PMT BY CHECK	DOS 2/13/06 THRU 3/2/06 # 83193318	-360.00
05/02/06	PMT BY CHECK	DOS 4/17/06 # 83203733	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Payee: JOYCE ALTMAN INTERPRETER INC
Company Name: Octagon Risk Services, Inc.
Facility: UC Los Angeles

IRS/SSN:
Check Number: 50352462

Administrator: GLUE
Check Total: $273.85
Check Date: 09/05/2006

ıry	From	Through	Claim Number	Claimant Name	Description
	Account Number		Invoice		
18/2002	05/08/2006	08/25/2006	200324714		Other - Medical
				SSN #	

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

*** INVOICE ***

Date	NO#
09/07/06	21897

Claim # : 200324714
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
OCTAGON RISK SVCS (L.A.)
W.C. DEPARTMENT
ATTN: GORDON LUE
P.O. BOX # 956914
LOS ANGELES, CA 90024

Case: vs N/A
Date Of Injury: CT 2001-4/06

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/06	INITIAL EXAM	DR DOMARACKI*	230.00
08/25/06	PENALTIES	FOR DATE OF SERVICE 5/8/06	34.50
08/25/06	INTEREST	FOR DATE OF SERVICE 5/8/06	9.35
09/05/06	PMT BY CHECK	DOS 5/8/06 THRU 8/25/06 # 50352462	-273.85

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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MAJESTIC INS

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

February 16,2006

ck# 0100201618

RE: MS (A & D Building Maintenance, Inc.) **D.O.I.** 2/18/05

Claim Number: 51925

Payment	Period Covered	Date of Service	Amount	Invoice/Chart Number	Payment Type
173	02/07/06	02/07/06	150.00	19457	Interpreter At Medical Exam
173	01/18/06	01/18/06	150.00	19457	
173	10/27/05	10/27/05	230.00	19457	

Comments: 19457

Check Amount: $530.00

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

Sincerely,

IEFFREY RUANO
Senior Claims Examiner
(800) 432-2107

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#
09/28/06	19457

Claim # : 51925
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MAJESTIC INS CO (LONG BEACH)
W.C. DEPARTMENT
ATTN: JEFFREY
P.O. BOX # 7549
LONG BEACH, CA 90807

Case: vs ALD BUILDING MANTENANCE
Date Of Injury: 2/18/05

DOS	SERVICE	DESCRIPTION	AMOUNT
10/27/05	INITIAL EXAM	DR TERRANCE - PSYCH. EVAL.*	230.00
01/18/06	NCV	DIAGNOSTIC STUDY INTERP: U/E*	150.00
02/07/06	DIAGN STUDY	DR BOLTON - RANGE OF MOTION: U/E, RT SHLDR*	150.00
02/16/06	PMT BY CHECK	DOS 10/27/05 THRU 2/7/06 # 0100201618	-530.00
09/05/06	RE-EVAL	DR NEMAT*	180.00
09/26/06	PMT BY CHECK	DOS 9/5/06 # 0100228741	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Check Amount: $230.00 Check Number: 630815 Check Date: 7/11/06

Payee: JOYCE ALTMAN INTERPRETERS INC

Loss or Invoice Date	Claimant or Invoice Number	Invoice Amount	Policy Number	Claim Number	Claimant Number	Pay Type
		$230.00	WCP8521693	WA122609	01	49

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#
09/01/06	22243

Claim # : WA122609
W.C.A.B.: N/A
S.S.N. : - -
D.O.B. : N/A
Terms : 45 days

BILL TO:
MITSUI SUMITOMO (UNIV CITY)
W.C. DEPARTMENT
ATTN: OLINDA HERNANDEZ
10 UNIVERSAL CITY PLAZA # 1700
UNIVERSAL CITY, CA 91608

Case: vs SATSUMA LANDSCAPE & MAINT.
Date Of Injury: 4/10/06

DOS	SERVICE	DESCRIPTION	AMOUNT
05/31/06	INITIAL EXAM	DR AMERI*	230.00
07/11/06	PMT BY CHECK	DOS 5/31/06 # 630815	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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ICW

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Claim# : 1010-05-01823
DOI : 09-24-05
Invoice# : 21954
From : 04-26-06

Claimant Name:
Trans# : 869232 Oper: CCC EX#: AC
Payee IRS# : 33-0956713
Thru : 05-18-06

02 MISC MEDICAL 460.00

PAID

TOTAL PAID: $460.00

ck# 355318
7/19/06

ICW ins

IL

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Claim# : 1010-05-01823
DOI : 09-24-05
Invoice# : 21954
From : 06-29-06

Claimant Name:
Trans# : 875534 Oper: CCC EX#: AC
Payee IRS# : 33-0956713
Thru : 06-29-06

02 MISC MEDICAL 180.00

PAID

TOTAL PAID: $180.00

8/8/06
OK# 356431

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

*** INVOICE ***
Date NO#
03/10/08 21954

Claim # : 1010-05-01823
W.C.A.B.: LBO 0375034
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs HUNT ENTERPRISE INC.
Date Of Injury: 9/24/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/26/06	INITIAL EXAM	DR THOLEN*	230.00
05/18/06	INITIAL EXAM	DR GULASEKARAM*	230.00
6/29/06	FOLLOW-UP	DR GULASEKARAM*	180.00
07/19/06	PMT BY CHECK	DOS 4/26/06 THRU 5/18/06 # 355318	-460.00
08/02/06	PMT BY CHECK	DIS 6/29/06 # 356431	-180.00
08/17/06	FOLLOW-UP	DR GULASEKARAM*	180.00
09/18/06	PMT BY CHECK	DOS 08/17/06 # 359618	-180.00
01/25/07	FOLLOW-UP	DR GULASEKARAM*	180.00
02/21/07	PMT BY CHECK	DOS 1/25/07 # 370791	-180.00
02/22/07	FOLLOW-UP	DR GULASEKARAM*	180.00
03/05/07	P AND S	DR THOLEN*	230.00
04/09/07	PMT BY CHECK	DOS 2/22/07 # 373572	-180.00
04/12/07	FOLLOW-UP	DR GULASEKARAM*	180.00
06/07/07	FOLLOW-UP	DR GULARSEKARAM*	180.00
07/26/07	PMT BY CHECK	DOS 4/26-6/29/06 # 38088	-590.00
09/06/07	FOLLOW-UP	DR GULASEKARAM*	180.00
11/08/07	PR2/REEVAL	DR GULASEKARAM*	180.00
11/21/07	PMT BY CHECK	DOS 9/6/07 #0000106411	-180.00
01/17/08	PR2/REEVAL	DR GULASEKARAM*	180.00
01/14/08	PMT BY CHECK	DOS 11/8/07 # 0000109174	-180.00
03/05/08	PMT BY CHECK	DOS 1/17/08 # 0000111851	-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#
03/10/08	21954

Claim # : 1010-05-01823
W.C.A.B.: LBO 0375034
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: HUNT ENTERPRISE INC.
Date Of Injury: 9/24/05

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.

00003981 674523 A I 0010 01 01204010-0001 03880 A

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

002718 PAGE 1 OF 1 001537

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

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS CO

09274

PAID

CLAIM NO: 001537 012527 WC 01 (7037) BRANCH NO.: 102 NO. 0058573336

CLAIMANT: ACC. DATE: 27Jul02 VN. 0000177477

DESCRIPTION: FULL & FINAL PER ORDER APPROVING C&R DATED 8-29-07

DATE 05Sep07

DATES OF SERVICE: 29Aug2007 THRU 29Aug2007 ######441.00

BENEFIT PERIOD: THRU

A2041613

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

*** INVOICE ***

Date	NO#
09/07/07	09274

Claim # : 001537-012527-WC01
W.C.A.B.: LBO 0343088
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ACAPULCO RESTAURANT INC.
Date Of Injury: CT 1999 - 7/27/02

DOS	SERVICE	DESCRIPTION	AMOUNT
05/03/04	DEPO PREP	@ THE L/O OF PARKER & ERWIN	147.00
06/07/04	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
08/03/04	PMT BY CHECK	L/O of DENNIS FUSI DOS 5/3/04 & 6/7/04 # 0038281627	-294.00
11/07/05	INITIAL EXAM	DR SHUBBA JAIN*	230.00
01/25/06	PENALTIES	FOR DATE OF SERVICE 11/7/05	34.50
03/29/06	INTEREST	FOR DATE OF SERVICE 11/7/05	20.36
01/23/06	WCAB LB	MSC	147.00
03/28/06	PENALTIES	FOR DATE OF SERVICE 1/23/06	22.05
03/29/06	INTEREST	FOR DATE OF SERVICE 1/23/06	3.94
06/06/06	WCAB LB	TRIAL	147.00
06/22/06	PMT BY CHECK	DOS 11/7/05 THRU 6/6/06 # 37491920	-604.85
08/15/06	WCAB LB	TRIAL	147.00
10/30/06	WCAB LB	TRIAL	147.00
08/29/07	WCAB LB	MSC	147.00
09/05/07	PMT BY CHECK	DOS 8/15/06-8/29/07 # 0058573336	-441.00

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.

00003475 665838 A 1 0010 01 01204010 0001 03462 A

GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

665838 A 1 0010 01 01204010 0001 03462 A

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

007438 PAGE 1 OF 1 000694

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

GALLAGHER BASSETT SERVICES INC
FOR ARCH INSURANCE COMPANY

CLAIM NO: 000694 000374 WC 01 (FARMDALE)

CLAIMANT:

BRANCH NO.: 180

NO. 0051514295

DESCRIPTION: INV#21711 INTERP SVCS FOR DR APPT 04/25/06-07/12/06

ACC. DATE: 13Dec04

VN. 0000011974

DATES OF SERVICE: 25Apr2006 THRU 12Jul2006

BENEFIT PERIOD: THRU

PAID

DATE 24Aug06

######271.60

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

*** INVOICE ***

Date	NO#
08/29/06	21711

Claim # : 000694-000374-WC01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: MATHEW SHARMAN
PO BOX 610
ROSEVILLE, CA 95661

Case: vs FARMDALE CREAMERY, INC.
Date Of Injury: 12/13/04

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/06	P AND S	DR AMERI*	230.00
07/12/06	PENALTIES	FOR DATE OF SERVICE 4/25/06	34.50
07/12/06	INTEREST	FOR DATE OF SERVICE 4/25/06	7.10
08/24/06	PMT BY CHECK	DOS 4/25/06 THRU 7/12/06 # 38261250	-271.60

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

00002044 666680 A 2 0010 01 01204011-0001 00065 A

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

003311 PAGE 1 OF 1 001980

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

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

CLAIM NO: 001980 008175 WC 01 (52875)

BRANCH NO.: 164

NO. 0052188982

CLAIMANT:

ACC. DATE: 30Jan06

VN. 0000125403

DESCRIPTION: INVOICE #22073

DATES OF SERVICE: 12Jul2006 THRU 21Aug2006

DATE 29Sep06

######360.00

ENEFIT PERIOD: THRU

PAID

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

*** INVOICE ***

Date	NO#
01/05/07	22073

Claim # : 001980008175WC-01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs JACUZZI BRANDS, INC.
Date Of Injury: 1/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
06/02/06	INITIAL EXAM	DR SIDHU*	230.00
07/12/06	RE-EVAL	DR SIDHU*	180.00
08/21/06	RE-EVAL	DR SIDHU*	180.00
08/22/06	PMT BY CHECK	DOS 6/2/06 # 38227947	-230.00
09/29/06	PMT BY CHECK	DOS 6/2/06 THRU 8/21/06 # 38727100	-360.00
12/04/06	P AND S	DR SIDHU*	230.00
12/28/06	PMT BY CHECK	DOS 12/4/06 # 39845536	-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.

00000554 664725 A 2 0010 02 01204010-0001 00552 A

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

664725 A 2 0010 02 01204010-0001 00552 A

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

010607 PAGE 1 OF 1 000690

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR ZURICH AMERICAN INS

CLAIM NO: 000690 002301 WC 01 (8218)

CLAIMANT:

DESCRIPTION: INVOICE #22279

DATES OF SERVICE: 21Jun2006 THRU 21Jun2006

BENEFIT PERIOD: THRU

BRANCH NO.: 164

ACC. DATE: 05May06

NO. 0050909926

VN. 0000067573

PAID

DATE 21Jul06

######230.00

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

*** INVOICE ***

Date	NO#
07/28/06	22279

Claim # : 000690-002301-WC01
W.C.A.B.: N/A
S.S.N. : -
D.O.B. :
Terms : 45 days

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

Case: vs ANGELICA TEXTILES
Date Of Injury: 5/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
06/21/06	INITIAL EXAM	DR THOMPSON*	230.00
07/21/06	PMT BY CHECK	DOS 6/21/06 # 37849431	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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00000397 661526 A 1 0010 01 01204010-0001 00386 A

GALLAGHER BASSETT - LAS VEGAS
PO BOX 70687
LAS VEGAS NV 89170

661526 A 1 0010 01 01204010-0001 00386 A

004539 PAGE 1 OF 1 011583

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

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 877-263-8748
GALLAGHER BASSETT - LAS VEGAS
PO BOX 70687
LAS VEGAS NV 89170

GALLAGHER BASSETT SERVICES INC
FOR PACIFIC EMPLOYERS INS

CLAIM NO: 011583 001603 WC 01 (06-T-VI)

CLAIMANT:

DESCRIPTION: INV 21399

DATES OF SERVICE: 30Mar2006 THRU 30Mar2006

BENEFIT PERIOD: THRU

BRANCH NO.: 156

ACC. DATE: 25May01

VN. 0000076843

DATE 11Apr06
######230.00

96513509

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

*** INVOICE ***

Date	NO#
04/18/06	21399

Claim # : 011583-001603-WC01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (NEVADA)
W.C. DEPARTMENT
ATTN: LINDA MORALES
P.O. BOX # 70687
LAS VEGAS, NV 89170

Case: vs GUIDANT
Date Of Injury: 5/25/01

DOS	SERVICE	DESCRIPTION	AMOUNT
03/30/06	INITIAL EXAM	DR GROMIS*	230.00
04/11/06	PMT BY CHECK	DOS 3/30/06 # 0049026336	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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FIREMAN'S FUND INSURANCE COMPANY
FIREMAN'S FUND CORE WC WEST
2995 PROSPECT PARK DRIVE
SUITE 200
RANCHO CORDOVA CA 95670

Policy No WZC 80901913 Claim No. B440C02661746

Insured JANA TAYLOR PHOTOGRAPHY HCO 780

Payee Name JOYCE ALTMAN INTERPRETERS

Send to JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

Division Code

Bank Number B1

Invoice Number

Explanation For SERVICES RENDERED

Please contact our office with questions concerning this payment or claim Any error in payee name, address or tax identification number should be reported immediately

Representative Name ROBIN A NORTH Phone No (916)852-4527

From 03/15/06 Thru 03/15/06 IRS# R330956713 Check Distribution M

Processor ID 780F168 Check Amount $180.00

Producer Name TOM C. PICKARD & CO. INS. CA.
Producer City HERMOSA BEACH St CA

Check No 49745745

Date of Loss 08/01/02
Issue Date 06/09/06

F60S

Detach And Retain 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#
06/13/06	21187

Claim # : 44002661746
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIREMAN'S FUND (NOVATO)
W.C. DEPARTMENT
ATTN: ROBIN NORTH
777 SAN MARIN DRIVE
NOVATO, CA 94998

Case: vs JANA TAYLOR PHOTOGRAPHY
Date Of Injury: 8/1/02

DOS	SERVICE	DESCRIPTION	AMOUNT
03/15/06	FOLLOW-UP	DR AMERI*	180.00
06/09/06	PMT BY CHECK	DOS 3/15/06 # 49745745	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Frank Gates Service Co.
PO Box 1288
Bentonville,, AR 72712-1288

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

laim Number:	4873482	**Check Amount:**	$ 410.00	**Check No.:**	9244372
laimant Name:		**Coverage:**		**Invoice No.:**	21775
ervice/Indemnity From:	04/19/2006 **Thru:** 05/24/2006			**Vendor Tax ID No.:**	330956713
surance Company:	National Union Fire			**Invoice Comments:**	
omments:					

6/12/06

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#
11/20/06	21775

Claim # : 4873482
W.C.A.B.: MON 0338388
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FRANK GATES (ARKANSAS)
W.C. DEPARTMENT
ATTN: GINA URCUYO
P.O. BOX # 1288
BENTONVILLE, AR 72712

Case: vs SAM'S CLUB
Date Of Injury: 11/19/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/06	INITIAL EXAM	DR PAYANDEH*	230.00
05/17/06	FOLLOW-UP	DR PAYANDEH*	180.00
05/24/06	EMG TESTING	REF BY DR BEHZAD:L/E*	150.00
06/05/06	INITIAL EXAM	DR RAHMAN*	230.00
06/12/06	PMT BY CHECK	DOS 4/19/06 THRU 5/17/06 # 9244372	-410.00
06/19/06	PMT BY CHECK	DOS 4/19/06 THRU 6/5/06 # 9249039	-380.00
06/21/06	FOLLOW-UP	DR PAYANDEH*	180.00
06/28/06	EMG TESTING	REF BY DR BEHZAD:U/E*	150.00
06/28/06	PMT BY CHECK	DOS 4/19/06 THRU 6/28/06 # 9256630	-330.00
07/19/06	SHOCK WAVE	THERAPY @ ADVANCED CARE*	150.00
07/19/06	FOLLOW-UP	DR PAYANDEH*	180.00
08/09/06	FOLLOW-UP	DR PAYANDEH*	180.00
08/29/06	PMT BY CHECK	DOS 7/19/06 # 9294400	-150.00
09/06/06	FOLLOW-UP	DR PAYANDEH*	180.00
10/25/06	PMT BY CHECK	DOS 4/19/06 THRU 9/6/06 # 9329122	-510.00
11/17/06	PMT BY CHECK	DOS 4/19/06 THRU 9/6/06 # 9345665	-30.00

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#
11/20/06	21775

Claim # : 4873482
W.C.A.B.: MON 0338388
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FRANK GATES (ARKANSAS)
W.C. DEPARTMENT
ATTN: GINA URCUYO
P.O. BOX # 1288
BENTONVILLE, AR 72712

Case: SAM'S CLUB
Date Of Injury: 11/19/05

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Frank Gates Service Co.
PO Box 1288
Bentonville,, AR 72712-1288

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

Claim Number:	4760622	Check Amount:	$ 530.00	Check No.:	9233767
Claimant Name:		Coverage:		Invoice No.:	05/03/2006
Service/Indemnity From:	03/20/2006 Thru: 04/27/2006			Vendor Tax ID No.:	330956713
Insurance Company:	National Union Fire			Invoice Comments:	
Comments:					

5/24/06

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#
10/23/07	21299

Claim # : 4760622
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FRANK GATES (ARKANSAS)
W.C. DEPARTMENT
ATTN: K. BOWLES
P.O. BOX # 1288
BENTONVILLE, AR 72712

Case: vs WAL-MART
Date Of Injury: 2/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/20/06	INITIAL EXAM	DR DANESH*	230.00
04/27/06	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF HEALTH CTR*	150.00
4/27/06	NCT	DIAGNOSTIC STUDY INTERP:U/E, C/S*	150.00
05/02/06	PMT BY CHECK	DOS 3/20/06 # 9219935	-230.00
04/04/06	RE-EVAL	DR SHUBBA JAIN*	180.00
04/04/06	MEDS	INSTRUCTION ON MEDICATIONS*	120.00
04/05/06	INITIAL EXAM	DR TERRANCE - PSYCH. EVAL.*	230.00
04/11/06	NCV	DIAGNOSTIC STUDY INTERP:U/E*	150.00
05/24/06	PMT BY CHECK	DOS 3/20/06 THRU 4/27/06 # 9233767	-530.00
05/25/06	PMT BY CHECK	DOS 4/4/06 THRU 4/11/06 # 9234495	-380.00
05/25/06	COMPUTER ROM	COMPUTERIZED RANGE OF MOTION @ PAIN RELIEF CTR*	120.00
05/31/06	PMT BY CHECK	DOS 3/20/06 THRU 4/11/06 # 9237822	-190.00
06/13/06	INITIAL EXAM	DR SHUBBA JAIN*	230.00
06/20/06	MEDS	INSTRUCTION ON MEDICATIONS*	120.00
06/19/06	PMT BY CHECK	DOS 3/20/06 THRU 5/24/06 # 9249040	-190.00
06/21/06	RE-EVAL	DR BOYER*	180.00
07/06/06	PMT BY CHECK	DOS 3/20/06 THRU 6/21/06 # 9260499	-340.00
10/10/06	FOLLOW-UP	DR JAIN*	180.00
10/10/06	MEDS	INSTRUCTION ON MEDICATIONS*	120.00
09/05/07	P AND S	DR TERRENCE - PSYCH EVAL (4 HRS)	460.00
10/16/07	PMT BY CHECK	DOS 9/5/07 # 9543589	-460.00
11/14/07	PMT BY CHECK	DOS 10/10/06 # 9563807	-300.00

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

*** INVOICE ***

Date	NO#
10/23/07	21299

Claim # : 4760622
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FRANK GATES (ARKANSAS)
W.C. DEPARTMENT
ATTN: K. BOWLES
P.O. BOX # 1288
BENTONVILLE, AR 72712

Case: vs WAL-MART
Date Of Injury: 2/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

BROADSPIRE

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:

Claim/Seq #: 792177782
Employer Name: LIZ CLAIBORNE, INC.-TPA
Patient Ref#: 20677 Adjustor: KMB2

Billing ID #: 888-H-5819662
EOR Date: 05/05/2006
Date of Accident: 10/01/2005
Unique Image ID: 17379016
Page: 1

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

CLAIMANT:	EMPLOYER:	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165
3556 TECUMSEH AVENUE LYNWOOD, CA 90262-0000	LIZ CLAIBORNE, INC.-TPA LIZ CLAIBORNE INC. ONE CLAIBORNE AVE NORTH BERGEN, NJ 07047-0000	
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
2/09/2006	C0103	C0103	MISC SERVICES	1	1	230.00	230.00	112-003
2/28/2006	C0103	C0103	MISC SERVICES	1	1	180.00	180.00	

Total Actual Charges	:	$410.00	
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$0.00	
Contracted % Discount Reduction	:		$0.00
Total Reimbursable Amount	:		$410.00

5/8/06
ck#2810686736

Summary of Codes

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

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

(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#
05/15/06	20677

Claim # : 792-165960
W.C.A.B.: N/A
S.S.N. :
D.O.B.
Terms : 45 days

BILL TO:
BROADSPIRE INS (LEHIGH,PA)
W.C. DEPARTMENT
ATTN: KELLY BARBEAU
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: LUCKY B DUNGAREES/LIZ CLAIBORN
Date Of Injury: 8/19/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/09/06	INITIAL EXAM	DR DOMARACKI*	230.00
02/28/06	RE-EVAL	DR DOMARACKI*	180.00
5/08/06	PMT BY CHECK	DOS 2/9/06 THRU 2/28/06 # 2810686736	-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.

Everest National Insurance Company
477 Martinsville Road
Liberty Corner, NJ 07938

Explanation of Reimbursement

Date of Issue 09/13/2006
Claim # WWC/0000002406/01
Policy # CA10000163041
FEIN/TIN #
Check Number 00043003
Pay Type 10-28

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

CLAIMANT NAME

INVOICE NUMBER	DATE OF INVOICE	DATE OF SERVICE	GROSS AMOUNT	NET AMOUNT
CA10000163041	05/17/06	02/23/06 - 05/11/06	1,630.00	1,630.00

PAID

INV# 20881

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

*** INVOICE ***

Date	NO#
10/09/06	20881

Claim # : WWC-0000002406-01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
EVEREST NATIONAL INS. (ORANGE)
W.C. DEPARTMENT
ATTN: JESSE MOREIRA
P.O. BOX # 69
ORANGE, CA 92856

Case: vs GAVERICA DESK
Date Of Injury: 8/27/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/06	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF HEALTH CTR*	150.00
03/06/06	INITIAL EXAM	DR SHUBBA JAIN *	230.00
03/06/06	MEDS	INSTRUCTION ON MEDICATIONS*	120.00
03/28/06	NCT	DIAGNOSTIC STUDY INTERP:U/L/E*	150.00
03/23/06	COMPUTER ROM	COMPUTERIZED RANGE OF MOTION W/ DR BOYER:L/S*	120.00
03/30/06	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF HEALTH CTR*	150.00
03/30/06	NCV	DIAGNOSTIC STUDY INTERP: PAIN RELIEF HEALTH CTR*	150.00
04/04/06	RE-EVAL	DR SHUBBA JAIN*	180.00
04/05/06	INITIAL EXAM	DR TERRANCE: PSYCH. EVAL.*	230.00
05/11/06	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF HEALTH CTR *	150.00
07/19/06	PENALTIES	FOR DATE OF SERVICE 3/6/06	34.50
07/19/06	INTEREST	FOR DATE OF SERVICE 3/6/06	11.23
07/19/06	PENALTIES	FOR DATE OF SERVICE 3/28/06	22.50
07/19/06	INTEREST	FOR DATE OF SERVICE 3/28/06	6.29
07/19/06	PENALTIES	FOR DATE OF SERVICE 3/30/06	22.50
07/19/06	INTEREST	FOR DATE OF SERVICE 3/30/06	6.19
07/19/06	PENALTIES	FOR DATE OF SERVICE 4/5/06	34.50
07/19/06	INTEREST	FOR DATE OF SERVICE 4/5/06	9.06
09/13/06	PMT BY CHECK	DOS 2/23/06 THRU 5/11/06 # 00043003	-1630.00
10/04/06	PMT BY CHECK	DOS 2/23/06 THRU 7/19/06 # 00044870	-146.77

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

*** INVOICE ***

Date	NO#
10/09/06	20881

Claim # : WWC-0000002406-01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
EVEREST NATIONAL INS. (ORANGE)
W.C. DEPARTMENT
ATTN: JESSE MOREIRA
P.O. BOX # 69
ORANGE, CA 92856

Case: vs GAVERICA DESK
Date Of Injury: 8/27/05

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 bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ceived in 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.

CNA
PO BOX 6500
BREA CA 92822

CNA

JOYCE ALTMAN INTERPRETERS INC

PO BOX 4165
USTIN CA 92781-4165

PAID

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

Claim Number * 82 812301J6

Insured/Client	Claimant	ATT
TJ MAXX		03/28/08

Date of Loss	Total WC Ind to Date	From - thru Dates	Sum/DT	TRAN Code#	EXP	Pay Code#	Amount
04/14/04		03/07/06-03/07/06	MED	26	TR		$180.00
							$180.00

Reason
FULL & FINAL SATISFACTION OF LIEN

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

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

*** INVOICE ***

Date	NO#
04/03/08	21137

Claim # : 82812301-LX
W.C.A.B.: LAO 0856139
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CNA CLAIM PLUS (BREA6500)
W.C. DEPARTMENT
ATTN: DAVID TROUNG
P.O. BOX # 6500
BREA, CA 92822-6500

Case: vs TJ MAXX COMPANIES INC.
Date Of Injury: 4/14/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/06	FOLLOW-UP	DR THOMAS*	180.00
03/28/08	PMT BY CHECK	DOS 3/7/06 # 103988004	-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.

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

2193-56432-001

BRANCH/FILE# 2193-56432-001
INVOICE NO 20602
CLAIMANT
CLAIMANT SSN XXX-X
DATE OF LOSS 11/14/2005

PG 1 OF 1

0004891 01 MB **AUTO T3 0 9039 92781

JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTINY CA 92781-4165

EE: JOYCE ALTMAN INTERPRETERS PAYEE TAX ID: XXX-XX-6713 INSURED: Container Connection of South
ABILITY FROM / TO: 01/18/2006 01/18/2006 PAYMENT AMT / DATE: $180.00 02/25/2006

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0373078467 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#
02/28/06	20602

Claim # : 2193-56732; 2193-56445
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs CONTAINER CONNECTION
Date Of Injury: 11/14/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/06	RE-EVAL	DR DOMARACKI*	180.00
02/25/06	PMT BY CHECK	DOS 1/18/06 # 0373078467	-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.

000395-0001-000395 CNX1 1364384
CAMBRIDGE INTEGRATED SERVICES GROUP, INC.
34820 HARPER
PO BOX 2305
MT. CLEMENS, MI 48046-2305

CAMBRIDGE

Check Date	Check Code	Check Number
06/30/2006	CISGI	0000661196

06-N-SDM-AUTHN

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781-0000

NT
JOHN KNITS, INC.

INSURED
ST. JOHN KNITS, INC.

RVICE PARTNER:PASADENA - CISGI

JUSTER:RAMIREZ, LINDA
AIMANT NAME:
AIM NUMBER
2163-1

TELEPHONE:626 296-4243

DATE OF INCIDENT
10/22/2004

YMENT REFERENCE #	DOS FROM	DOS TO	GROSS AMOUNT	NET AMOUNT
728069	02/15/2006	06/14/2006	632.12	632.12
/# 20823				

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#
07/05/06	20823

Claim # : 352163-1
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (PAS7218)
W.C. DEPARTMENT
ATTN: LINDA BARAJAS
P.O. BOX # 7218
PASADENA, CA 91109-7218

Case: vs N/A
Date Of Injury: 11/7/97

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/06	FOLLOW-UP	DR JAIN *	180.00
03/21/06	INITIAL EXAM	DR SONJIV JAIN *	230.00
04/05/06	FOLLOW-UP	DR SHUBA JAIN *	180.00
06/14/06	PENALTIES	FOR DATE OF SERVICE 3/21/06	34.50
06/14/06	INTEREST	FOR DATE OF SERVICE 3/21/06	7.62
06/30/06	PMT BY CHECK	DOS 2/15/06 THRU 6/14/06 # 0000661196	-632.12

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

CRUM&FORSTER

Number: 0000217153

Vendor Number: 408616073 Issuing Location: Orange County Claims Check Date: 04/20/2006

Payee:

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

IRS: 330956713

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC80017072	MC	20322	09/18/2003	$180.00

inv# 20322

TOTAL: $180.00

PAID

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

Processor: U. Mora

Internal Reference No: 20322

Please Detach Before Depositing

CRUM&FORSTER

Number: 0000332355

Vendor Number: 408616073 Issuing Location: Orange County Claims Check Date: 08/25/2006

Payee:

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

IRS: 330956713

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC80017072	MC	20322	09/18/2003	$691.46

INVOICE# 20322

PAID

TOTAL: $691.46

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

Processor: M. Forsyth

Internal Reference No: 20322

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#
08/30/06	20322

Claim # : 80017072
W.C.A.B.: N/A
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs BEST LABEL COMPANY, INC.
Date Of Injury: 9/18/03

DOS	SERVICE	DESCRIPTION	AMOUNT
12/19/05	INITIAL EXAM	DR AMERI*	230.00
03/09/06	PENALTIES	FOR DATE OF SERVICE 12/19/05	34.50
07/21/06	INTEREST	FOR DATE OF SERVICE 12/19/05	16.96
03/27/06	FOLLOW-UP	DR AMERI*	180.00
04/20/06	PMT BY CHECK	DOS 3/27/06 # 0000217153	-180.00
05/15/06	FOLLOW-UP	DR AMERI*	180.00
07/17/06	P AND S	DR AMERI*	230.00
08/25/06	PMT BY CHECK	DOS 12/19/05 THRU 7/17/06 # 0000332355	-691.46

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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000077-0002-000154 CAC2 1360163
Cambridge Integrated Services Group, Inc.
34820 Harper Ave
Mt Clemens, MI 48046-2305

Check Date	Check Number
04/07/2006	003682990

Check Code	Handling Code
WFR	DIRECT

XX-1-SDM-AUTHN

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

WORKERS COMPENSATION FUND OFFICE# H FRESNO, CALIFORNIA
ADJ-KATHLEEN VERNIEST, FRESNO (559)221-3725

CLAIM NUMBER	CLAIMANT NAME / DESCRIPTION	D/A	RES	DEPT
2004-1-711892-00012-WC-A		09-07-2005	M	

SUPERIOR CONSTRUCTION INC 12/29/2005 THRU 03/02/2006 INV # 20378
NET BENEFITS: $590.00

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

*** INVOICE ***

Date	NO#
05/31/06	20378

Claim # : 2812497
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CAMBRIDGE (SACRAMENTO)
W.C. DEPARTMENT
ATTN: KATHLEEN VERNIEST
P.O. BOX # 15901
SACRAMENTO, CA 95852

Case: vs SUPERIOR CONSTRUCTION,INC.
Date Of Injury: 9/7/05

DOS	SERVICE	DESCRIPTION	AMOUNT
12/29/05	INITIAL EXAM	DR GROMIS*	230.00
02/02/06	FOLLOW-UP	DR GROMIS*	180.00
03/02/06	FOLLOW-UP	DR GROMIS*	180.00
04/07/06	PMT BY CHECK	DOS 12/29/05 THRU 3/2/06 # 003682990	-590.00
04/24/06	C&R READING	@ THE L/O OF DENNIS FUSI	147.00
05/24/06	PMT BY CHECK	DOS 4/24/06 # 003739299	-147.00

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 treatment or med/legal. Reference rules and regulations section 9795.4 and bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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: 0000228754

Vendor Number: 408690082 Issuing Location: Orange County Claims Check Date: 05/02/2006

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00316711	MC	21230	01/11/2006	$230.00

INV.#21230

PAID

TOTAL: $230.00

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

Processor: A. Garcia

Internal Reference No: 21230

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#
03/07/08	21230

Claim # : 00316711
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: . vs SABERT CORP.
Date Of Injury: 1/11/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/06	INITIAL EXAM	DR VAZQUEZ	230.00
04/04/06	FOLLOW-UP	DR VAZQUEZ*	180.00
4/25/06	FOLLOW-UP	DR VAZQUEZ*	180.00
05/02/06	PMT BY CHECK	DOS 3/13/06 # 0000228754	-230.00
05/02/06	PMT BY CHECK	DOS 4/4/06 THRU 4/25/06 # 0000228755	-360.00
05/18/06	FOLLOW-UP	DR VAZQUEZ*	180.00
06/13/06	FOLLOW-UP	DR VAZQUEZ*	180.00
06/19/06	DEPO PREP	@ THE L/O OF SAMUELSEN,GONZALEZ, VALENZUELA	147.00
06/13/06	FOLLOW-UP	DR VAZQUEZ	180.00
06/19/06	PMT BY CHECK	DOS 3/13/06 THRU 6/13/06 # 0000271546	-590.00
07/06/06	FOLLOW-UP	DR VAZQUEZ*	180.00
07/10/06	FOLLOW-UP	DR VAZQUEZ*	180.00
07/27/06	FOLLOW-UP	DR VAZQUEZ*	180.00
07/27/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
08/04/06	PMT BY CHECK	DOS 6/19/06 THRU 7/6/06 # 0000313503	-457.00
08/16/06	PMT BY CHECK	DOS 7/27/06 # 0000324087	-97.00
08/18/06	PMT BY CHECK	DOS 3/13/06 THRU 7/27/06 # 000326929	-180.00
11/07/06	PMT BY CHECK	DOS 3/13/06 THRU 7/27/06 # 0000398727	-50.00
01/22/08	WCAB LB	MSC	156.50
03/03/08	PMT BY CHECK	DOS 1/22/08 # 0000817900	-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#
03/07/08	21230

Claim # : 00316711
W.C.A.B.: N/A
S.S.N. :
D.O.B.
Terms : 45 days

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

Case: vs SABERT CORP.
Date Of Injury: 1/11/06

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

Check Number: 41219

IRS/SSN:

Check Date: 09/14/2007

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
06309350		12/10/2005	Interpreter Fees - Medical	01/25/2006	02/15/2007	08/20/2007	20609	833.92

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#
08/17/07	20609

Claim # : 06309350
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MICHAEL MORRIS DISTRIBUTION
Date Of Injury: 12/10/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/06	INITIAL EXAM	DR VAZQUEZ*	230.00
02/16/06	FOLLOW-UP	DR VAZQUEZ*	180.00
03/14/06	FOLLOW-UP	DR VAZQUEZ*	180.00
04/05/06	FOLLOW-UP	DR VAZQUEZ*	180.00
09/20/06	PENALTIES	FOR DATE OF SERVICE 1/25/06	34.50
02/15/07	INTEREST	FOR DATE OF SERVICE 1/25/06	29.42
09/14/07	PMT BY CHECK	DOS 1/25/06-2/15/07 # 41219	-833.92

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

Kemper
Insurance Companies

*** AUDIT OF MEDICAL CHARGES ***

'atient Name: TOMAS BERNAL

:laim/Seq #: 177021776
mployer Name: BARTON INSTRUMENT
'atient Ref#: 21318 Adjustor: SMT

Billing ID #: 888-H-5801924
EOR Date: 04/28/2006
Date of Accident: 03/06/2003
Unique Image ID: 17500687
Page: 1

This Audit was prepared in complicance 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.

AIMANT	EMPLOYER:	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165
;UU CALIFORNIA AVE)UTH GATE, CA 90280	BARTON INSTRUMENT 900 S TURNBULL CANYON RD CITY OF INDUSTRY, CA 91749	
ROVIDER: TAX ID#: 33-0956713)YCE ALTMAN INTERPRETERS INC) BOX 4165 JSTIN, CA 92781 4165	CARRIER: American Manufacturers P.O. Box 189080 Plantation, FL 33318-9080	PAID

ate of ervice	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
7/2006	C0103	C0103	MISC SERVICES	1	1	180.00	180.00	112-003

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

CK# 6140586929
5/1/06

Summary of Codes

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

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

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

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

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

*** INVOICE ***

Date	NO#
10/30/06	21318

Claim # : 177021776
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (SACRAM)
W.C. DEPARTMENT
ATTN: SANDRA THOMAS
P.O.BOX 15810
SACRAMENTO, CA 95852

Case: BARTON INSTRUMENT SYSTEM
Date Of Injury: 3/6/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/27/06	FOLLOW-UP	DR HAMADA*	180.00
05/01/06	PMT BY CHECK	DOS 3/27/06 # 6140586929	-180.00
05/22/06	FOLLOW-UP	DR HAMADA*	180.00
07/17/06	FOLLOW-UP	DR HAMADA*	180.00
10/25/06	PMT BY CHECK	DOS 5/22/06 THRU 7/17/06 # 6140631724	-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.

BROADSPIRE

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:

Claim/Seq #: 177055798
Employer Name: ALLEGIS GROUP, INC.
Patient Ref#: 20505 Adjustor: ICC

Billing ID #: 888-H-5864356
EOR Date: 05/19/2006
Date of Accident: 08/18/2005
Unique Image ID: 17572481
Page: 1

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

CLAIMANT:	EMPLOYER:	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165
3379 1/2 BRUCE ST RIVERSIDE, CA 92501-0000	ALLEGIS GROUP, INC. 1889 N. RICE AVE, STE 207 OXNARD, CA 93030-0000	
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: Insurance Company State Of Penn 70 Pine Street New York, NY 10270	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
4/24/2006	C0103	C0103	MISC SERVICES	1	1	180.00	180.00	112-003

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

Summary of Codes

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

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

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

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

CK# 2810717674

BROADSPIRE

*** AUDIT OF MEDICAL CHARGES ***

Patient Name:

Claim/Seq #: 177055798
Employer Name: ALLEGIS GROUP, INC.
Patient Ref#: 20505 Adjustor: ICC

Billing ID #: 888-H-5973326
EOR Date: 06/14/2006
Date of Accident: 08/18/2005
Unique Image ID: 17717639
Page: 1

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

CLAIMANT:	EMPLOYER:	JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165
3379 1/2 BRUCE ST RIVERSIDE, CA 92501-0000	ALLEGIS GROUP, INC. 1889 N. RICE AVE, STE 207 OXNARD, CA 93030-0000	
PROVIDER: TAX ID#: 33-0956713 JOYCE ALTMAN INTERPRETERS INC PO BOX 4165 TUSTIN, CA 92781 4165	CARRIER: Insurance Company State Of Penn 70 Pine Street New York, NY 10270	

Date of Service	Adjusted Code	Submitted Code	Description	Units	Diag. Code	Actual Charges	Maximum Allowable	E O M B Codes
5/15/2006	C0103	C0103	MISC SERVICES	1	1	230.00	230.00	112-003

Total Actual Charges	:	$230.00
Reduction Amount (Please Do Not Balance Forward Reductions)	:	$0.00
Contracted % Discount Reduction	:	$0.00
Total Reimbursable Amount	:	$230.00

6/15/06
ck.# 2810768160

Summary of Codes

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

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

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

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

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

*** INVOICE ***

Date	NO#
06/19/06	20505

Claim # : 177055798
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BROADSPIRE INS (LEHIGH,PA)
W.C. DEPARTMENT
ATTN: IRENE CHAVEZ
P.O. BOX # 25100
LEHIGH VALLEY, PA 18002-5102

Case: vs AEROTEK
Date Of Injury: 8/18/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/16/06	INITIAL EXAM	DR VAZQUEZ*	230.00
02/13/06	FOLLOW-UP	DR VAZQUEZ*	180.00
3/08/06	PMT BY CHECK	DOS 1/16/06 # 2810558152	-230.00
03/06/06	FOLLOW-UP	DR VAZQUEZ*	180.00
03/27/06	PMT BY CHECK	DOS 2/13/06 # 2810594153	-180.00
04/03/06	PMT BY CHECK	DOS 3/6/06 # 2810609841	-180.00
04/24/06	FOLLOW-UP	DR VAZQUEZ*	180.00
05/15/06	P AND S	DR VAZQUEZ*	230.00
05/19/06	PMT BY CHECK	DOS 4/24/06 # 2810717674	-180.00
06/14/06	PMT BY CHECK	DOS 5/15/06 # 2810768160	-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.

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

Provider Number: 330956713

Check #: CP-251414

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 04/30/07
Doc #: 012545244

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
1									
2									
3									
4									
5									
6									
7									

Patient Name: **Claim #:** 02419352 **Date of Injury:** 05/19/05

ICD-9 Code: 999.9 OTHER AND UNSPECIFIED COMPLICATIONS OF MEDICAL CARE NEC

8	2007042611283927MM7 01U	05/24/06	99199	Unlisted Procedure	1	230.00	.00	230.00
9	2007042611283927MM7 01U	06/14/06	99199	Unlisted Procedure	1	125.00	.00	125.00
10	2007042611283927MM7 01U	06/14/06	99199	Unlisted Procedure	1	125.00	.00	125.00
11	2007042611283927MM7 01U	06/28/06	99199	Unlisted Procedure	1	180.00	.00	180.00
12	2007042611283927MM7 01U	07/17/06	99199	Unlisted Procedure	1	230.00	.00	230.00

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.

01273876012545244014

State Compensation Insurance Fund
P.O. Box 65005
edale, CA 93650-5005
(800) 565-5000

Provider Number: 330956713

Check #: CP-251414

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 04/30/07
Doc #: 012545244

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
13	2007042611283927MM7 01U	07/26/06	99199	Unlisted Procedure	1	180.00	.00		180.00
14	2007042611283927MM7 01U	08/23/06	99199	Unlisted Procedure	1	180.00	.00		180.00
15	2007042611283927MM7 01U	09/11/06	99199	Unlisted Procedure	1	230.00	.00		230.00
16	2007042611283927MM7 01U	09/20/06	99199	Unlisted Procedure	1	180.00	.00		180.00
17	2007042611283927MM7 01U	10/18/06	99199	Unlisted Procedure	1	180.00	.00		180.00
18	2007042611283927MM7 01U	10/25/06	99199	Unlisted Procedure	1	125.00	.00		125.00
19	2007042611283927MM7 01U	10/25/06	99199	Unlisted Procedure	1	125.00	.00		125.00
20	2007042611283927MM7 01U	11/15/06	99199	Unlisted Procedure	1	180.00	.00		180.00
21	2007042611283927MM7 01U	12/13/06	99199	Unlisted Procedure	1	180.00	.00		180.00
22	2007042611283927MM7 01U	12/13/06	99199	Unlisted Procedure	1	230.00	.00		230.00
23	2007042611283927MM7 01U			Medical Penalty					402.00
24	2007042611283927MM7 01U			Medical Interest					58.26
								Subtotal:	3,140.26

012738760125452440l4

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

*** INVOICE ***

Date	NO#
05/04/07	22118

Claim # : 02419352
W.C.A.B.: MON 0339527
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF
W.C. DEPARTMENT
ATTN: SUSAN MARTIN
P.O. BOX # 419
SANTA ANA, CA 92702-0419

Case: -- vs PARAGON BUILDING PRODUCTS INC.
Date Of Injury: 5/19/05

DOS	SERVICE	DESCRIPTION	AMOUNT
05/24/06	INITIAL EXAM	DR PAYANDEH*	230.00
06/14/06	NCV	DIAGNOSTIC STUDY INTERP:L/E*	125.00
06/14/06	EMG TESTING	REF BY DR PAYANDEH:L/E*	125.00
06/28/06	FOLLOW-UP	DR PAYANDEH*	180.00
07/26/06	FOLLOW-UP	DR PAYANDEH*	180.00
07/17/06	INITIAL EXAM	DR RAHMAN*	230.00
08/23/06	FOLLOW-UP	DR PAYANDEH*	180.00
09/11/06	P AND S	DR RAHMAN*	230.00
09/20/06	FOLLOW-UP	DR PAYANDEH*	180.00
10/18/06	FOLLOW-UP	DR PAYANDEH*	180.00
10/25/06	EMG TESTING	BY DR BEDZAH: U/E*	125.00
10/25/06	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
11/15/06	FOLLOW-UP	DR PAYANDEH*	180.00
12/13/06	P AND S	DR PAYANDEH*	230.00
02/07/07	FOLLOW-UP	DR PAYANDEH* - POST P&S	180.00
04/20/07	PENALTIES	FOR DATE OF SERVICE 5/24/06	34.50
04/20/07	INTEREST	FOR DATE OF SERVICE 5/24/06	70.44
04/20/07	PENALTIES	FOR DATE OF SERVICE 6/14/06	37.50
04/20/07	INTEREST	FOR DATE OF SERVICE 6/14/06	50.00
04/20/07	PENALTIES	FOR DATE OF SERVICE 7/17/06	34.50
04/20/07	INTEREST	FOR DATE OF SERVICE 7/17/06	50.52
04/20/07	PENALTIES	FOR DATE OF SERVICE 9/11/06	34.50
04/20/07	INTEREST	FOR DATE OF SERVICE 9/11/06	39.40
04/20/07	PENALTIES	FOR DATE OF SERVICE 10/25/06	37.50
04/20/07	INTEREST	FOR DATE OF SERVICE 10/25/06	16.18
04/20/07	PENALTIES	FOR DATE OF SERVICE 12/13/06	34.50
04/20/07	INTEREST	FOR DATE OF SERVICE 12/13/06	20.72
04/30/07	PMT BY CHECK	DOS 5/24/06 THRU 12/13/06 # CP-251414	-3140.26

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

*** INVOICE ***

Date	NO#
05/04/07	22118

Claim # : 02419352
W.C.A.B.: MON 0339527
S.S.N. : ---
D.O.B. :
Terms : 45 days

BILL TO:
SCIF
W.C. DEPARTMENT
ATTN: SUSAN MARTIN
P.O. BOX # 419
SANTA ANA, CA 92702-0419

Case: vs PARAGON BUILDING PRODUCTS INC.
Date Of Injury: 5/19/05

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 bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ceived in 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 Benefits (EOB)

State Compensation Insurance Fund
P.O. Box 4927
Eureka, CA 95
(800) 445-9721

Provider Number: 330956713

Check #: CH-072972

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 09/26/06
Doc #: 010863749

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:	20730	**Claim #:**	NH128653	**Date of Injury:**	08/29/05	
1	20060925151914 73JCB 01U	08/28/06	TXI	Interpretation Svcs	1	180.00	.00	G32	180.00
							Total Allowances:		**$180.00**

0125836101068374901 2

PAID

Please see reverse side for page 2 of EOB for explanation of payment and reviewer comments.

If you have questions about this claim, please contact us at the number shown above and the injured worker's claim number.

Please retain this explanation of payment. THANK YOU.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 4975
Eureka, CA 95502-4975
(707)443-9721

Provider Number: 330956713

Check #: **CH-071302**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 09/06/06
Doc #: 010686768

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	NH128653	**Date of Injury:**	08/29/05	
1	2006090509463855JCB 01U	08/04/06	TXI	Interpreting Svcs	1	180.00	.00	G32	180.00
							Total Allowances:		**$180.00**

PAID

0125700401068675B022

Please refer to the last page(s) of EOR for an explanation of all four digit codes and service descriptions.

To ensure prompt payment of your bills, use the claim number assigned and the injured name on all future correspondence.

Please detach and return the remittance(s) as your record of payment. Thank you.

[redacted]

Provider Number: 330956713

Check #: CH-070092

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 08/18/06
Doc #: 010528222

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:		**Claim #:**	NH128653	**Date of Injury:**	08/29/05	
1	20060817144212 84JCB 01U	07/14/06	TXI	Interpreter Services	1	180.00	.00	G32	180.00
							Total Allowances:		**$180.00**

PAID

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 4973
Eureka, CA 95502-4973
(707) 443-9721

Provider Number: 330956713

Check #: **CH-068275**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 08/01/06
Doc #: 010356834

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	NH128653	**Date of Injury:**	08/29/05	
1	20060731105225 87JCB 01U	06/26/06	TXI	Interpreting Svcs	1	180.00	.00	G32	180.00
							Total Allowances:		**$180.00**

0125453201035683401 2

Please review the enclosed 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 4973
Orange CA 92863-4973

Provider Number: 330956713

Check #: CH-067216

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 07/19/06
Doc #: 010235557

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	NH128653	**Date of Injury:**	08/29/05	
1	20060718112711O1JCB 01U	05/17/06	TXI	Interpreting Service	1	180.00	.00	G32	180.00
							Total Allowances:		**$180.00**

PAID

0125363010235557012

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 4973
Eureka CA 95502-4973
(707)443-9721

Provider Number: 330956713

Check #: **CH-064567**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 06/21/06
Doc #: 009978088

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	NH128653	**Date of Injury:**	08/29/05	
1	20060620120502911CB 01U	05/10/06	TXI	Interpreting Svcs	1	180.00	.00	G32	180.00
							Total Allowances:		**$180.00**

PAID

0125173200397808801Z

Please review the last page(s) of this EOR for an explanation of reduction codes and any other comments.

To guarantee prompt payment of your bill, please include the claim number shown above on all correspondence.

Please detach and retain the statement below for your record of payment. THANK YOU

Explanation of Review (EOR)

State Compensation Insurance Fund
P O Box 4973
Eureka, CA 95502-4973
(707)443-9721

Provider Number: 330956713

Check #: **CH-063696**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 06/13/06
Doc #: 009896058

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	NH128653	**Date of Injury:**	08/29/05	
1	2006061209431367JCB 01U	02/01/06	TXI	Interpreting Svcs	1	230.00	230.00	60 G32	.00
2	2006061209431367JCB 01U	02/17/06	TXI	Interpreting Svcs	1	180.00	180.00	60 G32	.00
3	2006061209431367JCB 01U	03/10/06	TXI	Interpreting Svcs	1	180.00	180.00	60 G32	.00
4	2006061209431367JCB 01U	03/31/06	TXI	Interpreting Svcs	1	180.00	180.00	60 G32	.00
5	2006061209431367JCB 01U	04/26/06	TXI	Interpreting Svcs	1	180.00	.00	G32	180.00
							Total Allowances:		**$180.00**

0125112009896058012

(VOID)

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

[redacted]

Provider Number: 330956713

Check #: CH-060866

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 05/12/06
Doc #: 009616954

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	NH128653	**Date of Injury:**	08/29/05	
1	20060511151455755JCB 01U	03/31/06	TXI	Interpreting Service	1	180.00	.00	G23	180.00
							Total Allowances:		**$180.00**

PAID

[redacted]

Provider Number: 330956713

Check #: **CH-058368**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 04/18/06
Doc #: 009371288

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:		**Claim #:**	NH128653	**Date of Injury:**	08/29/05	
1	2006041709432973JCB 01U	02/01/06	TXI	Interpreting Service	1	230.00	230.00	60 G12	.00
2	2006041709432973JCB 01U	02/17/06	TXI	Interpreting Service	1	180.00	180.00	60 G12	.00
3	2006041709432973JCB 01U	03/10/06	TXI	Interpreting Service	1	180.00	.00	G32	180.00
							Total Allowances:		**$180.00**

PAID

[redacted]

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 4975
Eureka, CA 95502-4975
(707)445-9721

Provider Number: 330956713

Check #: **CH-057131**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 04/04/06
Doc #: 009239880

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
		Patient Name:			**Claim #:**	NH128653	**Date of Injury:**	08/29/05	
1	20060403112530 59JCB 01U	02/01/06	TXI	Interpreting Service	1	230.00	.00	G32	230.00
2	20060403112530 59JCB 01U	02/17/06	TXI	Interpreting Service	1	180.00	.00	G32	180.00
							Total Allowances:		**$410.00**

PAID

0124617800923988001 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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 4973
Eureka, CA 95502-4973
(707)443-9721

Provider Number: 330956713

Check #: **CH-083307**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 02/08/07
Doc #: 011945845

Medical

inv# 20720

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:** NH128653		**Date of Injury:** 08/29/05		
	ICD-9 Code: 959.9 INJURY UNSPECIFIED SITE NOS								
1	2007020715301683GKB 01U	01/08/07	TXI	Interpreter	1	180.00	.00	G32	180.00
2	2007020715301683GKB 01U	12/18/06	TXI	Interpreter	1	180.00	.00	G32	180.00
							Total Allowances:		**$360.00**

The amount on Check is equal to Total Allowances minus a CA-Nonresident Withholding Amount of $25.20 per FTB code 18662

A D

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 4973
Eureka, CA 95502-4973
(707)443-9721

Provider Number: 330956713

Check #: CH-074229

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 10/12/06
Doc #: 011002600

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
			Patient Name:		**Claim #:**	NH128653	**Date of Injury:**	08/29/05	
1	2006101110233900JCB 01U	09/13/06	TXI	Interpretation Svcs	1	180.00	.00	G32	180.00

Total Allowances: **$180.00**

20730

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#
04/20/07 20730

Claim # : NH128653
W.C.A.B.: N/A
S.S.N. :
D.O.B. : . .
Terms : 45 days

BILL TO:
SCIF
W.C. DEPARTMENT
ATTN: LISA DE MARTNI
P.O. BOX # 4973
EUREKA, CA 95502

Case: [redacted] vs MISTY MEADOW FA
Date Of Injury: 8/29/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/01/06	INITIAL EXAM	DR DOMARACKI*	230.00
02/17/06	RE-EVAL	DR DOMARACKI*	180.00
03/10/06	RE-EVAL	DR DOMARACKI*	180.00
04/04/06	PMT BY CHECK	DOS 2/1/06 THRU 2/17/06 # CH-057131	-410.00
03/31/06	RE-EVAL	DR DOMARACKI*	180.00
04/18/06	PMT BY CHECK	DOS 3/10/06 # CU-058368	-180.00
04/26/06	RE-EVAL	DR DOMARACKI*	180.00
05/12/06	PMT BY CHECK	DOS 3/31/06 # CH-060866	-180.00
05/10/06	RE-EVAL	DR DOMARACKI*	180.00
05/17/06	RE-EVAL	DR DOMARACKI*	180.00
06/13/06	PMT BY CHECK	DOS 4/26/06 # CH-063696	-180.00
06/21/06	PMT BY CHECK	DOS 5/10/06 # CH-04567	-180.00
06/26/06	RE-EVAL	DR DOMARACKI*	180.00
07/14/06	RE-EVAL	DR DOMARACKI*	180.00
07/19/06	PMT BY CHECK	DOS 5/17/06 # CH-067216	-180.00
08/01/06	PMT BY CHECK	DOS 6/26/06 # CH-068275	-180.00
08/04/06	RE-EVAL	DR DOMARACKI*	180.00
08/18/06	PMT BY CHECK	DOS 7/14/06 # CH-070092	-180.00
08/28/06	RE-EVAL	DR DOMARACKI*	180.00
09/06/06	PMT BY CHECK	DOS 8/4/06 # CH-071302	-180.00
09/13/06	RE-EVAL	DR DOMARACKI*	180.00
09/26/06	PMT BY CHECK	DOS 8/28/06 # CH-072972	-180.00
10/04/06	RE-EVAL	DR DOMARACKI*	180.00
10/12/06	PMT BY CHECK	DOS 9/13/06 # CH-074229	-180.00
11/06/06	PMT BY CHECK	DOS 10/4/06 # CH-076069	-180.00
11/03/06	RE-EVAL	DR DOMARACKI*	180.00
12/04/06	PMT BY CHECK	DOS 11/3/06 # CH-078180	-180.00
12/04/06	RE-EVAL	DR DOMARACKI*	180.00
12/18/06	RE-EVAL	DR DOMARACKI*	180.00
01/08/07	RE-EVAL	DR DOMARACKI*	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#
04/20/07	20730

Claim # : NH128653
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF
W.C. DEPARTMENT
ATTN: LISA DE MARTNI
P.O. BOX # 4973
EUREKA, CA 95502

Case: , vs MISTY MEADOW FA
Date Of Injury: 8/29/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/07	PMT BY CHECK	DOS 12/4/06 # CH-081528	-180.00
02/08/07	PMT BY CHECK	DOS 12/18/06 THRU 1/8/07 # CH-083307	-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 bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ceived in 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.

Market Rate
Year 2007

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

Year 2007

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
28335	11/20/07 - 12/4/07	4/28/2008	$ 601.00	$ 601.00	0209488	4/22/2008	National Liability & Fire Ins .Co
19691	3/21/07 - 5/8/07	6/4/2007	$ 360.00	$ 360.00	37851614	6/1/2007	AIG Domestic Claims, Inc.
24444	5/18/2007	5/30/2007	$ 180.00	$ 180.00	DA56040742	6/8/2007	ACE USA
24444	5/23/2007	5/30/2007	$ 147.00	$ 147.00	DA56040750	6/8/2007	ACE USA
24484	5/22/2007	8/14/2007	$ 180.00	$ 180.00	38007216	8/9/2007	AIG Domestic Claims, Inc.
10776	7/18/2007	8/20/2007	$ 180.00	$ 180.00	DA56511744	8/24/2007	ACE USA
25805	4/19/07 - 6/6/07	7/17/2007	$ 480.00	$ 480.00	23882520	8/28/2007	AIG Domestic Claims, Inc.
26211	6/15/07 - 7/20/07	8/21/2007	$ 380.00	$ 380.00	23869213	8/28/2007	AIG Domestic Claims, Inc.
23756	5/10/2007	6/12/2007	$ 230.00	$ 230.00	37865646	6/7/2007	AIG Domestic Claims, Inc.
25739	7/6/07 - 8/3/07	8/14/2007	$ 360.00	$ 360.00	23787573	8/21/2007	AIG Domestic Claims, Inc.
26510	7/12/2007	8/13/2007	$ 150.00	$ 150.00	DA56412729	8/9/2007	ACE USA
28073	11/5/07 - 3/5/08	4/7/2008	$ 179.16	$ 179.16	1004405782	4/2/2008	Specialty Risk Services
25286	3/28/07 - 8/1/07	8/31/2007	$ 360.00	$ 360.00	110333	8/27/2007	SCRMA
25516	5/31/07 - 7/9/07	7/13/2007	$ 300.00	$ 300.00	0014698429	8/27/2007	Sedgwick Claims Mgmt. Svcs., Inc.
21235	2/7/07 & 2/27/07	7/3/2007	$ 300.00	$ 300.00	1863	8/23/2007	SCRMA
22900	8/29/06 - 7/11/07	8/29/2007	$ 1,430.00	$ 1,430.00	2156	8/23/2007	SCRMA
24588	2/17/07 - 5/15/07	7/3/2007	$ 452.25	$ 452.25	1843	8/23/2007	SCRMA
24310	1/22/07 - 8/6/07	8/15/2007	$ 360.00	$ 360.00	0476541	9/8/2007	Safeco Insurance Companies
28381	12/5/07 - 3/5/08	4/7/2008	$ 272.54	$ 272.54	896D54873072	4/2/2008	The Travelers
27064	8/25/07 - 1/22/08	4/21/2008	$ 180.53	$ 180.53	1120611547	4/17/2008	The Hartford
20464	3/26/2007	6/12/2007	$ 180.00	$ 180.00	33607099-1	6/5/2007	The Hartford
25023	3/12/07 - 7/18/07	8/3/2007	$ 377.00	$ 377.00	111150278 1	8/21/2007	The Hartford

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
23479	10/23/06 - 8/16/07	8/31/2007	$ 3,045.00	$ 3,045.00	322135	9/7/2007	Tristar Risk Mgmt.
26568	7/11/2007	8/7/2007	$ 180.00	$ 180.00	891A 64132434	9/6/2007	The Travelers
26582	7/9/2007	8/7/2007	$ 230.00	$ 230.00	896D 40544559	8/14/2007	The Travelers
25231	3/26/07 - 5/22/07	6/12/2007	$ 377.00	$ 377.00	83637348	6/7/2007	Risk Enterprises
24879	2/12/07 - 5/4/07	6/8/2007	$ 770.00	$ 770.00	00052423	5/31/2007	Novapro Risk Solutions
22538	4/26/07 - 7/10/07	8/15/2007	$ 480.00	$ 480.00	130065	8/9/2007	LWP Claims Solutions
21047	10/1/2007	4/22/2008	$ 250.00	$ 250.00	60591095	12/14/2007	Gallagher Bassett
02572	7/20/07 - 2/13/08	4/28/2008	$ 303.50	$ 303.50	0063220387	4/24/2008	Gallagher Bassett
26165	6/12/07 - 4/3/08	4/22/2008	$ 360.00	$ 360.00	0063071524	4/17/2008	Gallagher Bassett
24832	5/7/2007	6/13/2007	$ 150.00	$ 150.00	41893391	6/8/2007	Gallagher Bassett
26578	7/18/07 - 8/1/07	8/30/2007	$ 480.00	$ 480.00	0058315586	8/21/2007	Gallagher Bassett
23399	5/18/2007	6/5/2007	$ 180.00	$ 180.00	41794876	6/1/2007	Gallagher Bassett
25049	3/6/07 - 7/20/07	8/29/2007	$ 250.00	$ 250.00	0058706644	9/12/2007	Gallagher Bassett
22190	8/6/07 - 8/17/07	8/29/2007	$ 360.00	$ 360.00	0058500943	8/30/2007	Gallagher Bassett
25643	4/29/2007	6/12/2007	$ 150.00	$ 150.00	41854531	6/6/2007	Gallagher Bassett
26436	7/11/2007	7/26/2007	$ 230.00	$ 230.00	0058473254	8/29/2007	Gallagher Bassett
24805	2/20/07 - 5/14/07	6/12/2007	$ 271.96	$ 271.96	9467907	6/8/2007	Frank Gates Svc.
25496	4/2/07 - 4/12/07	6/4/2007	$ 480.00	$ 480.00	9462246	5/31/2007	Frank Gates Svc.
23366	8/17/2007	8/28/2007	$ 180.00	$ 180.00	3801051718	9/6/2007	Farmers Ins.
28363	12/5/07 - 12/5/07	4/18/2008	$ 455.00	$ 455.00	8070178455	1/18/2008	Employers Comp. Ins. Co.
28363	3/12/2008	4/18/2008	$ 150.00	$ 150.00	8070197847	4/17/2008	Employers Comp. Ins. Co.
22542	8/7/2007	8/15/2007	$ 180.00	$ 180.00	8070145569	8/24/2007	Employers Comp. Ins. Co.
25546	7/2/2007	8/15/2007	$ 180.00	$ 180.00	0806640	8/14/2007	Disney Worldwide Svcs.
22932	8/29/06 - 5/23/07	6/8/2007	$ 2,330.97	$ 2,330.97	3319950	6/7/2007	Chubb Group of Ins.
25892	7/25/2007	8/13/2007	$ 180.00	$ 180.00	0000635221	8/8/2007	Crum & Forster

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
24681	2/15/07 - 8/15/07	8/25/2007	$ 360.00	$ 360.00	0000657770	9/4/2007	Crum & Forster
20681	8/8/2007	8/15/2007	$ 180.00	$ 180.00	0001159799	8/30/2007	Cambridge Integrated Svcs.
21156	8/9/2007	8/27/2007	$ 180.00	$ 180.00	I 4202476	8/29/2007	City of Los Angeles
26894	8/14/07 - 3/26/08	4/22/2008	$ 720.00	$ 720.00	1831193	4/18/2008	Redwood Fire & Casualty Ins.
23129	7/25/07 - 8/2/07	8/29/2007	$ 360.00	$ 360.00	34430	8/23/2007	Redwood Fire & Casualty Ins.
26969	8/24/07 - 3/5/08	4/1/2008	$ 186.54	$ 186.54	26600049	3/29/2008	AIG Domestic Claims, Inc.
25230	3/26/2007	6/5/2008	$ 230.00	$ 230.00	0001306293	6/2/2008	Sedgwick Claims Mgmt. Svcs.

National Liability & Fire Insurance Company

P O. Box 881716
San Francisco, CA 94188

Check Date : 04/22/2008
Check Number : 0209488
Check Amount : $781.42

3MK01T

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

60-2c1

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
01500224		04/09/2007	26623	Interpreter Fees -	02/11/2008	02/11/2008	$180.00
01501046		10/25/2007	28235	Interpreter Fees -	11/20/2007	12/04/2007	$601.42

PAID

60 60

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

*** INVOICE ***

Date	NO#
04/28/08	28235

Claim # : 01501046
W.C.A.B.: MON 0355893
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ACCA (SAN FRANCISCO)
W.C. DEPARTMENT
ATTN: DONALD WILSON
P.O. BOX # 7027
SAN FRANCISCO, CA 94120-7027

Case: vs CREATIVE INVENTIONS
Date Of Injury: N/A

DOS	SERVICE	DESCRIPTION	AMOUNT
11/20/07	INITIAL EXAM	DR PAYANDEH*	230.00
12/04/07	EMG TESTING	BY DR SCHILLING: U/E*	150.00
12/04/07	MOTION X-RAY	BY TECH PETIT @ ADVANCED CARE*	150.00
03/05/08	PENALTIES	FOR DATE OF SERVICE 11/20/07	34.50
03/05/08	INTEREST	FOR DATE OF SERVICE 11/20/07	9.13
03/05/08	PENALTIES	FOR DATE OF SERVICE 12/4/07	22.50
03/05/08	INTEREST	FOR DATE OF SERVICE 12/4/07	5.29
04/22/08	PMT BY CHECK	DOS 11/20/07 THRU 12/4/07 # 0209488	-601.42

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

AIG004

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7103785161400106983

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

Remittance – **No.:** 37851614
AMERICAN HOME ASSURANCE COMPANY **RFP No.:** 00106983
06/01/2007

Insured: PACIFIC BUILDING CARE, INC
Claimant:
Producer:
ACT: 19691 032107-050807

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000005519434	00169472	01	09/21/2005	MED	O	$360.00	$60,977.04

PAID

Use file # 710-00169472 **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#
06/04/07	19691

Claim # : 710169472
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SERVICES
W.C. DEPARTMENT
ATTN: LETICIA MORALES
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs PACIFIC BUILDING CARE
Date Of Injury: 9/21/05

DOS	SERVICE	DESCRIPTION	AMOUNT
			230.00
11/14/05	INITIAL EXAM	DR DOMARACKI*	-230.00
12/21/05	PMT BY CHECK	DOS 11/14/05 # 36596951	230.00
01/26/06	INITIAL EXAM	DR GALLONI*	180.00
02/03/06	RE-EVAL	DR DOMARACKI*	-230.00
02/16/06	PMT BY CHECK	DOS 1/26/06 # 36734475	-180.00
03/03/06	PMT BY CHECK	DOS 2/3/06 # 36771551	180.00
02/23/06	FOLLOW-UP	DR GALLONI*	180.00
03/10/06	RE-EVAL	DR DOMARACKI*	180.00
04/07/06	RE-EVAL	DR DOMARACKI*	-540.00
04/22/06	PMT BY CHECK	DOS 2/23/06 THRU 4/7/06 # 36908698	
05/08/06	RE-EVAL	DR DOMARACKI*	180.00
06/05/06	RE-EVAL	DR DOMARACKI*	180.00
07/06/06	RE-EVAL	DR DOMARACKI*	180.00
08/10/06	RE-EVAL	DR DOMARACKI*	180.00
11/14/06	RE-EVAL	DR DOMARACKI*	180.00
11/29/06	RE-EVAL	DR DOMARACKI*	-1080.00
01/18/07	PMT BY CHECK	DOS 5/8/06 THRU 11/29/06 # 375466602	
03/21/07	RE-EVAL	DR DOMARACKI*	180.00
05/08/07	RE-EVAL	DR DOMARACKI*	180.00
06/01/07	PMT BY CHECK	DOS 3/21/07 THRU 5/8/07 # 37851614	-360.00

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#
06/04/07	19691

Claim # : 710169472
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SERVICES
W.C. DEPARTMENT
ATTN: LETICIA MORALES
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: ,
Date Of Injury: 9/21/05 vs PACIFIC BUILDING CARE

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 d mentary evidence.

"10DA560407420401501010706080011156
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 06/08/07
CHECK NO. DA56040742

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

STATEMENT

5900A21DA 00 01134 DA56040742
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C5334945

DOLLARS
$*********180.00

* NOT NEGOTIABLE *

FOR
05/18/07 THRU 05/18/07 24444/DR.HOSSAIN-FOL

CLAIMANT

DATE OF EVENT
11/15/06

24444

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 (02/2003)

DETACH THIS PORTION BEFORE CASHING

"10DA560407500401601010706080011157
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 06/08/07
CHECK NO. DA56040750

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

STATEMENT

5900A21DA 00 01135 DA56040750
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C5334945

DOLLARS
$*********147.00

* NOT NEGOTIABLE *

24444

FOR
05/23/07 THRU 05/23/07 24444/DEPO.PREP

CLAIMANT

DATE OF EVENT
11/15/06

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

BOA18B (02/2003)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
05/30/07	24444

Claim # : 345C5334945
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case:
Date Of Injury: 11/15/06 vs VERTIS

DOS	SERVICE	DESCRIPTION	AMOUNT
01/31/07	INITIAL EXAM	DR KATTAR*	
02/26/07	PMT BY CHECK	DOS 1/31/07 # DA55373991	230.00
03/09/07	FOLLOW-UP	DR HOSSAIN*	-230.00
03/23/07	PMT BY CHECK	DOS 3/9/07 # DA55549857	180.00
04/20/07	FOLLOW-UP	DR HOSSAIN*	-180.00
05/02/07	PMT BY CHECK	DOS 4/20/07 # DA55801882	180.00
05/18/07	FOLLOW-UP	DR HOSSAIN*	-180.00
05/23/07	DEPO PREP	@ THE L/O OF DENNIS FUSI	180.00
06/08/07	PMT BY CHECK	DOS 5/23/07 # DA56040750	147.00
06/08/07	PMT BY CHECK	DOS 5/18/07 # DA56040742	-147.00
			-180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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 7103800721600759163

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

Remittance - **No.:** 38007216
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH **RFP No.:** 00759163
08/09/2007

Insured: PADILLA CONSTRUCTION COMPANY,
Claimant:
Producer: **Claim Office:** 710
ACT: 24484 052207-052207

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000001359732	00341010	01	12/19/2006	MED	O	$180.00	$13,963.02

PAID

Use file # 710-00341010 **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#
08/14/07	24484

Claim # : 710-341010
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SERVICES
W.C. DEPARTMENT
ATTN: TIMOTH ROSE
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs PADILLA CONSTRUCTION
Date Of Injury: 12/19/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/07	INITIAL EXAM	PAIN MGMT W/ DR SHUBBA JAIN*	230.00
04/04/07	INITIAL EXAM	DR FRANCISCO - PSYCH EVAL*	230.00
04/10/07	RE-EVAL	DR SANJIV JAIN*	180.00
05/22/07	RE-EVAL	DR SANJIV JAIN*	180.00
06/22/07	PMT BY CHECK	DOS 2/6/07 THRU 4/10/07 # 37903016	-640.00
08/09/07	PMT BY CHECK	DOS 5/22/07 # 38007216	-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.

*10DA56511744038160101070824001071I
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 31051
TAMPA FL 33631-3051

DATE 08/24/07

CHECK NO. DA56511744

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

STATEMENT

5900A21DA 00 01067 DA56511744
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C4511639

DOLLARS
$*********180.00

* NOT NEGOTIABLE *

FOR
07/18/07 THRU 07/18/07 10776/DR.SIMON LAVI

CLAIMANT

DATE OF EVENT
06/11/03

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

PAID

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

*** INVOICE ***

Date	NO#
08/20/07	10776

Claim # : C345C4511639
W.C.A.B.: LAO 0847898
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TIME WARNER INC.
Date Of Injury: 6/11/03

DOS	SERVICE	DESCRIPTION	AMOUNT
08/21/04	MRI	REF BY DR AINBINDER: L/S*	150.00
11/22/04	PMT BY CHECK	DOS 08/21/04 # DA50164941	-150.00
10/16/06	FOLLOW-UP	DR SIMON LAVI*	180.00
11/16/06	FOLLOW-UP	DR SIMON LAVI*	180.00
01/18/07	FOLLOW-UP	DR SIMON LAVI*	180.00
04/05/07	FOLLOW-UP	DR SIMON LAVI*	180.00
04/12/07	PMT BY CHECK	DOS 1/18/07 # DA55673758	-180.00
04/12/07	PMT BY CHECK	DOS 11/16/06 # DA55673756	-180.00
04/12/07	PMT BY CHECK	DOS 10/16/06 # DA55673745	-180.00
04/26/07	PMT BY CHECK	DOS 4/5/07 # DA55768732	-180.00
07/18/07	PR-2	DR SIMON LAVI*	180.00
08/24/07	PMT BY CHECK	DOS 7/18/07 # DA56511744	-180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., mands medical reports and documentation pursuant to Title 8 Rules and egulations 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 001 5 7102388252000972332

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

Remittance -
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

No.: 23882520
RFP No.: 00972332
08/28/2007

Insured: RANCHO FRAMING INC
Claimant:
Claim Office: 710
Producer:
ACT: 25805 041907-060607

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003725473	00349063	01	12/05/2006	MED	O	$480.00	$8,476.26

PAID

Use file # 710-00349063 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#
07/17/07	25805

Claim # : 710349063
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RANCHO FRAMING
Date Of Injury: 12/5/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/07	INITIAL EXAM	DR FERNANDEZ - PSYCH EVAL*	230.00
06/06/07	EMG TESTING	BY DR VESALI: L/E*	125.00
06/06/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
08/28/07	PMT BY CHECK	DOS 4/19-6/6/07 #23882520	-480.00

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.

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7102386921300974446

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

PAID

Remittance –
AMERICAN HOME ASSURANCE COMPANY

No.: 23869213
RFP No.: 00974446
08/28/2007

Insured: GRUMA CORP
Claimant:
Producer:
061507-072007, INVOICE #26211

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003825771	00196592	01	11/22/2005	MED	O	$380.00	$15,357.68

Use file # 710-00196592 **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#
08/21/07	26211

Claim # : 710196592
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MISSION FOODS
Date Of Injury: 11/22/05

DOS	SERVICE	DESCRIPTION	AMOUNT
06/15/07	INITIAL EXAM	DR HOANG*	230.00
07/20/07	NCT	DIAGNOSTIC STUDY INTERP: L/E*	150.00
08/28/07	PMT BY CHECK	DOS 6/15-7/20/07 # 23869213	-380.00

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.

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7103786564600136137

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

Remittance – **No.:** 37865646
AMERICAN HOME ASSURANCE COMPANY **RFP No.:** 00136137
06/07/2007

Insured: COASTAL EMPLOYERS INC
Claimant:
Producer: **Claim Office:** 710
ACT: 23756 051007-051007

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000001242444	00322408	01	10/16/2006	MED	O	$230.00	$8,865.59

PAID

Use file # 710-00322408 **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#
06/12/07	23756

Claim # : 710-322408
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SERVICES
W.C. DEPARTMENT
ATTN: Shannon Wosman
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs STAFF IT
Date Of Injury: 10/16/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/21/06	INITIAL EXAM	DR DOMARACKI*	230.00
12/11/06	RE-EVAL	DR DOMARACKI*	180.00
01/12/07	RE-EVAL	DR DOMARACKI*	180.00
02/19/07	RE-EVAL	DR DOMARACKI*	180.00
03/10/07	PMT BY CHECK	DOS 11/21/06 THRU 2/19/07 # 37666847	-770.00
03/19/07	RE-EVAL	DR DOMARACKI*	180.00
04/06/07	PMT BY CHECK	DOS 3/19/07 # 37729805	-180.00
04/16/07	RE-EVAL	DR DOMARACKI*	180.00
04/30/07	RE-EVAL	DR DOMARACKI*	180.00
05/08/07	PMT BY CHECK	DOS 4/16/07 # 37796024	-180.00
05/10/07	P AND S	DR DOMARACKI*	230.00
05/18/07	PMT BY CHECK	DOS 4/30/07 # 37822123	-180.00
06/07/07	PMT BY CHECK	DOS 5/10/07 # 37865646	-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.

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 5 2932378757300388142

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

PAID

Remittance -
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

No.: 23787573
RFP No.: 00388142
08/21/2007

Insured: TWR ENTERPRISES
Claimant:

Producer:
ACT: 25739

Claim Office: 293

070607-080307

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000007165827	00125506	01	12/02/2003	MED	O	$360.00	$88,260.24

Use file # 293-00125506 **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#
08/14/07 25739

Claim # : 293125506
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AIG CLAIM SERVICES
W.C. DEPARTMENT
ATTN: LETICIA MORALES
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case:
Date Of Injury: 12/2/03

vs REAL APPAREL SERVICES

DOS	SERVICE	DESCRIPTION	AMOUNT
05/04/07	FOLLOW-UP	DR HOSSAIN*	
05/08/07	NCV	DIAGNOSTIC STUDY INTERP: U/E & L/E*	180.00
05/08/07	EMG TESTING	BY DR PARK: U/E & L/E*	125.00
05/02/07	INITIAL EXAM	DR KATTAR*	125.00
05/18/07	FOLLOW-UP	DR HOSSAIN*	230.00
06/01/07	FOLLOW-UP	DR HOSSAIN*	180.00
06/14/07	PMT BY CHECK	DOS 5/2/07 THRU 5/8/07 # 37883525	180.00
06/14/07	PMT BY CHECK	DOS 5/4/07 THRU 6/1/07 # 37883524	-660.00
07/06/07	FOLLOW-UP	DR HOSSAIN*	-360.00
08/03/07	FOLLOW-UP	DR HOSSAIN*	180.00
08/21/07	PMT BY CHECK	DOS 7/6/07-8/3/07 #23787573	180.00
			-360.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

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

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

DATE 08/09/07

CHECK NO. DA56412729

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

STATEMENT

5900A21DA 00 01475 DA56412729
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C5390935

DOLLARS
*********150.00

* NOT NEGOTIABLE *

FOR
07/12/07 THRU 07/12/07 INV# 26510

CLAIMANT

DATE OF EVENT
06/18/06

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

S

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
08/13/07	26510

Claim # : 345C53909-3
W.C.A.B.: MON 0349853
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PUERTO PORT
Date Of Injury: 3/23/07

DOS	SERVICE	DESCRIPTION	AMOUNT
07/12/07	MRI	REF BY DR ANDALIB: C/S, L/S*	150.00
08/09/07	PMT BY CHECK	DOS 7/12/07 # DA56412729	-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 eceived in full and paid within 45 days, Joyce Altman Interpreters, Inc., emands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), and any and all benefit printouts, depo transcripts and documentary evidence.

SO California SRS Claim Office
P.O. Box 5068
Syracuse, NY 13220-5068
888-737-7726

SRS
SPECIALTY RISK SERVICES

001640
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01656

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
28073 04-16-07	72HMC TP0619 YMEC 12525	CASTAIC CLAY PRODUCTS		$179.16
Nature of Payment: Other Medical			Service Dates 11-05-2007 03-05-2008	$179.16
Claim Handler: Laurie M. Ortiz 888-737-7726 SO California SRS Claim Office P.O. Box 5068 Syracuse, NY 13220-5068			Additional Comments: PAID	

Issue Date	04-02-2008	Check Number	100440578 2	Total Amount of Check	$179.16

Please keep the above information for your records.

075688220

+200012 1004405782

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

*** INVOICE ***

Date	NO#
04/07/08	28073

Claim # : YME12525
W.C.A.B.: VNO 0543998
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (RIVERS)
W.C. DEPARTMENT
ATTN: LAURI ORTIZ
P.O. BOX # 59907
RIVERSIDE, CA 92517

Case: vs CALTAIC BRICK
Date Of Injury: 4/16/07

DOS	SERVICE	DESCRIPTION	AMOUNT
11/05/07	MRI	REF BY DR AINBINDER: C/S, LT SHOULDER*	150.00
03/05/08	PENALTIES	FOR DATE OF SERVICE 11/5/07	22.50
03/05/08	INTEREST	FOR DATE OF SERVICE 11/5/07	6.66
04/02/08	PMT BY CHECK	DOS 11/5/07 THRU 3/5/08 # 100440578 2	-179.16

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

PAID

CSAC Excess Insurance Authority
c/o SCRMA
313 E. Foothill Blvd
Upland CA 91786-3952

/110333

EMPLOYEE:

CLAIM NO.: 07-8800-1133

PAY CODE: 27
/PACMED ID:376102

PERIODS: 03/28/07 thru 08/01/07

PAYEE: JOYCE ALTMAN INTERPRETERS, INC.
IRS No. 330956713 DOI: 01/16/07
Check Date: 08/27/07

Account #: 7020024687
Invoice No: 25286
Check Total: $360.00

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#
08/31/07	25286

Claim # : 07-8800-1133
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCRMA (UPLAND)
W.C. DEPARTMENT
ATTN: Risa Bell
313 E. FOOTHILL BLVD.
UPLAND, CA 91786

Case: vs ANAHEIM CITY SCHOOL DIST.
Date Of Injury: 1/16/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/28/07	INITIAL EXAM	DR PAYANDEH*	230.00
04/18/07	FOLLOW-UP	DR PAYANDEH*	180.00
04/30/07	PMT BY CHECK	DOS 3/28/07 # 095385	-230.00
05/02/07	FOLLOW-UP	DR PAYANDEH*	180.00
04/25/07	EMG TESTING	BY DR BEDZAH U/E*	125.00
04/25/07	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
05/24/07	PMT BY CHECK	DOS 4/30/07 # 098597	-180.00
05/30/07	FOLLOW-UP	DR PAYANDEH*	180.00
05/29/07	PMT BY CHECK	DOS 3/28/07 THRU 5/30/07 # 099196	-610.00
05/01/07	INITIAL EXAM	DR PARVIN - PSYCH EVAL*	230.00
06/20/07	FOLLOW-UP	DR PAYANDEH*	180.00
06/28/07	PMT BY CHECK	DOS 5/1/07 THRU 6/20/07 # 103378	-410.00
07/11/07	FOLLOW-UP	DR PAYANDEH*	180.00
08/01/07	FOLLOW-UP	DR PAYANDEH*	180.00
08/20/07	PMT BY CHECK	DOS 7/11/07 #109847	-180.00
08/22/07	PR2/REEVAL	DR PAYANDEH*	180.00
08/27/07	PMT BY CHECK	DOS 3/28/07-8/1/07 # 110333	-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.
8/27/2007	300.00	0014698429

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
331 Sedgwick Claims Management Services	1

4375

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

Claimant Name	Loss Date	Claim Number	SSN
	06/29/2000	A033103786-0001-01	

Amt Paid: 300.00 Description: Miscellaneous Medical
Amt Billed: 300.00 Invoice: 25516 ICN: A033103786000101
Dates: 05/31/2007 - 07/09/2007 Comment:

PAID

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Payments then select Check Payment Search.

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

*** INVOICE ***
Date NO#
07/13/07 25516

Claim # : A033103786
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (WALNUT CREEK)
W.C. DEPARTMENT
ATTN: STEVEN LEE
PO BOX # 4276
WALNUT CREEK, CA 94596

Case: vs COUCH U.S.A.
Date Of Injury: 6/29/00

DOS	SERVICE	DESCRIPTION	AMOUNT
04/19/07	FOLLOW-UP	DR SHUBBA JAIN*	180.00
04/26/07	INJECTION	PAIN MGMT W/ DR SHUBBA JAIN: CAERVICAL EPIDURAL*	150.00
05/30/07	PMT BY CHECK	DOS 4/19/07 THRU 4/26/07 # 0013813981	-330.00
05/31/07	INJECTION	PAIN MGMT W/ DR SHUBBA JAIN: CERVICAL*	150.00
07/09/07	INJECTION	PAIN MGMT W/ DR SHUBBA JAIN*	150.00
08/27/07	PMT BY CHECK	DOS 5/31/07-7/9/07 #0014698429	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

99¢ ONLY STORES C/O SCRMA, INC. 313 E. FOOTHILL BLVD. UPLAND, CA 91786-3952

21235

Mailing Information:

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

Claim Number: BBSA08240HQ
Claimant:
Date of Loss: 11/03/2005

Check Number: 1863
Check Date: 08/23/2007
Check Amount: $300.00
Type of Payment: WC Medical
Interpreter Med

PAID

Location: 961 Union Pacific Warehouse
Detail: ENTERED BY PAKMED

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#
07/03/07	21235

Claim # : 09610504790;09610504809
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SOUTHERN CALIFORNIA RISK MGMT.
W.C. DEPARTMENT
ATTN: EDNA CASTILLO
1401 Reasearch Park Dr, # 400
RIVERSIDE, CA 92507

Case: vs 99 CENTS ONLY
Date Of Injury: 10/29/05;11/03/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/21/06	FOLLOW-UP	DR SANJIV JAIN*	180.00
05/17/06	RE-EVAL	DR SANJIV JAIN*	180.00
06/14/06	RE-EVAL	DR SANJIV JAIN*	180.00
09/14/06	PMT BY CHECK	DOS 3/21/06 THRU 6/14/06 # 00332881	-540.00
09/27/06	FOLLOW-UP	DR SANJIV JAIN*	180.00
11/09/06	PMT BY CHECK	DOS 9/27/06 # 0337887	-180.00
11/15/06	FOLLOW-UP	DR SANJIV JAIN*	180.00
11/15/06	MEDS	INSTRUCTION ON MEDICATIONS*	120.00
12/06/06	PMT BY CHECK	DOS 11/15/06 # 0034206	-180.00
02/07/07	FOLLOW-UP	DR SANJIV JAIN*	180.00
02/27/07	FOLLOW-UP	DR SANJIV JAIN*	180.00
03/14/07	PMT BY CHECK	DOS 11/15/06 # 00349081	-180.00
08/23/07	PMT BY CHECK	DOS 2/7/07 & 2/27/07 # 1863	-300.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

99¢ ONLY STORES C/O SCRMA, INC. 313 E. FOOTHILL BLVD. UPLAND, CA 91786-3952

Mailing Information:

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

PAID

Claim Number: BBSA09365HQ
Claimant:
Date of Loss: 05/12/2006

Check Number: 2156
Check Date: 08/23/2007
Check Amount: $1,430.00
Type of Payment: WC Medical
Interpreter Med

Location: 961 Union Pacific Warehouse

For Period: 08/29/2006 to 07/11/2007
Detail: ENTERED BY PAKMED

2290D

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#
08/29/07	22900

Claim # : 09610600828
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SOUTHERN CALIFORNIA RISK MGMT.
W.C. DEPARTMENT
ATTN: Edna Castillo
1401 Reasearch Park Dr, # 400
RIVERSIDE, CA 92507

Case: vs 99 CENTS STORES
Date Of Injury: 5/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/06	INITIAL EXAM	DR ANEL*	230.00
09/12/06	MRI	BY TECH TROY: RT KNEE*	150.00
09/25/06	FOLLOW-UP	DR ANEL*	180.00
10/24/06	PMT BY CHECK	DOS 8/29/06 # 00336512	-230.00
10/26/06	RE-EVAL	DR ANEL*	180.00
11/15/06	PMT BY CHECK	DOS 9/12/06 # 00338176	-180.00
11/30/06	RE-EVAL	DR ANEL*	180.00
01/11/07	RE-EVAL	DR ANEL*	180.00
02/01/07	RE-EVAL	DR ROSE*	180.00
02/21/07	INITIAL EXAM	DR HAJJ*	230.00
02/22/07	RE-EVAL	DR ROSE*	180.00
03/14/07	PMT BY CHECK	DOS 10/26/06 # 00349070	-90.00
03/14/07	PMT BY CHECK	DOS 10/26/06 THRU 2/1/07 # 00349066	-270.00
03/29/07	RE-EVAL	DR ROSE*	180.00
04/12/07	EMG TESTING	BY DR HERIC: L/E*	125.00
04/12/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
04/18/07	FOLLOW-UP	DR HAJJ*	180.00
04/30/07	PMT BY CHECK	DOS 9/12/06 THRU 9/25/06 # 00352852	-330.00
05/02/07	PMT BY CHECK	DOS 8/29/06 THRU 1/11/07 # 00352993	-270.00
05/03/07	FOLLOW-UP	DR ROSE*	180.00
06/11/07	INITIAL EXAM	DR CHAN*	230.00
06/27/07	PMT BY CHECK	DOS 6/11/07 # 00357560	-90.00
07/11/07	FOLLOW-UP	DR CHAN*	180.00
06/29/07	PMT BY CHECK	DOS 5/3/07 # 00358328	-90.00
08/08/07	PR-2	DR CHAN*	180.00
08/15/07	PR2/REEVAL	DR HAJJ*	180.00
08/23/07	PMT BY CHECK	DOS 8/29/06-7/11/07 # 2156	-1430.00
08/23/07	PMT BY CHECK	DOS 8/8/07-8/15/07 # 1879	-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#
08/29/07	22900

Claim # : 09610600828
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SOUTHERN CALIFORNIA RISK MGMT.
W.C. DEPARTMENT
ATTN: Edna Castillo
1401 Reasearch Park Dr, # 400
RIVERSIDE, CA 92507

Case: vs 99 CENTS STORES
Date Of Injury: 5/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

99¢ ONLY STORES C/O SCRMA, INC. 313 E. FOOTHILL BLVD. UPLAND, CA 91786-3952

24588

Mailing Information:

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

PAID

Claim Number: BBSB10291R
Claimant:
Date of Loss: 11/06/2006

Check Number: 1843
Check Date: 08/23/2007
Check Amount: $452.25
Type of Payment: WC Medical
HOSPITAL-IN-PATIENT

Location: 65 South Bay
Detail: ENTERED BY PAKMED

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#
07/03/07	24588

Claim # : 00650601755
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SOUTHERN CALIFORNIA RISK MGMT.
W.C. DEPARTMENT
ATTN: Carol Johnson
1401 Reasearch Park Dr, # 400
RIVERSIDE, CA 92507

Case: vs 99 CENTS ONLY STORES
Date Of Injury: 11/6/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/17/07	INITIAL EXAM	DR DOMARACKI*	230.00
03/02/07	RE-EVAL	DR DOMARACKI*	180.00
05/15/07	PENALTIES	FOR DATE OF SERVICE 2/17/07	34.50
05/15/07	INTEREST	FOR DATE OF SERVICE 2/17/07	7.75
08/23/07	PMT BY CHECK	DOS 2/17/07-5/15/07 # 1843	-452.25

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

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Safeco

www.safeco.com

Check No. 0476541

ISSUE DATE SEP 8, 2007

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

CLAIM NO. 628985213015
ACS REF NO. 19W062332717
POLICY NO. 01WC071761

LOSS DATE 08-21-06

ADJUSTER:
SARAH A JOBST
PHONE NO: (800) 332-3226

AGENT: 17-7399
BANNISTER & ASSOC INS AGY INC

American States Insurance Company

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

PAYMENT PERIOD:
01-22-07 TO 08-06-07

COVERAGES PAID THIS CHECK:

360.00 WC MED

****360.00 TOTAL PAID THIS CHECK
INSURED: MONOGRAM WOODCRAFT, INC.
CLAIMANT:
IN PAYMENT OF: INV# (24310)

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#
08/15/07	24310

Claim # : 628985213015
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAFECO INSURANCE (SEATTLE,WA)
W.C. DEPARTMENT
ATTN: Sarah Jobst
P.O. BOX # 34700
SEATTLE, WA 98124-1770

Case: vs MONOGRAM WOODCRAFT
Date Of Injury: 8/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
01/22/07	FOLLOW-UP	DR RAHMAN*	180.00
08/06/07	PR-2	DR RAHMAN*	180.00
09/08/07	PMT BY CHECK	DOS 1/22 & 8/6/07 # 0476541	-360.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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000717

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-9933
UC00717

896D 54873072

TRAVELERS

DATE: 04/02/08
LOSS DATE: 08/15/07
FILE NUMBER: 158 CB CCN4995 P

EMPLOYEE

ACCOUNT NAME:
TOYS 'R' US INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

MED PHOTOCOPY EXP (CA ONLY)

SERVICE DATE: 12/05/2007

TOTAL PAID: $272.54
TAX INFO: 330956719443813 8Y
PAY MISC: INV#: 28381
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: PATRICIA J LANDREE AT (800)842-7354

0G3006398
DETACH CHECK

UNSUMM -050799
OVRPUNS2-121295

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

*** INVOICE ***

Date	NO#
04/07/08	28381

Claim # : CCN4995
W.C.A.B.: VNO 0550763
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: TOY R US
Date Of Injury: 8/15/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/07	INITIAL EXAM	DR LAVI*	230.00
03/05/08	PENALTIES	FOR DATE OF SERVICE 12/5/07	34.50
03/05/08	INTEREST	FOR DATE OF SERVICE 12/5/07	8.04
04/02/08	PMT BY CHECK	DOS 12/5/07 THRU 3/5/08 # 896D 54873072	-272.54

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Western Workers' Compensation Claim Center
P.O. Box 13835
Sacramento, CA 95853-3835
866-401-9222

THE HARTFORD

000129
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00130

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*400012 1120611547

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
24064 08-30-06	72WN MG2590 YMHC 06700	NUTRO PRODUCTS INC		$180.53
Nature of Payment: Miscellaneous Medical			Service Dates 08-25-2007 01-22-2008	$180.53

Claim Handler: Joey Rindahl
866-401-9222
Western Workers' Compensation Claim Center
P.O. Box 13835
Sacramento, CA 95853-3835

Additional Comments: Made payment for interpreting services DOS 8/25/07-1/22/08

PAID

Issue Date	04-17-2008	Check Number	1120611547	Total Amount of Check	$180.53

Please keep the above information 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#
04/21/08	27064

Claim # : YMH06700
W.C.A.B.: LAO 0875295
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
THE HARTFORD (SACRAMENTO)
W.C. DEPARTMENT
ATTN: COURTNEY BROOKMAN
P.O. BOX # 13835
SACRAMENTO, CA 95853-3835

Case: vs NEUTRAL PRODUCTS
Date Of Injury: 8/28/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/07	MRI	REF BY DR RAJAGOPALAN: C/S, L/S,LT KNEE,WRISTS*	150.00
01/22/08	PENALTIES	FOR DATE OF SERVICE 8/25/07	22.50
01/22/08	INTEREST	FOR DATE OF SERVICE 8/25/07	8.03
04/17/08	PMT BY CHECK	DOS 8/25/07 THRU 1/22/08 # 1120611547	-180.53

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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 HARTFORD MEDICAL MANAGEMENT CENTER
P.O. BOX 14214
LEXINGTON, KY 40512

800-526-1611

HIGCSR

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

IF YOU HAVE ANY QUESTIONS REGARDING THIS PAYMENT CALL:
LISA JARQUIN
925-225-8514

Payee Name:	JOYCE ALTMAN INTERPRETERS INC
Claim Number:	YCS C 34709
Issue Date:	06/05/2007
Payment Narrative:	MISC MEDICAL 03/26/07-03/26/07
Check Amount:	$ 180.00
Check Number:	33607099-1

20464

PAID

Invoice Number:	334941515
Batch Number:	8897

069491379

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

*** INVOICE ***

Date	NO#
06/12/07	20464

Claim # : YCS34709
W.C.A.B.: N/A
S.S.N. :
D.O.B. : .
Terms : 45 days

BILL TO:
THE HARTFORD
W.C. DEPARTMENT
ATTN: LANETTE GRAHAN
P.O. BOX # 13835
SACRAMENTO, CA 95853-3835

Case: vs HYDRABATHS
Date Of Injury: 3/4/04

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/06	INITIAL EXAM	DR RAHMAN*	230.00
03/08/06	PMT BY CHECK	DOS 1/9/06 # 57649612-6	-230.00
04/24/06	FOLLOW-UP	DR RAHMAN*	180.00
05/15/06	FOLLOW-UP	DR RAHMAN*	180.00
07/07/06	PMT BY CHECK	DOS 4/24/06 # 59480237-5	-180.00
06/26/06	FOLLOW-UP	DR RAHMAN*	180.00
07/26/06	PMT BY CHECK	DOS 6/26/06 # 59609625-5	-180.00
08/14/06	P AND S	DR RAHMAN*	230.00
08/22/06	PMT BY CHECK	DOS 5/15/06 # 59786657-0	-180.00
09/29/06	PMT BY CHECK	DOS 8/14/06 # 29741594-1	-230.00
11/20/06	FOLLOW-UP	DR RAHMAN*	180.00
01/08/07	FOLLOW-UP	DR RAHMAN*	180.00
02/26/07	FOLLOW-UP	DR RAHMAN*	180.00
03/06/07	PMT BY CHECK	DOS 19/06 THRU 11/20/06	-180.00
03/26/07	FOLLOW-UP	DR RAHMAN*	180.00
04/23/07	PMT BY CHECK	DOS 1/9/06 THRU 3/6/07 # 33494151-5	-360.00
06/05/07	PMT BY CHECK	DOS 3/26/07 # 33607099-1	-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 abor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not eceived in 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.

Western Workers' Compensation Claim Center
P.O. Box 13835
Sacramento, CA 95853-3835
866-401-9222

THE HARTFORD

01080
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

01085

Attention: This remittance incorporates 1 claim payments

PAID

Special Handling ID: RM 00

*400012 111150278 1

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
25023 10-01-06	39WB RE1259 YPTC 04098	TOWER CLEANING SYSTEMS	$377.00

Nature of Payment:
Miscellaneous Medical

Service Dates
03-12-2007 07-18-2007

$377.00

Claim Handler: Therese J. Duerr
866-401-9222
Western Workers' Compensation Claim Center
P.O. Box 13835
Sacramento, CA 95853-3835

Additional Comments: Interpreter.

Issue Date	08-21-2007	Check Number	111150278 1	Total Amount of Check	$377.00

Please keep the above information for your records.

072016103

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

*** INVOICE ***

Date	NO#
08/03/07	25023

Claim # : YPT04098
W.C.A.B.: ANA 0402251
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
THE HARTFORD
W.C. DEPARTMENT
ATTN: TERESA DUERR
P.O. BOX # 13835
SACRAMENTO, CA 95853-3835

Case: vs DAYSTAR USA/ TOWER CLEANING
Date Of Injury: 11/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/07	INITIAL EXAM	DR NEMAT*	230.00
07/18/07	DEPO PREP	@ THE L/O OF STEVEN MEHR	147.00
08/21/07	PMT BY CHECK	DOS 3/12/07-7/18/07 # 111150278 1	-377.00

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.

Client: Centinela Park Convalescent Hospital, LLC - NHX

Payee: JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN, CA 92781

Check Number: 322135
Check Date: 09/07/2007
Check Amount: $3,045.00

Claim Number: NHX524701
Employee
From - To: 10/23/2006 - 08/16/2007
For: Direct Pay
Centinela Park Convalescent Hospital, LLC

Amount: $3,045.00
Incident Date: 05/11/2006
Payment Type: LEGAL INTERPRETER
Invoice No: 23479
Invoice Date: 08/31/2007

23479

FILED

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

*** INVOICE ***

Date	NO#
08/31/07	23479

Claim # : NHX524701
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
TRISTAR RISK MGMT (L.A.)
W.C. DEPARTMENT
ATTN: Edward Bayer
P.O. BOX # 512028
LOS ANGELES, CA 90051-2028

Case: vs CENTINELA PARK CONVAL. HOSP.
Date Of Injury: 5/11/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/23/06	INITIAL EXAM	DR THOMAS (3 HRS)	345.00
11/02/06	CONSULT	EXPLANATION OF X-RAYS RESULTS w/ DR THOMAS*	180.00
11/16/06	FOLLOW-UP	DR THOMAS*	180.00
11/30/06	FOLLOW-UP	DR THOMAS*	180.00
12/21/06	FOLLOW-UP	DR THOMAS*	180.00
01/18/07	FOLLOW-UP	DR THOMAS*	180.00
01/11/07	FOLLOW-UP	DR THOMAS*	180.00
02/01/07	FOLLOW-UP	DR THOMAS*	180.00
02/22/07	FOLLOW-UP	DR THOMAS*	180.00
03/15/07	FOLLOW-UP	DR THOMAS*	180.00
04/05/07	FOLLOW-UP	DR THOMAS*	180.00
04/26/07	FOLLOW-UP	DR THOMAS*	180.00
05/17/07	FOLLOW-UP	DR THOMAS*	180.00
07/12/07	FOLLOW-UP	DR THOMAS*	180.00
07/26/07	FOLLOW-UP	DR THOMAS*	180.00
08/16/07	PR2/REEVAL	DR THOMAS*	180.00
09/07/07	PMT BY CHECK	DOS 10/23/06-8/16/07 #322135	-3045.00

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.

000152

THE TRAVELERS - WALNUT CREEK CL CLA
215 LENNON LANE
P.O. BOX 8112
WALNUT CREEK CA 94596-8112
0

891A 64132434

The Travelers Indemnity Company

DATE: 09/06/07
LOSS DATE: 03/29/07
FILE NUMBER: 158 CB CDA9653 T

EMPLOYEE

ACCOUNT NAME:
TACOS EL GAVILAN INC

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

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 07/11/2007

TOTAL PAID: $180.00
TAX INFO: 330956713372147 6Y
PAY MISC: INVOICE# 26568
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: MICHELLE L WICKANDER AT (800)842-7354

249008198
DETACH CHECK

UNSUMM -050799
OVRPDNS1-121295
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#
08/07/07	26568

Claim # : CDA9653
W.C.A.B.: N/A
S.S.N. : - -
D.O.B. :
Terms : 45 days

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

Case: vs EL GAVILAN
Date Of Injury: 3/29/07

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/07	FOLLOW-UP	DR SANJIV JAIN*	180.00
09/06/07	PMT BY CHECK	DOS 7/11/07 # 891A 64132434	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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THE TRAVELERS - ORANGE CL CLAIM
WC CLAIM DEPT
PO BOX 14246
ORANGE CA 92863

896D 40544559

UB02147

The Travelers Indemnity Company

DATE: 08/14/07
TIN: 330956713
PROVIDER: JOYCE ALMAN INTERPRETERS

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

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
16-12-5644	221 CB ABL3877H	07/18/07	$ 180.00		
[illegible]	221 CB CDA4057A	07/09/07	$ 230.00		INVOICE# 28582 DATE: 08/07/07
		Total Amount Paid	$*******410.00		

PAID

26005151
DETACH CHECK

SUMM -121295
OVRPSUM1-12129
DETACH CHECK

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

*** INVOICE ***

Date	NO#
08/07/07	26582

Claim # : CDA4057
W.C.A.B.: N/A
S.S.N. :
D.O.B. : 6/9/56
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (ORANGE)
W.C. DEPARTMENT
ATTN: Jill Casperrte
P.O. BOX # 14246
ORANGE, CA 92863

Case: vs NATAVAR
Date Of Injury: 12/6/06

DOS	SERVICE	DESCRIPTION	AMOUNT
07/09/07	INITIAL EXAM	DR RAHMAN*	230.00
08/14/07	PMT BY CHECK	DOS 7/9/07 # 896D 40544559	-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.

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

PLEASE FORWARD ALL FUTURE MEDICAL BILLS TO THE REM RETURN ADDRESS LISTED ON THIS CHECK

Joyce Altman Interpreters, Inc
P O Bo 4165
Tustin, CA 92781-

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

Name Dianne Vendange Telephone # 714-579-2518

Check #	83637348	**Claim number**	719-0201725-237
Check date	06/07/2007	**Date of loss**	10/28/2006
Check amount	$ 377.00	**Claimant**	
Invoice		**Client/insured**	Randstad North America

Services/period **From** 03/26/2007 **To** 05/22/2007

Payee Joyce Altman Interpreters, Inc

PAID

For INVOICE 25231

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

*** INVOICE ***

Date	NO#
06/12/07	25231

Claim # : 719-0201725-237
W.C.A.B.: N/A
S.S.N. : [redacted]
D.O.B. :
Terms : 45 days

BILL TO:
RISK ENTERPRISE SERVICES
W.C. DEPARTMENT
ATTN: Diana Vendange
P.O. BOX # 600
BREA, CA 92822-0600

Case: [redacted] vs RANDSTAND WORK SOLUTION
Date Of Injury: 10/28/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/07	INITIAL EXAM	DR RAHMAN*	230.00
05/22/07	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
06/07/07	PMT BY CHECK	DOS 3/26/07 THRU 5/22/07 # 83637348	-377.00

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.

REORDER 801B - U.S. PATENT NO. 5538290, 5676508, 5641183, 5785353, 5984364, 6030000

Bank of America
Los Angeles, CA

16-66/1220

WARD NORTH AMERICA
AS AGENT FOR
MERCHANTS BLDG MAINT CO -WC

BRANCH: S083 ORG
NOVAPRO RISK SOLUTIONS, LP
17862 EAST 17TH ST SUITE 111
TUSTIN, CA 92780
714/544-0980

CLAIM#: 0985 MBM 0002303
CLAIMANT:
LOSS DATE:

PAYMENT AMOUNT: *****770.00**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000052423
ISSUE DATE: 5/31/2007

PAYMENT SETTLEMENT: SERVICES ON 02/12/2007-05/04/2007

24879

PAID

S

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

*** INVOICE ***

Date	NO#
06/08/07	24879

Claim # : 0985102050022
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
NOVAPRO RISK SOLUTIONS
W.C. DEPARTMENT
ATTN: Lotti Bouahom
P.O. BOX #2422
TUSTIN, CA 92780-2422

Case: vs MERCHANT LANDSCAPE
Date Of Injury: 6/12/01

DOS	SERVICE	DESCRIPTION	AMOUNT
02/12/07	INITIAL EXAM	DR DOMARACKI*	230.00
02/28/07	RE-EVAL	DR DOMARACKI*	180.00
03/09/07	RE-EVAL	DR DOMARACKI*	180.00
05/04/07	RE-EVAL	DR DOMARACKI*	180.00
05/31/07	PMT BY CHECK	DOS 2/12/07 THRU 5/4/07 # 00052423	-770.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

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

CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000090421		04/23/2006	22538	04/26/2007 - 07/10/2007

Reference:
Comments:

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Medical Miscellaneous		04/26/2007 - 07/10/2007	480.00	480.00

Fee Sched Discount:	0.00	PPO Discount:	0.00	Other Discounts:	0.00	Lien:	0.00

CK# 18045

PAID

LWP Claims Solutions, Inc.
2180 South 1300 East, Suite 508, Salt Lake City, UT 84106
Phone: (801) 972-7540
Fax: (801) 972-7546

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

*** INVOICE ***
Date NO#
08/15/07 22538

Claim # : 90421
W.C.A.B.: LBO 0380366
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MCDONALD'S
Date Of Injury: 4/22/06

DOS	SERVICE	DESCRIPTION	AMOUNT
07/26/06	INITIAL EXAM	DR NEMAT*	230.00
08/14/06	MRI	REF BY DR NEMAT:LF HAND*	150.00
08/16/06	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF CTR.*	150.00
08/23/06	JOB EVAL	DR NEMAT*	150.00
09/06/06	COMPUTER ROM	COMPUTERIZED RANGE OF MOTION W/ TECH DANIEL*	120.00
09/13/06	FOLLOW-UP	DR NEMAT*	180.00
09/13/06	PMT BY CHECK	DOS 7/26/06 # 119324	-230.00
09/13/06	PMT BY CHECK	DOS 8/14/06 # 119326	-150.00
09/13/06	PMT BY CHECK	DOS 7/26/06 THRU 8/16/06 # 119310	-530.00
10/05/06	PMT BY CHECK	DOS 8/16/06 THRU 8/23/06 # 120166	-70.00
11/02/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
11/30/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/11/06	PMT BY CHECK	DOS 11/2/06 # 121957	-147.00
12/28/06	PMT BY CHECK	DOS 11/30/06 # 122474	-250.00
01/31/07	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF CTR*	150.00
03/07/07	PMT BY CHECK	DOS 1/31/07 # 124645	-150.00
02/09/07	INITIAL EXAM	DR SHUBBA JAIN*	230.00
03/27/07	NCT	DIAGNOSTIC STUDY INTERP: U/E*	150.00
04/19/07	PMT BY CHECK	DOS 2/9/07 # 126199	-230.00
04/26/07	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
04/26/07	EMG TESTING	BY SCHILLING: U/E*	125.00
05/15/07	PMT BY CHECK	DOS 3/27/07 # 127228	-150.00
07/10/07	P AND S	DR NEMAT*	230.00
08/09/07	PMT BY CHECK	DOS 4/26/07 THRU 7/10/07 # 130065	-480.00

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

*** INVOICE ***

Date	NO#
08/15/07	22538

Claim # : 90421
W.C.A.B.: LBO 0380366
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MCDONALD'S
Date Of Injury: 4/22/06

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 eceived in full and paid within 45 days, Joyce Altman Interpreters, Inc., emands 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 95660

GAL +04100+ 0246147010 06921 06671 GALCK0030

006504

004009 PAGE 1 OF 1 002163

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

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

GALLAGHER BASSETT SERVICES INC
FOR SEALY CORPORATION

CLAIM NO: 002163 000779 WC 01 (10334) BRANCH NO.: 180 NO. 0060591095

CLAIMANT: ACC. DATE: 11Feb06 VN. 0000034279

DESCRIPTION: INV#21047 INTP SVC/OME,MRI,P&S,EMG,PMT,DEPO 3/8/06-10/31/07

DATE 14Dec07

DATES OF SERVICE: 08Mar2006 THRU 31Oct2007 ######250.00

BENEFIT PERIOD: THRU

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

*** INVOICE ***

Date	NO#
04/22/08	21047

Claim # : 002163000779WC01
W.C.A.B.: LBO 0376543
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CHRIS MONROE
PO BOX 610
ROSEVILLE, CA 95661

Case: vs SEALY MATRESS CO.
Date Of Injury: 2/11/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/08/06	QME EVAL	DR GROMIS*	230.00
03/30/06	MRI	REF BY DR GROMIS:C/SP,L/SP, T/SP*	150.00
04/23/06	MRI	REF BY DR AHMED:LF ELBOW*	150.00
04/26/06	P AND S	DR GROMIS*	230.00
04/11/06	NCV	DIAGNOSTIC STUDY INTERP:L/E*	125.00
04/11/06	EMG TESTING	REF BY DR AHMED:L/E*	125.00
07/17/06	PMT BY CHECK	DOS 3/8/06 THRU 3/30/06 # 37779358	-380.00
07/18/06	PMT BY CHECK	DOS 4/23/06 THRU 4/26/06 # 37805746	-380.00
09/26/06	INITIAL EXAM	DR SIDHU*	230.00
12/09/06	RE-EVAL	DR SIDHU*	180.00
02/23/07	PENALTIES	FOR DATE OF SERVICE 4/11/06	37.50
02/23/07	INTEREST	FOR DATE OF SERVICE 4/11/06	26.62
02/23/07	PENALTIES	FOR DATE OF SERVICE 9/26/06	34.50
02/23/07	INTEREST	FOR DATE OF SERVICE 9/26/06	12.32
09/06/07	DEPO PREP	@ THE L/O OF ADELSON, TESTAN & BRUNDO	156.50
10/01/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/31/07	PMT BY CHECK	DOS 3/8/06-9/6/07 #59718340	-927.44
12/14/07	PMT BY CHECK	DOS 10/1/07 # 0060591095	-250.00
03/17/08	WCAB LB	MSC	156.50
04/15/08	PMT BY CHECK	DOS 3/17/08 # 0063011304	-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#
04/22/08	21047

Claim # : 002163000779WC01
W.C.A.B.: LBO 0376543
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (ROSEVILLE)
W.C. DEPARTMENT
ATTN: CHRIS MONROE
PO BOX 610
ROSEVILLE, CA 95661

Case: vs SEALY MATRESS CO.
Date Of Injury: 2/11/06

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.

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

002675 PAGE 1 OF 1 010893

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

PAGE 1 OF 1

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

GAL-10210-0402277012 03784 03784 GALCK02D

GALLAGHER BASSETT SERVICES INC
FOR KEMPER INSURANCE

CLAIM NO: 010893 011769 WC 01 (1804)

CLAIMANT:

DESCRIPTION: INV# 02572

DATES OF SERVICE: 20Jul2007 THRU 13Feb2008

BENEFIT PERIOD: THRU

BRANCH NO.: 175

ACC. DATE: 01Sep01

NO. 0063220387

VN. 0000269615

DATE 24Apr08

######303.50

PAID

46025960

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

*** INVOICE ***

Date	NO#
04/28/08	02572

Claim # : 010893-011769-WC-01
W.C.A.B.: LBO 0340838
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PREFERRED MED SYSTEMS
Date Of Injury: 6/10/02

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/03	RE-EVAL	DR CHAN*	120.00
05/07/03	RE-EVAL	DR CHAN*	120.00
06/14/03	RE-EVAL	DR CHAN*	120.00
07/26/03	P AND S	DR CHAN*	150.00
08/01/03	PMT BY CHECK	DOS 03/26/03 THRU 06/14/03 # 0032183991	-360.00
09/26/03	PEN & INT	PER LABOR CODE °4622 DOS 07/26/03	25.50
08/02/04	WCAB LB	MSC	147.00
10/04/04	WCAB LB	FULL DAY TRIAL	294.00
11/01/04	PMT BY CHECK	DOS 08/02/04 THRU 10/04/04 # 0039822549	-441.00
07/20/05	WCAB LB	MSC	147.00
08/26/05	PMT BY CHECK	DOS 07/26/03 & 07/20/05 # 0045028199	-322.50
05/03/06	WCAB LB	MSC	147.00
06/06/06	PMT BY CHECK	DOS 5/3/06 # 0050068107	-147.00
07/19/06	WCAB LB	MSC	147.00
01/03/07	WCAB LB	MSC	147.00
02/07/07	PMT BY CHECK	DOS 7/19/06 THRU 1/3/07 # 40346522	-294.00
03/20/07	C&R READING	@ THE L/O OF DENNIS FUSI	147.00
04/19/07	PMT BY CHECK	DOS 3/20/07 # 41251651	-147.00
07/20/07	+C&R READING	@ L/O OF DENNIS FUSI	147.00
02/13/08	WCAB LB	MSC	156.50
04/24/08	PMT BY CHECK	DOS 7/20/07 THRU 2/13/08 # 0063220387	-303.50

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#
04/28/08	02572

Claim # : 010893-011769-WC-01
W.C.A.B.: LBO 0340838
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs PREFERRED MED SYSTEMS
Date Of Injury: 6/10/02

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.

GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

003048 PAGE 1 OF 1 000842

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

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

GALLAGHER BASSETT SERVICES INC
FOR DENNY'S CORPORATION

CLAIM NO: 000842 033629 WC 01 (31001330)

BRANCH NO.: 180

NO. 0063071524

CLAIMANT:

ACC. DATE: 06Jan07

VN. 0000298127

DESCRIPTION: INVOICE 26165

DATE 17Apr08

######360.00

DATES OF SERVICE: 12Jun2007 THRU 03Apr2008

BENEFIT PERIOD: THRU

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#
04/22/08	26165

Claim # : 00842-033629WC-01
W.C.A.B.: N/A
S.S.N. : !
D.O.B. :
Terms : 45 days

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

Case: 's DENNY'S
Date Of Injury: 1/6/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/12/07	INITIAL EXAM	DR RAHIMIAN/DR AMERI*	230.00
09/13/07	PR2/REEVAL	DR ZARGARAFF/DR AMERI*	180.00
10/31/07	PMT BY CHECK	DOS 6/12 & 9/13/07 #59716071	-410.00
11/13/07	PR2/REEVAL	DR RAHIMIAN/DR AMERI*	180.00
04/03/08	PR2/REEVAL	DR RAHIMIAN/DR AMERI*	180.00
04/17/08	PMT BY CHECK	DOS 6/12/07 THRU 4/3/08 # 0063071524	-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.

00002554 672878 A 2 0010 01 0120401I-0001 00019 A

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

672878 A 2 0010 01 0120401I-0001 00019 A

003745 PAGE 1 OF 1 011503

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

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR KEMPER INSURANCE

CLAIM NO: 011503 013521 WC 01 (3501-0101)

CLAIMANT:

DESCRIPTION: INV #24832 INV DT 5/14/07 IN DOS 5/7/07

DATES OF SERVICE: 07May2007 THRU 07May2007

BENEFIT PERIOD: THRU

BRANCH NO.: 170

ACC. DATE: 20Jun06

NO. 0056882677

VN. 0000235031

DATE 08Jun07

######150.00

PAID

S

41003301

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

*** INVOICE ***

Date	NO#
06/13/07	24832

Claim # : 011503013521-WC-01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs TM COBB
Date Of Injury: 6/20/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/27/07	INITIAL EXAM	DR DURRANT*	230.00
03/19/07	INITIAL EXAM	DR FRANCISCO - PSYCH EVAL*	230.00
04/19/07	PMT BY CHECK	DOS 2/27/07 THRU 3/19/07 # 41251650	-460.00
05/07/07	NCT	DIAGNOSTIC STUDY INTERP: U/E*	150.00
06/08/07	PMT BY CHECK	DOS 5/7/07 # 41893391	-150.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ceived in full and paid within 45 days, Joyce Altman Interpreters, Inc., mands 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-RANCHO CORDO
P.O. BOX 2290
RANCHO CORDOVA CA 95741-2290

DATE: 21-AUG-2007
PG 1 OF 1

0003437 01 MB **AUTO T8 0 8862 92781 01 OF 01

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

DIRECT INQUIRES TO:

PHONE: 916-631-8581
GALLAGHER BASSETT-RANCHO
P.O. BOX 2290
RANCHO CORDOVA CA 95741-2290

WASTE MANAGEMENT

CLAIM NO. 003000 172578 WC 01
CLAIMANT:
DESCRIPTION: INV# 26578 08/08/07 DOS 07/18-08/01/07

BRANCH NO. 094
ACC. DATE: 01-Sep-2005

CHECK NUMBER. 0058315586
VN. 0001979012

DATE: 21-Aug-2007 DATE OF SERVICE: 18-Jul-2007 THRU 01-Aug-2007
PAYMENT AMOUNT: 480.00
BENEFIT PERIOD: THRU

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK #0058315586 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#
08/30/07	26578

Claim # : 003000172578WC-01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT SERVICES
W.C. DEPARTMENT
ATTN: Marla Peterson
P.O. BOX # 2290
RANCHO CORDOVA, CA 95741-2290

Case: vs WASTE MANAGEMENT
Date Of Injury: 9/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/18/07	INITIAL EXAM	DR PAYANDEH*	230.00
08/01/07	EMG TESTING	BY DR PAYANDEH: L/E*	125.00
08/01/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
08/21/07	PMT BY CHECK	DOS 7/18/007-8/1/07 # 0058315586	-480.00

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.

00002291 672781 A 2 0010 02 01204010-0001 01891 A

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

003467 PAGE 1 OF 1 002495

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

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

CLAIM NO: 002495 000162 WC 01 (12000)

CLAIMANT:

DESCRIPTION: INV#23399

DATES OF SERVICE: 18May2007 THRU 18May2007

BENEFIT PERIOD: THRU

BRANCH NO.: 187

ACC. DATE: 21Sep06

NO. 0056745645

VN. 0000006377

DATE 01Jun07

######180.00

PAID

41794876

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

*** INVOICE ***
Date NO#
06/05/07 23399

Claim # : 002495 000162-WC-01
W.C.A.B.: LBO 0382136
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 85013
SAN DIEGO, CA 92186

Case: vs DON JOSE MEXICAN FOODS
Date Of Injury: 9/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/25/06	INITIAL EXAM	DR KATTAR*	230.00
10/27/06	RE-EVAL	DR HOSSAIN*	180.00
12/08/06	RE-EVAL	DR HOSSAIN*	180.00
02/14/07	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
03/23/07	RE-EVAL	DR HOSSAIN*	180.00
04/20/07	PMT BY CHECK	DOS 10/25/06 THRU 3/23/07 # 4127188	-917.00
05/18/07	RE-EVAL	DR HOSSAIN*	180.00
06/01/07	PMT BY CHECK	DOS 5/18/07 # 41794876	-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 ocumentary evidence.

00004460 674610 A I 0010 01 01204010-0001 04098 A

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

003033 PAGE 1 OF 1 002086

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

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

PAID

CLAIM NO: 002086 005530 WC 01 (41144) BRANCH NO.: 170 NO. 0058706644

CLAIMANT: ACC. DATE: 02Dec06 VN. 0000151656

DESCRIPTION: INV# 25049 INVDAT 8-29-07 DOS 3/6/07-7/20/07

DATE 12Sep07

DATES OF SERVICE: 06Mar2007 THRU 20Jul2007 ######250.00

BENEFIT PERIOD: THRU

A13130775

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

*** INVOICE ***

Date	NO#
08/29/07	25049

Claim # : 002086-005530-WC-01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DISTRIBUTION ALTERNATIVE
Date Of Injury: 12/2/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/07	INITIAL EXAM	DR SANJIV JAIN*	230.00
05/03/07	INITIAL EXAM	DR FRANCISCO - PSYCH EVAL*	230.00
06/07/07	PMT BY CHECK	DOS 3/6/07 THRU 5/3/07 # 41871780	-460.00
07/20/07	EMG TESTING	BY DR VESALI: L/E*	125.00
07/20/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
09/12/07	PMT BY CHECK	DOS 3/6-7/20/07 #0058706644	-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/WOODLAND
LA/WOODLAND HILLS, CA
P.O. BOX 4511
WOODLAND HILLS CA 91365-4511

DATE: 30-AUG-2007,
PG 1 OF 1

0003852 01 MB **AUTO T9 0 8869 92781 01 OF 02

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

DIRECT INQUIRES TO:

PHONE: 818-226-9071
GALLAGHER BASSETT-LA/WOOD
LA/WOODLAND HILLS, CA
P.O. BOX 4511
WOODLAND HILLS CA 91365-4511

3C/CONST PRG GROUP

CLAIM NO. 002547 001927 WC 01
CLAIMANT:
DESCRIPTION: INVOICE 22190

BRANCH NO. 172
ACC. DATE: 08-May-2006

CHECK NUMBER. 0058500943
VN. 0000143622

DATE: 30-Aug-2007
PAYMENT AMOUNT: 360.00
BENEFIT PERIOD: THRU

DATE OF SERVICE: 06-Aug-2007 THRU 17-Aug-2007

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK #0058500943 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#
08/29/07 22190

Claim # : 002547-001927 WC-01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (WOODLAND H)
W.C. DEPARTMENT
ATTN: KESHISHZADEH
P.O. BOX # 4511
WOODLAND HILLS, CA 91365-4511

Case:
Date Of Injury: 5/8/06 vs PYRAMID BUILDERS

DOS	SERVICE	DESCRIPTION	AMOUNT
06/14/06	INITIAL EXAM	DR DOMARACKI*	
06/30/06	PMT BY CHECK	DOS 6/14/06 # 37598788	230.00
07/21/06	RE-EVAL	DR DOMARACKI*	-230.00
08/11/06	RE-EVAL	DR DOMARACKI*	180.00
08/17/06	PMT BY CHECK	DOS 6/14/06 THRU 7/21/06	180.00
		# 00051408298	-180.00
08/30/06	RE-EVAL	DR DOMARACKI*	
10/13/06	PMT BY CHECK	DOS 6/14/06 THRU 8/30/06	180.00
		# 38898973	-360.00
10/30/06	RE-EVAL	DR DOMARACKI*	
12/11/06	RE-EVAL	DR DOMARACKI*	180.00
12/27/06	PMT BY CHECK	DOS 10/30/06 THRU 12/11/06	180.00
		# 0053822895	-360.00
01/03/07	RE-EVAL	DR DOMARACKI*	
01/22/07	PMT BY CHECK	DOS 1/3/07 # 0054285741	180.00
02/02/07	RE-EVAL	DR DOMARACKI*	-180.00
02/28/07	RE-EVAL	DR DOMARACKI*	180.00
03/14/07	RE-EVAL	DR DOMARACKI*	180.00
04/16/07	RE-EVAL	DR DOMARACKI*	180.00
05/02/07	RE-EVAL	DR DOMARACKI*	180.00
05/25/07	RE-EVAL	DR DOMARACKI*	180.00
06/04/07	RE-EVAL	DR DOMARACKI*	180.00
06/18/07	PMT BY CHECK	DOS 2/2/07 THRU 6/4/07	180.00
		# 0057070983	-630.00
07/06/07	RE-EVAL	DR DOMARACKI*	
05/09/07	RE-EVAL	DR DOMARACKI*	180.00
07/20/07	RE-EVAL	DR DOMARACKI*	180.00
08/01/07	PMT BY CHECK	DOS 7/6/07 THRU 7/20/07	180.00
		# 0057912395	-270.00
08/06/07	PR-2	DR DOMARACKI*	
9/09/07	PMT BY CHECK	DOS12/27/06 THRU 7/20/07	180.00
			-900.00

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

*** INVOICE ***
Date NO#
08/29/07 22190

Claim # : 002547-001927 WC-01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (WOODLAND H)
W.C. DEPARTMENT
ATTN: KESHISHZADEH
P.O. BOX # 4511
WOODLAND HILLS, CA 91365-4511

Case:) PYRAMID BUILDERS
Date Or Injury: 5/8/06

DOS	SERVICE	DESCRIPTION	AMOUNT
		# 0058086704	
08/17/07	PR2/REEVAL	DR DOMARACKI*	180.00
08/30/07	PMT BY CHECK	DOS 8/6-8/17/07 #0058500943	-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 egulations 10608 (a), and any and all benefit printouts, depo transcripts and ocumentary evidence.

00000077 672872 A 1 0010 01 01204010 0001 00044 A

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

672872 A 1 0010 01 01204010 0001 00044 A

002740 PAGE 1 OF 1 000726

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

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

GALLAGHER BASSETT SERVICES, INC
FOR VALLEYCREST COMPANIES

CLAIM NO: 000726 008099 WC 01 (1010)

CLAIMANT:

DESCRIPTION: INVOICE #25643

DATES OF SERVICE: 29Apr2007 THRU 29Apr2007

BENEFIT PERIOD: THRU

BRANCH NO.: 165

ACC. DATE: 21Nov05

NO. 0056824767

VN. 0000401168

DATE 06Jun07

######150.00

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#
06/12/07	25643

Claim # : 000726008099WC-01
W.C.A.B.: VNO 0524455
S.S.N. :
D.O.B. : 2/22/62
Terms : 45 days

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

Case: vs VALLEY CREST LANDSCAPING
Date Of Injury: 11/21/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/07	MRI	REF BY BADEN: C/S, LT SHLDR, LT KNEE*	150.00
6/06/07	PMT BY CHECK	DOS 4/29/07 # 41854531	-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 or Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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

DATE: 29-AUG-2007
PG 1 OF 1

0003853 01 MB **AUTO T9 0 8868 92781 02 OF 02

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

DIRECT INQUIRES TO:

PHONE: 877-263-8748
GALLAGHER BASSETT - LAS V
PO BOX 70687
LAS VEGAS NV 89170

RLINGAME INDUSTRIES, INC.

CLAIM NO. 002469 000032 WC 01
CLAIMANT:
DESCRIPTION: INVOICE# 26436

BRANCH NO. 156
ACC. DATE: 05-Oct-2005

CHECK NUMBER. 0058473254
VN. 0000001761

DATE: 29-Aug-2007
DATE OF SERVICE: 11-Jul-2007 THRU 11-Jul-2007

PAYMENT AMOUNT: 230.00
BENEFIT PERIOD: THRU

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK #0058473254 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#
07/26/07 26436

Claim # : 002469000032WC-01
W.C.A.B.: LAO 0877094
S.S.N. : [redacted]
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (NEVADA)
W.C. DEPARTMENT
ATTN: Geer
P.O. BOX # 70687
LAS VEGAS, NV 89170

Case: [redacted] vs BI EAGLE ROOFING
Date Of Injury: 10/5/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/11/07	INITIAL EXAM	DR SIDHU*	230.00
08/29/07	PMT BY CHECK	DOS 7/11/07 # 0058473254	-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 gulations 10608 (a), and any and all benefit printouts, depo transcripts and ocumentary evidence.

Frank Gates Service Co.
PO Box 1288
Bentonville,, AR 72712-1288

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

6/8/07

Claim Number:	5164434	**Check Amount:** $ 271.96	**Check No.:** 9467907
Claimant Name:		**Coverage:**	**Invoice No.:** 24805
Service/Indemnity From:	02/20/2007 **Thru:** 05/14/2007		**Vendor Tax ID No.:** 330956713
Insurance Company:	National Union Fire		**Invoice Comments:**
Comments:			

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5

↓ 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#
06/12/07	24805

Claim # : 5164434
W.C.A.B.: ANA 0400257
S.S.N. : [redacted]
D.O.B. : 9/21/63
Terms : 45 days

BILL TO:
FRANK GATES (ARKANSAS)
W.C. DEPARTMENT
ATTN: Marie
P.O. BOX # 1288
BENTONVILLE, AR 72712

Case: vs SAM'S CLUB
Date Of Injury: 1/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/20/07	INITIAL EXAM	DR FERNANDEZ*	230.00
05/14/07	PENALTIES	FOR DATE OF SERVICE 2/20/07	34.50
5/14/07	INTEREST	FOR DATE OF SERVICE 2/20/07	7.46
06/08/07	PMT BY CHECK	DOS 2/20/07 THRU 5/14/07 # 9467907	-271.96

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and or Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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 1288
Bentonville,, AR 72712-1288

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-1460

Claim Number:	5154626	**Check Amount:**	$ 480.00	**Check No.:**	9462246
Claimant Name:		**Coverage:**		**Invoice No.:**	25496
Service/Indemnity From:	04/02/2007 Thru: 04/12/2007			**Vendor Tax ID No.:**	330956713
Insurance Company:	National Union Fire			**Invoice Comments:**	5/31/07
Comments:					

PAID
SC

↓ 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#
06/04/07	25496

Claim # : 04/19/2007
W.C.A.B.: LBO 0385970
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FRANK GATES SERVICE CO
W.C. DEPARTMENT
ATTN: GINA URCUYO
2400 E. Katella Ave., Ste 650
ANAHEIM, CA 92806

Case: vs WAL-MART
Date Of Injury: 12/26/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/02/07	INITIAL EXAM	DR BOYER*	230.00
04/12/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
04/12/07	EMG TESTING	BY DR PAYANDEH: L/E*	125.00
05/31/07	PMT BY CHECK	DOS 4/2/07 THRU 4/12/07 # 9462246	-480.00

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: 3801051718

Date: 09/06/2007

$180.00******

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

To the order of
8/17/07 #23366
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin Ca 92781-4165

01 01 000221 05865620W1 CC0906P2 02 000221

Claimant/Patient:			
Insured:	Mohsen Mhamza		
Date of Loss:	09/21/2006	User ID	WE2MT53
Claim Number:	E2031744	CRID	E21593
Check Number:	3801051718		
Payment Under Insured's:			
Correspondence Reference:	05865620W1		
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#
08/28/07	23366

Claim # : E2031744
W.C.A.B.: N/A
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 HANNA HAMZA
Date Of Injury: 9/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/19/06	INITIAL EXAM	DR ANEL*	230.00
10/24/06	FOLLOW-UP	DR ANEL*	180.00
10/20/06	MRI	REF BY DR ANEL: LT ELBOW*	150.00
11/13/06	PMT BY CHECK	DOS 10/19/06 THRU 10/20/06 # 3801047069	-560.00
11/16/06	FOLLOW-UP	DR ANEL*	180.00
12/14/06	FOLLOW-UP	DR ANEL*	180.00
12/26/06	PMT BY CHECK	DOS 11/16/06 # 3801047676	-180.00
12/20/06	PMT BY CHECK	DOS 12/14/06 # 3801047634	-180.00
01/18/07	FOLLOW-UP	DR ANEL*	180.00
01/31/07	FOLLOW-UP	DR ROSE*	180.00
02/08/07	EMG TESTING	BY DR HERIC: U/E*	125.00
02/08/07	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
02/19/07	PMT BY CHECK	DOS 1/18/07 # 3801048451	-180.00
03/07/07	FOLLOW-UP	DR ROSE*	180.00
03/08/07	PMT BY CHECK	DOS 1/31/07 THRU 2/8/07 # 3801048716	-430.00
03/08/07	PMT BY CHECK	DOS 3/7/07 # 3801048711	-180.00
03/15/07	FOLLOW-UP	DR ROSE*	180.00
03/23/07	FOLLOW-UP	DR LI*	180.00
03/29/07	PMT BY CHECK	DOS 3/15/07 # 3801049058	-180.00
03/29/07	FOLLOW-UP	DR ROSE*	180.00
04/12/07	PMT BY CHECK	DOS 3/23/07 # 3801049212	-180.00
03/21/07	INITIAL EXAM	DR HAJJ*	230.00
04/23/07	PMT BY CHECK	DOS 3/29/07 # 3801049420	-180.00
05/09/07	FOLLOW-UP	DR ROSE*	180.00
05/21/07	PMT BY CHECK	DOS 5/9/07 # 3801049938	-180.00
05/31/07	INITIAL EXAM	DR CHAN*	230.00
05/31/07	PMT BY CHECK	DOS 3/21/07 # 3801050142	-230.00
06/12/07	PMT BY CHECK	DOS 5/31/07 # 3801050264	-230.00
05/23/07	FOLLOW-UP	DR HAJJ*	180.00

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

*** INVOICE ***

Date	NO#
08/28/07	23366

Claim # : E2031744
W.C.A.B.: N/A
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 HANNA HAMZA
Date Of Injury: 9/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
07/02/07	FOLLOW-UP	DR CHAN*	180.00
07/11/07	PMT BY CHECK	DOS 5/23/07 # 3801050762	-180.00
07/23/07	PMT BY CHECK	DOS 7/2/07 # 3801050988	-180.00
08/17/07	PR2/REEVAL	DR CHAN*	180.00
09/06/07	PMT BY CHECK	DOS 8/17/07 # 3801051718	-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 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.
01/18/08	8070178455

01/18/08 Claimant: $455.00

ClaimNo: 80700158287 Date of Injury: 08/29/2006

Vendor Invoice: 28363 Billing Date: 01/02/08

IRS Number: 330956713

Payment For:

SvcPeriod: 12/05/07 to 12/05/07 Billed Amt: $455.00

Medical: Medical Other: INTERPRETING SERVICES FOR DR HERIC

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	CHECK NO.
04/17/08	8070197847

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

04/17/08	Claimant:	RAQUEL MEDINA		$150.00
	ClaimNo:	80700158287	Date of Injury: 08/29/2006	
	Vendor Invoice:	28363	Billing Date: 04/15/08	
	IRS Number:	330956713		
	Payment For:			
		SvcPeriod: 03/12/08 to 03/12/08	Billed Amt:	$150.00
		Medical: Medical Other: INTERPRETING SERVICES FOR REF		
		BY DR VALDEZ		

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#
04/18/08	28363

Claim # : 80700158287
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs US ARMOR CORP
Date Of Injury: 8/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/05/07	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC (3HRS)	225.00
12/05/07	INITIAL EXAM	DR HERIC*	230.00
01/18/08	PMT BY CHECK	DOS 12/5/07 THRU 12/5/07 # 8070178455	-455.00
03/12/08	MRI	REF BY DR VALDEZ - C/S*	150.00
04/17/08	PMT BY CHECK	DOS 3/12/08 # 8070197847	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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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.
08/24/07	8070145569

08/24/07 Claimant: $180.00

ClaimNo: 8070155735 Date of Injury: 12/22/2005

Vendor Invoice: 22542 Billing Date: 08/20/07

IRS Number:

Payment For:

PAID

SvcPeriod: 08/07/07 to 08/07/07 Billed Amt: $180.00

Medical: Medical Other: INTERPRETING SERVICES FOR DR CHAN

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

*** INVOICE ***

Date	NO#
08/15/07	22542

Claim # : 80700155735
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
EMPLOYERS INSURANCE GROUP
W.C. DEPARTMENT
ATTN: MARK DE REYES
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs F & M FOOD SERVICES
Date Of Injury: 12/22/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/25/06	INITIAL EXAM	DR CHAN*	230.00
08/11/06	FOLLOW-UP	DR CHAN*	180.00
08/24/06	PMT BY CHECK	DOS 7/25/06 # 8070085079	-230.00
08/31/06	PMT BY CHECK	DOS 8/11/06 # 8070086415	-180.00
09/15/06	FOLLOW-UP	DR CHAN*	180.00
08/28/06	INITIAL EXAM	DR HAMADA*	230.00
10/05/06	PMT BY CHECK	DOS 9/15/06 # 8070091429	-180.00
10/06/06	PMT BY CHECK	DOS 8/28/06 # 8070091633	-230.00
10/27/06	FOLLOW-UP	DR CHAN*	180.00
11/16/06	PMT BY CHECK	DOS 10/27/06 # 8070097873	-180.00
12/22/06	FOLLOW-UP	DR CHAN*	180.00
01/16/07	PMT BY CHECK	DOS 12/22/06 # 8070107004	-180.00
02/08/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
02/08/07	EMG TESTING	BY DR HERIC: L/E*	125.00
02/26/07	PMT BY CHECK	DOS 2/8/07 # 8070114556	-250.00
03/30/07	FOLLOW-UP	DR CHAN*	180.00
04/16/07	PMT BY CHECK	DOS 3/30/07 # 8070123035	-180.00
05/02/07	FOLLOW-UP	DR CHAN*	180.00
05/16/07	PMT BY CHECK	DOS 5/2/07 # 8070129036	-180.00
06/06/07	FOLLOW-UP	DR CHAN*	180.00
06/21/07	PMT BY CHECK	DOS 6/6/07 # 8070135048	-180.00
08/07/07	PR-2	DR CHAN*	180.00
08/24/07	PMT BY CHECK	DOS 8/7/07 # 8070145569	-180.00

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

*** INVOICE ***

Date	NO#
08/15/07	22542

Claim # : 80700155735
W.C.A.B.: N/A
S.S.N. : '
D.O.B. :
Terms : 45 days

BILL TO:
EMPLOYERS INSURANCE GROUP
W.C. DEPARTMENT
ATTN: MARK DE REYES
P.O. BOX # 539004
HENDERSON, NV 89053-9004

Case: vs F & M FOOD SERVICES
Date Of Injury: 12/22/05

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.

Disney Worldwide Services, Inc.

P.O. Box 3909
Anaheim, California 92803
714-781-1680

Remittance Advice
Check No. 0806640

8/14/07

1000-06-1489
Invoice# :
From: 07-02-07 Thru: 07-02-07

DOI: 09-08-06

464390* 0806640

01	MEDICAL (OTHER)	180.00
Total Paid:		$180.00

PAID
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Please Detach This Stub Before Deposit

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

*** INVOICE ***

Date	NO#
08/15/07	25546

Claim # : 1000061489
W.C.A.B.: LBO 0386256
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
DISNEY WORLDWIDE INC.,
W.C. DEPARTMENT
ATTN: GEORGINA BEWER
P.O. BOX# 3909
ANAHEIM, CA 92803

Case: vs DISNEY WORLDWIDE SERVICES
Date Of Injury: 12/23/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/09/07	INITIAL EXAM	DR RAHMAN*	230.00
05/21/07	FOLLOW-UP	DR RAHMAN*	180.00
06/14/07	PMT BY CHECK	DOS 4/9/07 THRU 5/21/07 # 0801273	-410.00
07/02/07	FOLLOW-UP	DR RAHMAN*	180.00
08/14/07	PMT BY CHECK	DOS 7/2/07 # 0806640	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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CHUBB GROUP OF INSURANCE COMPANIES
801 South Figueroa Street 2500
Los Angeles, CA 90017-5556

Date of Loss: 08/01/2005
Policy: 001020576201
Occurrence: 000006
Insured: JERRY MAGNIN
Print Date: 06/07/2007 4:00:01 PM

CHUBB

Payment Summary

Payee: Joyce Altman Interpreters

IssueDate: 06/07/2007
Check Number: 3319950
SSN#/TIN# 330956713

Date	Claimant	Description	Amount
		Translator	
	22932	8.29.06	2,330.97

PAID

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Comments: DOS: 8/29/2006 TO 5/23/2007 av

Check Total: 2,330.97

Claim Representative: PAUL PAN

Phone: (213)612-5478

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

*** INVOICE ***
Date NO#
06/08/07 22932

Claim # : 1020576201-006
W.C.A.B.: LBO 0381646
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO.
W.C. DEPARTMENT
ATTN: Paul Pam
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case: vs LUIS MAGNIN
Date Of Injury: 7/25/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/29/06	INITIAL EXAM	DR NEMAT*	230.00
12/06/06	FOLLOW-UP	DR NEMAT*	180.00
12/18/06	EMG TESTING	BY DR PAYANDEH: L/E*	150.00
01/18/07	DEPO PREP	@ THE L/O OF SOUSS COURT REPORTERS	147.00
01/26/07	INITIAL EXAM	DR TERRENCE - PSYCH EVAL (4.5 hrs)	517.50
01/31/07	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF CTR*	150.00
02/09/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
03/14/07	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF CTR*	150.00
03/15/07	EMG TESTING	BY DR SCHILLING: U/L/E*	125.00
03/15/07	NCV	DIAGNOSTIC STUDY INTERP:U/L/E *	125.00
05/23/07	PENALTIES	FOR DATE OF SERVICE 8/29/06	34.50
05/23/07	INTEREST	FOR DATE OF SERVICE 8/29/06	20.80
05/23/07	PENALTIES	FOR DATE OF SERVICE 12/18/06	22.50
05/23/07	INTEREST	FOR DATE OF SERVICE 12/18/06	8.32
05/23/07	PENALTIES	FOR DATE OF SERVICE 1/18/07	22.05
05/23/07	INTEREST	FOR DATE OF SERVICE 1/18/07	6.72
05/23/07	PENALTIES	FOR DATE OF SERVICE 1/26/07	77.55
05/23/07	INTEREST	FOR DATE OF SERVICE 1/26/07	22.32
05/23/07	PENALTIES	FOR DATE OF SERVICE 2/9/07	37.50
05/23/07	INTEREST	FOR DATE OF SERVICE 2/9/07	9.69
05/23/07	PENALTIES	FOR DATE OF SERVICE 3/15/07	37.50
05/23/07	INTEREST	FOR DATE OF SERVICE 3/15/07	7.02
06/07/07	PMT BY CHECK	DOS 8/29/06 THRU 5/23/07 # 3319950	-2330.97

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

*** INVOICE ***

Date	NO#
06/08/07	22932

Claim # : 1020576201-006
W.C.A.B.: LBO 0381646
S.S.N. : - -
D.O.B. : :
Terms : 45 days

BILL TO:
CHUBB GROUP OF INS CO.
W.C. DEPARTMENT
ATTN: Paul Pam
P.O. BOX # 30570
LOS ANGELES, CA 90030-0570

Case:
Date Of Injury: 7/25/06 vs LUIS MAGNIN

DOS	SERVICE	DESCRIPTION	AMOUNT

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

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

Number:

CRUM&FORSTER

0000635221

Vendor Number: 408691814 Issuing Location: Orange County Claims Check Date: 08/08/2007

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
25892 DOP 08/07/07 BILLING DATE 08/01/2007	PZC00354736	MC	25892	01/09/2007	$180.00

PAID

TOTAL: $180.00

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

Processor: L. Kovacevich

Internal Reference No: 25892

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

*** INVOICE ***
Date NO#
08/13/07 25892

Claim # : PZC00354736
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRUM & FORSTER
W.C. DEPARTMENT
ATTN: Gail Knight
P.O. BOX # 14217
ORANGE, CA 92863

Case: vs JUDCO MANUFACTURING
Date Of Injury: 1/9/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/24/07	INITIAL EXAM	DR CHAN*	230.00
06/07/07	FOLLOW-UP	DR CHAN*	180.00
06/15/07	PMT BY CHECK	DOS 5/24/07 # 000590304	-230.00
06/26/07	FOLLOW-UP	DR CHAN*	180.00
07/13/07	PMT BY CHECK	DOS 6/7/07 THRU 6/26/07 # 0000612369	-360.00
07/25/07	PR-2	DR CHAN*	180.00
08/08/07	PMT BY CHECK	DOS 7/25/07 # 0000635221	-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.

Number:
0000657770

CRUM&FORSTER

Vendor Number: 408690126 Issuing Location: Orange County Claims Check Date: 09/04/2007

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00318329	MC	24681	05/01/2005	$360.00

24681 dop 08/31/2007

PAID

TOTAL: $360.00

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

Processor: L. Kovacevich

Internal Reference No: 24681

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

*** INVOICE ***

Date	NO#
08/25/07	24681

Claim # : PZC00318329
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FOTO KEM INDUSTRIES
Date Of Injury: 2/7/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/07	RE-EVAL	DR SIMON LAVI*	180.00
03/15/07	RE-EVAL	DR SIMON LAVI*	180.00
04/16/07	PMT BY CHECK	DOS 2/15/07 # 0000536273	-180.00
04/13/07	PMT BY CHECK	DOS 3/15/07 # 0000534716	-180.00
04/12/07	RE-EVAL	DR SIMON LAVI*	180.00
05/07/07	RE-EVAL	DR SIMON LAVI*	180.00
05/22/07	PMT BY CHECK	DOS 4/12/07 THRU 5/7/07 # 0000567969	-360.00
05/30/07	RE-EVAL	DR SIMON LAVI*	180.00
06/27/07	RE-EVAL	DR SIMON LAVI*	180.00
06/27/07	PMT BY CHECK	DOS 5/30/07 # 0000598611	-180.00
07/23/07	RE-EVAL	DR SIMON LAVI*	180.00
08/15/07	PMT BY CHECK	DOS 6/27/07 # 0000641895	-180.00
08/15/07	PR-2	DR SIMON LAVI*	180.00
09/04/07	PMT BY CHECK	DOS 2/15-8/15/07 #0000657770	-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.

000332-0001-000332 CNX1 1384386
CAMBRIDGE INTEGRATED SERVICES GROUP INC
PO BOX 2002
WARREN, MI 48090-2002

CAMBRIDGE

Check Date	Check Code	Check Number
08/30/2007	CISGI	0001159799

06-N-SDM-AUTHN

RETURN SERVICE REQUESTED

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN CA 92781-0000

20681

CLIENT
MANPOWER, INC

INSURED
MANPOWER, INC

SERVICE PARTNER:RANCHO CORDOVA - CISGI

ADJUSTER:MAJOR, JAIME
CLAIMANT NAME:
CLAIM NUMBER
543382-1

TELEPHONE:916 6316414

DATE OF INCIDENT
10/24/2005

PAYMENT REFERENCE #	DOS FROM	DOS TO	GROSS AMOUNT	NET AMOUNT
16156410 DOS 08/08/07	08/08/2007	08/08/2007	180.00	180.00

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#
08/15/07 20681

Claim # : 543382
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (SACRAM)
W.C. DEPARTMENT
ATTN: GLORIA BEATTY
P.O. BOX # 15901
SACRAMENTO, CA 95852

Case: vs MAN POWER
Date Of Injury: 10/24/05

DOS	SERVICE	DESCRIPTION	AMOUNT
06/11/07	CONSULT	DR HERIC*	
07/16/07	PMT BY CHECK	DOS 6/11/07 # 0001104516	230.00
08/08/07	PR-2		-230.00
08/30/07	PMT BY CHECK	DR PAYANDEH* DOS 8/8/07 # 0001159799	180.00
			-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.

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

*** INVOICE ***
Date NO#
08/15/07 20681

Claim # : 543382
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CAMBRIDGE INTEGRATED (SACRAM)
W.C. DEPARTMENT
ATTN: GLORIA BEATTY
P.O. BOX # 15901
SACRAMENTO, CA 95852

Case: vs MAN POWER
Date Of Injury: 10/24/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/06	EMG TESTING	REF BY DR BEHZAD: U/E*	150.00
01/25/06	INITIAL EXAM	DR PAYANDEH*	230.00
02/22/06	FOLLOW-UP	DR PAYANDEH*	180.00
03/20/06	PMT BY CHECK	DOS 2/8/06 THRU 2/22/06	-560.00
03/22/06	FOLLOW-UP	DR PAYANDEH*	180.00
04/24/06	PMT BY CHECK	DOS 3/22/06 # 0000592654	-180.00
04/19/06	FOLLOW-UP	DR PAYANDEH*	180.00
05/08/06	INITIAL EXAM	DR RAHMAN*	230.00
05/17/06	PMT BY CHECK	DOS 4/19/06 THRU 5/8/06 # 0000616500	-410.00
05/17/06	FOLLOW-UP	DR PAYANDEH*	180.00
06/21/06	P AND S	DR PAYANDEH*	230.00
07/06/06	DEPO PREP	@ THE L/O OF PIERCE & WEISS	147.00
07/11/06	PMT BY CHECK	DOS 6/21/06 # 0000668300	-230.00
07/27/06	PMT BY CHECK	DOS 7/6/06 # 0000686050	-327.00
08/07/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
08/21/06	FOLLOW-UP	DR RAHMAN*	180.00
07/10/06	FOLLOW-UP	DR RAHMAN*	180.00
07/28/06	PMT BY CHECK	DOS 5/8/06 # 0000686050	-230.00
07/27/06	PMT BY CHECK	DOS 8/7/06 # 0000684701	-147.00
09/08/06	PMT BY CHECK	DOS 7/10/06 # 0000723376	-130.00
09/28/06	DEPO PREP	@ THE L/O OF PIERCE & WEISS	147.00
10/13/06	PMT BY CHECK	DOS 9/28/06 # 0000764552	-147.00
11/27/06	FOLLOW-UP	DR RAHMAN*	180.00
11/29/06	FOLLOW-UP	DR PAYANDEH - POST P&S*	180.00
12/13/06	PMT BY CHECK	DOS 11/27/06 # 0000832343	-180.00
01/16/07	PMT BY CHECK	DOS 11/29/06 # 0000876735	-180.00
03/28/07	FOLLOW-UP	DR PAYANDEH*	180.00
04/05/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
05/02/07	PMT BY CHECK	DOS 3/28/07 # 0001014567	-180.00
05/15/07	PMT BY CHECK	DOS 4/5/07 # 0001030142	-250.00

CITY OF LOS ANGELES

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

21156

GENERAL DEMAND FUND 824
WORKERS' COMPENSATION
REMITTANCE ADVICE

PAY TO:

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

DEMAND/WARRANT: I 4202476
CHECK DATE: Aug 29, 2007
CHECK AMOUNT: $180.00

FUND/DEPT: 100 / 61
ACCOUNT: 9910
OBJECT/SUBOBJ: 151/01
FISCAL YEAR: 08

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.
9001-2004-1115	08/09/2007	08/09/2007	10/28/2004	32 INTERPRETER FEE 0101	*****3332	0829071945	9450022	180.00

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.

Please Detach Before Presenting for Payment

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

*** INVOICE ***
Date NO#
08/27/07 21156

Claim # : 900120041115;900119973551
W.C.A.B.: N/A
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 LAX
Date Of Injury: 10/28/04;5/26/98

DOS	SERVICE	DESCRIPTION	AMOUNT
03/09/06	FOLLOW-UP	DR THOMAS*	180.00
04/07/06	PMT BY CHECK	DOS 3/9/06 # I 3986578	-180.00
04/06/06	FOLLOW-UP	DR THOMAS*	180.00
04/13/06	FOLLOW-UP	DR THOMAS*	180.00
04/27/06	PMT BY CHECK	DOS 4/6/06 # I 3995620	-180.00
05/03/06	PMT BY CHECK	DOS 4/13/06 # I 3997224	-180.00
05/18/06	FOLLOW-UP	DR THOMAS*	180.00
06/07/06	PMT BY CHECK	DOS 4/6/06 # I 4012899	-180.00
06/22/06	FOLLOW-UP	DR THOMAS*	180.00
07/05/06	PMT BY CHECK	DOS 5/18/06 # I 4024193	-180.00
07/27/06	FOLLOW-UP	DR THOMAS*	180.00
08/11/06	PMT BY CHECK	DOS 7/27/06 # I 4041281	-180.00
09/28/06	FOLLOW-UP	DR THOMAS*	180.00
10/12/06	FOLLOW-UP	DR THOMAS*	180.00
10/18/06	PMT BY CHECK	DOS 9/28/06 # I 4069071	-180.00
11/01/06	PMT BY CHECK	DOS 10/12/06 # I 4074653	-180.00
12/07/06	FOLLOW-UP	DR THOMAS*	180.00
01/18/07	PMT BY CHECK	DOS 12/7/06 # I 4107063	-180.00
01/11/07	FOLLOW-UP	DR THOMAS*	180.00
02/22/07	FOLLOW-UP	DR THOMAS*	180.00
03/19/07	PMT BY CHECK	DOS 1/11/07 THRU 2/22/07 # I 4130675	-360.00
04/19/07	FOLLOW-UP	DR THOMAS*	180.00
05/14/07	PMT BY CHECK	DOS 4/19/07 # I 4155471	-180.00
05/17/07	FOLLOW-UP	DR THOMAS*	180.00
05/24/07	FOLLOW-UP	DR THOMAS*	180.00
06/05/07	PMT BY CHECK	DOS 5/17/07 # I 4165319	-180.00
06/19/07	PMT BY CHECK	DOS 5/24/07 # I 4171635	-180.00
07/19/07	FOLLOW-UP	DR THOMAS*	180.00
07/26/07	FOLLOW-UP	DR THOMAS*	180.00
08/09/07	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#
08/27/07 21156

Claim # : 900120041115;900119973551
W.C.A.B.: N/A
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 LAX
Date Of Injury: 10/28/04;5/26/98

DOS	SERVICE	DESCRIPTION	AMOUNT
08/20/07	PMT BY CHECK	DOS 07/19/07-07/26/07 #I 4197325	-360.00
08/29/07	PMT BY CHECK	DOS 8/9/07 # I 4202476	-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.

Redwood Fire and Casualty Insurance Company

P O Box 881716
San Francisco, CA 94188

Check Date : 04/18/2008
Check Number : 1831193
Check Amount : $720 00

6UH012

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

149-2c1

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
44003429		06/26/2007	26894	Interpreter Fees -	08/14/2007	03/26/2008	$720.00

PAID

149-149

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

*** INVOICE ***

Date	NO#
04/22/08	26894

Claim # : 44003429
W.C.A.B.: AHM 0145785
S.S.N. : [redacted]
D.O.B. :
Terms : 45 days

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

Case: vs KITCOR CORPORATION
Date Of Injury: 6/26/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/14/07	INITIAL EXAM	DR KATTAR*	230.00
08/21/07	EMG TESTING	BY DR PARK: L/E*	125.00
8/21/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
08/17/07	PR2/REEVAL	DR HOSSAIN*	180.00
09/21/07	PR2/REEVAL	DR HOSSAIN*	180.00
10/26/07	PR2/REEVAL	DR HOSSAIN*	180.00
11/30/07	PR2/REEVAL	DR HOSSAIN*	180.00
12/31/07	PMT BY CHECK	DOS 8/14-11/30/07 # 0074410	-660.00
03/26/08	PR2/REEVAL	DR KATTAR*	180.00
04/18/08	PMT BY CHECK	DOS 8/14/07 THRU 3/26/08 # 1831193	-720.00

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.

Payee: JOYCE ALTMAN INTERPRETERS

IRS/SSN: 33-0956713

Check Number: 34430

Check Date: 08/23/2007

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
06315981		08/14/2006	Interpreter Fees - Medical	07/25/2007	08/02/2007	08/13/2007	23129	360.00

Redwood fire & Casualty

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

*** INVOICE ***
Date NO#
08/29/07 23129

Claim # : 06315981
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY HOMESTATE
W.C. DEPARTMENT
ATTN: Joel Sherman
P O BOX # 7008
PASADENA, CA 91109

Case: vs ADVANCED CONTRACTORS
Date Of Injury: 8/14/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/25/06	INITIAL EXAM	DR DOMARACKI*	230.00
10/11/06	RE-EVAL	DR DOMARACKI*	180.00
11/15/06	PMT BY CHECK	DOS 9/25/06 THRU 10/11/06 # 147050	-410.00
11/13/06	RE-EVAL	DR DOMARACKI*	180.00
11/29/06	RE-EVAL	DR DOMARACKI*	180.00
01/05/07	RE-EVAL	DR DOMARACKI*	180.00
01/16/07	PMT BY CHECK	DOS 11/13/06 THRU 11/29/06 # 172523	-360.00
02/07/07	PMT BY CHECK	DOS 1/5/07 # 181463	-180.00
04/23/07	RE-EVAL	DR DOMARACKI*	180.00
05/21/07	RE-EVAL	DR DOMARACKI*	180.00
06/06/07	RE-EVAL	DR DOMARACKI*	180.00
06/25/07	RE-EVAL	DR DOMARACKI*	180.00
06/25/07	PMT BY CHECK	DOS 4/23/07 THRU 5/21/07 # 12808	-360.00
07/09/07	RE-EVAL	DR DOMARACKI*	180.00
05/02/07	RE-EVAL	DR DOMARACKI*	180.00
07/12/07	PMT BY CHECK	DOS 6/6/07 # 19175	-180.00
07/18/07	PMT BY CHECK	DOS 6/25/07 # 21839	-180.00
07/25/07	RE-EVAL	DR DOMARACKI*	180.00
08/02/07	PMT BY CHECK	DOS 7/9/07 # 27605	-180.00
08/06/07	PMT BY CHECK	DOS 7/25/07 # 28450	-180.00
08/17/07	PR2/REEVAL	DR DOMARACKI*	180.00
08/23/07	PMT BY CHECK	DOS 7/25/07-8/2/07 # 34430	-360.00

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

*** INVOICE ***

Date	NO#
08/29/07	23129

Claim # : 06315981
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY HOMESTATE
W.C. DEPARTMENT
ATTN: Joel Sherman
P O BOX # 7008
PASADENA, CA 91109

Case: I
Date Of Injury: 8/14/06

vs ADVANCED CONTRACTORS

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 7102660004900985328

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

Remittance – **No.:** 26600049
AMERICAN HOME ASSURANCE COMPANY **RFP No.:** 00985328
03/29/2008

Insured: STENO STAFFING
Claimant:
Producer: **Claim Office:** 710
ACT: 26969 082407-030508

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000001508891	00397173	01	03/22/2007	MED	O	$186.54	$4,008.95

PAID

Use file # 710-00397173 **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#
04/01/08 26969

Claim # : 710-397173
W.C.A.B.: LBO 0389168
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs STENO ENTERPRISES/CA. CUSTOM
Date Of Injury: 3/26/07

DOS	SERVICE	DESCRIPTION	AMOUNT
08/24/07	DEPO PREP	@ THE L/O OF ADELSON,TESTAN & BRUNDO	147.00
10/19/07	PMT BY CHECK	DOS 8/24/07 # 24552713	-147.00
11/13/07	+DEPO PREP	@ L/O OF ADELSON, TESTAN & BRUNDO (VOL II)	156.50
03/05/08	PENALTIES	FOR DATE OF SERVICE 11/13/07	23.48
03/05/08	INTEREST	FOR DATE OF SERVICE 11/13/07	6.56
03/29/08	PMT BY CHECK	DOS 8/24/07 THRU 3/5/08 # 26600049	-186.54

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.
06/02/2008	230.00	0001306293

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	33095671:

SCMS UNIT	PAGE
300 Sedgwick Claims Management Services	001

*002272 0001306293 00001 0F 00001 0AM 080602 1013

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

Claimant Name	Loss Date	Claim Number	SSN
	08/07/2006	20060824948-0001	

Amt Paid: 230.00 Description: Miscellaneous Medical
Amt Billed: 230.00 Invoice: ICN: 200608249480001
Dates: 03/26/2007 - 03/26/2007 Comment:

PAID

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

E1991.FRM (02-28-0

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

*** INVOICE ***

Date	NO#
06/05/08	25230

Claim # : 20060824948
W.C.A.B.: ANA 0403513
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs RALPHS MARKET
Date Of Injury: 8/7/06

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/07	INITIAL EXAM	DR MIRSHOJAE* 14519	230.00
6/02/08	PMT BY CHECK	DODS 3/26/07 # 0001306293	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Market Rate

Jan 2008 - May 2008

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

Jan 2008 - May 2008

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
30483	5/14/2008	6/5/2008	$ 156.50	$ 156.50	CS-223742	6/3/2008	State Compensation Ins. Fund
27298	5/13/2008	6/5/2008	$ 156.50	$ 156.50	8070207896	6/2/2008	Employers Comp. Ins. Co.
29148	1/8/08 thru 5/6/08	6/5/2008	$ 274.57	$ 274.57	0000609486	6/2/2008	Insurance Company of the West
07284	5/7/2008	6/5/2008	$ 156.50	$ 156.50	1396481	6/2/2008	Everest National Ins. Co.
28376	11/26/07 thru 4/4/08	6/5/2008	$ 770.00	$ 770.00	CU-229980	6/2/2008	State Compensation Ins. Fund
29599	2/29/08 thru 4/15/08	6/5/2008	$ 610.00	$ 610.00	100160974 3	5/30/2008	Specialty Riks Services
28369	12/6/07 thru 4/11/08	6/5/2008	$ 275.15	$ 275.15	41270	6/3/2008	SCRMA
29757	3/10/2008	6/5/2008	$ 230.00	$ 230.00	CU-229980	6/2/2008	State Compensation Ins. Fund
21191	2/15/2008	5/29/2008	$ 318.75	$ 318.75	CP-335227	5/27/2008	State Compensation Ins. Fund
29421	3/5/2008	4/22/2008	$ 150.00	$ 150.00	896D55749807	4/16/2008	The Travelers
25750	2/6/2008	3/31/2008	$ 150.00	$ 150.00	5177	3/28/2008	LWP Claims Solutions
28780	1/30/2008	4/22/2008	$ 225.00	$ 225.00	0063109027	4/18/2008	Gallagher Bassett
28558	12/14/07 thru 3/13/08	6/5/2008	$ 610.00	$ 610.00	CU-229980	6/2/2008	State Compensation Ins. Fund
28937	1/15/08 thru 2/25/08	3/24/2008	$ 780.00	$ 780.00	0000830433	3/18/2008	Crum & Forster
28114	2/27/2008	4/10/2008	$ 150.00	$ 150.00	26687747	4/5/2008	AIG Domestic Claims
29218	2/6/2008	4/11/2008	$ 180.00	$ 180.00	CY-282858	4/9/2008	State Compensation Ins. Fund
29338	3/19/08 & 3/17/08	4/3/2008	$ 330.00	$ 330.00	896D54736254	3/31/2008	The Travelers
28904	3/17/2008	4/28/2008	$ 180.00	$ 180.00	26949045	4/25/2008	AIG Domestic Claims
29913	3/13/2008	6/5/2008	$ 180.00	$ 180.00	CU-229980	6/2/2008	State Compensation Ins. Fund
29880	3/18/2008	4/18/2008	$ 180.00	$ 180.00	896D55633374	4/14/2008	The Travelers
23470	3/5/2008	3/31/2008	$ 180.00	$ 180.00	200553904	3/27/2008	Octagon Risk Services
26156	3/5/2008	4/22/2008	$ 180.00	$ 180.00	0063090823	4/17/2008	Gallagher Bassett

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
26156	4/2/2008	4/22/2008	$ 180.00	$ 180.00	0063090825	4/17/2008	Gallagher Bassett
22387	7/25/07 & 8/22/07	4/14/2008	$ 360.00	$ 360.00	0062864733	4/8/2008	Gallagher Bassett
22/387	2/8/2008	4/14/2008	$ 230.00	$ 230.00	0062864732	4/8/2008	Gallagher Bassett
27636	3/26/2008	4/22/2008	$ 180.00	$ 180.00	8801964366	4/17/2008	Farmers Insurance
27155	1/24/08, 2/25/08 & 3/26/08	4/14/2008	$ 590.00	$ 590.00	26762563	4/11/2008	AIG Domestic Claims
28108	4/1/2008	4/28/2008	$ 180.00	$ 180.00	DA57957371	4/23/2008	ACE USA
29211	1/11/2008	4/22/2008	$ 230.00	$ 230.00	CD-365478	4/18/2008	State Compensation Insurance Fund
29009	1/30/2008	4/7/2008	$ 230.00	$ 230.00	CU-192710	4/3/2008	State Compensation Insurance Fund
29527	2/8/08, 3/14/08 & 3/17/08	5/8/2008	$ 640.00	$ 640.00	896D56062908	4/21/2008	The Travelers
27821	10/22/07 & 3/17/08	6/5/2008	$ 410.00	$ 410.00	CU-229980	6/2/2008	State Compensation Insurance Fund
27835	2/4/08 & 2/5/08	5/13/2008	$ 460.00	$ 460.00	8801954668	3/24/2008	Farmers Insurance
25607	3/3/2008	4/17/2008	$ 230.00	$ 230.00	3801055870	4/15/2008	Farmers Insurance
28553	12/17/07 thru 3/10/08	4/7/2008	$ 649.00	$ 649.00	0062694496	3/31/2008	Gallagher Bassett
29327	2/8/2008	4/22/2008	$ 230.00	$ 230.00	0063090960	4/17/2008	Gallagher Bassett
29415	2/15/2008	4/22/2008	$ 230.00	$ 230.00	0063107686	4/18/2008	Gallagher Bassett
26042	3/19/2008	4/14/2008	$ 230.00	$ 230.00	0062901942	4/9/2008	Gallagher Bassett
28582	3/24/08 & 4/2/08	4/17/2008	$ 640.00	$ 640.00	0825004	4/16/2008	Disney Worldwide Services
29194	2/5/2008	3/24/2008	$ 230.00	$ 230.00	26460558	3/19/2008	AIG Domestic Claims
29829	2/15/2008	6/5/2008	$ 230.00	$ 230.00	CN-319638	6/2/2008	State Compensation Insurance Fund
29727	3/12/2008	4/17/2008	$ 156.50	$ 156.50	0016901096	4/14/2008	Sedgwick Claims Mgmt. Svcs.
30023	3/26/2008	6/5/2008	$ 230.00	$ 230.00	CU-229981	6/2/2008	State Compensation Insurance Fund
30115	4/4/2008	4/24/2008	$ 156.50	$ 156.50	0016846196	4/21/2008	Sedgwick Claims Mgmt. Svcs.
29659	2/19/08 & 3/25/08	4/28/2008	$ 313.00	$ 313.00	CB-351412	4/24/2008	State Compensation Insurance Fund
29728	3/5/2008	4/25/2008	$ 156.50	$ 156.50	BU-261910	4/23/2008	State Compensation Insurance Fund
29686	3/4/2008	4/11/2008	$ 156.50	$ 156.50	CU-196778	4/9/2008	State Compensation Insurance Fund

Invoice	Service Date(s)	Invoice Date	Billed Amt	Paid Amt	Check No.	Check Date	Payment Authority
29438	2/13/2008	3/24/2008	$ 156.50	$ 156.50	896D53941404	3/18/2008	The Travelers
13615	4/2/2008	4/25/2008	$ 156.50	$ 156.50	802360	4/21/2008	Zenith
28949	1/14/08 & 2/29/08	4/7/2008	$ 406.50	$ 406.50	0100300112	4/3/2008	Majestic Insurance
29180	2/8/2008	4/22/2008	$ 250.00	$ 250.00	0063107355	4/18/2008	Gallagher Bassett
21462	3/4/08 thru 3/24/08	4/17/2008	$ 563.00	$ 563.00	0062909229	4/10/2008	Gallagher Bassett
23983	2/28/2008	3/27/2008	$ 313.00	$ 313.00	0000112814	3/21/2008	Explorer Insurance Company
28948	1/9/2008	3/26/2008	$ 156.50	$ 156.50	22497	3/19/2008	Hazelrigg Risk Mgmt. Svcs.
29141	2/4/2008	4/24/2008	$ 156.50	$ 156.50	36055	4/22/2008	Berkshire Hathaway
28638	3/3/2008	4/7/2008	$ 156.50	$ 156.50	23231	4/2/2008	Hazelrigg Risk Mgmt. Svcs.
23018	3/10/2008	4/14/2008	$ 156.50	$ 156.50	23018	3/10/2008	AIG Domestic Claims
29736	3/7/2008	4/24/2008	$ 156.50	$ 156.50	0209489	4/22/2008	National Liability & Fire Ins. Co.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
51)656-8300

Provider Number: 330956713

Check #: CS-223742

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 06/03/08
Doc #: 015710475

Medical

30483

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05234132			
1	30483	05/14/08	05/14/08	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05234132	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:
05234132 30483;

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#
06/05/08	30483

Claim # : 05234132
W.C.A.B.: LBO 0393928
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs FOC PRECAST SOLUTION
Date Of Injury: 11/27/06

DOS	SERVICE	DESCRIPTION	AMOUNT
05/14/08	WCAB LB	MSC	156.50
06/03/08	PMT BY CHECK	DOS 5/14/08 # CS-223742	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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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.

21298

EMPLOYERS℠

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

ISSUE DATE	CHECK NO.
06/02/08	8070207896

06/02/08 Claimant: $694.50

ClaimNo: 80700157601 Date of Injury: 02/09/2006

Vendor Invoice: Billing Date: 05/16/08

IRS Number: 330956713

Payment For:

SvcPeriod: 05/13/08 to 05/13/08 Billed Amt: $694.50

Expenses: Interpreter: IN FULL & FINAL SATISFACTION OF LIEN FOR INTERPRETER SERVICES

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#
06/05/08	27298

Claim # : 80700157601
W.C.A.B.: LBO 0379801
S.S.N. :
D.O.B. : -,
Terms : 45 days

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

Case: vs PEACE LABEL USA, INC.
Date Of Injury: 2/9/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/17/07	INITIAL EXAM	DR HERIC*	230.00
09/24/07	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC (3HRS)	225.00
12/06/07	PMT BY CHECK	DOS 9/17/07 # 8070168988	-230.00
02/20/08	WCAB LB	MSC	156.50
04/02/08	WCAB LB	MSC	156.50
05/13/08	WCAB LB	TRIAL	156.50
06/02/08	PMT BY CHECK	DOS 2/20/08 THRU 5/13/08 # 8070207896	-694.50

BALANCE 0.00

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Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 06/02/2008
Check Number: 0000609486
Check Amount: $274.57

SCW21D

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, SCW21D

00074 JOP1ZS01 1Z 6300003380-6300082012

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total
1010-07-03643		06/30/2007	29148	02	01/08/2008	05/06/2008	$274.57

Cat	SubPC	Stub Notes	Stub Amount
02		INITIAL EXAM, PENALTIES, INTEREST	$274.57
			$274.57

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#
06/05/08	29148

Claim # : 10100703643
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ARECON INC.
Date Of Injury: 6/30/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/08/08	INITIAL EXAM	DR ZACCAGLIN*	230.00
05/06/08	PENALTIES	FOR DATE OF SERVICE 1/8/08	34.50
5/06/08	INTEREST	FOR DATE OF SERVICE 1/8/08	10.07
06/02/08	PMT BY CHECK	DOS 1/8/08 THRU 5/6/08 # 0000609486	-274.57

BALANCE 0.00

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Everest National Insurance Company

P.O. Box 7027
San Francisco, CA 94120

Check Date : 06/02/2008
Check Number : 1396481
Check Amount : $156.50

VPC11F

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

113-2o1

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
39050525		12/18/2003	07284	Interpreter Fees -	02/04/2004	05/07/2008	$156.50

PAID

113-113

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

*** INVOICE ***

Date	NO#
06/05/08	07284

Claim # : 390-505-25
W.C.A.B.: LBO 0363397
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ACCA (SAN FRANCISCO)
W.C. DEPARTMENT
ATTN: JEANINE CUMMING
P.O. BOX # 7027
SAN FRANCISCO, CA 94120-7027

Case: vs SICHEL INC.
Date Of Injury: 12/18/03

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/04	INITIAL EXAM	DR SHAH*	150.00
02/25/04	RE-EVAL	DR SHAH*	120.00
09/17/04	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
10/29/04	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
11/17/04	PMT BY CHECK	DOS 02/04/04 THRU 10/29/04 # 964428	-564.00
08/14/06	INITIAL EXAM	DR ANEL*	230.00
09/21/06	PMT BY CHECK	DOS 8/14/06 # 00080261	-230.00
03/28/07	RE-EVAL	DR HAJJ*	180.00
04/23/07	WCAB LB	EXPEDITED HEARING	147.00
05/22/07	PMT BY CHECK	DOS 4/23/07 # 1339369	-147.00
05/22/07	PMT BY CHECK	DOS 3/28/07 # 1339353	-180.00
04/22/08	PR2/REEVAL	DR AFLATOON*	180.00
05/12/08	PMT BY CHECK	DOS 4/22/08 # 1393956	-180.00
05/07/08	JOB ANALYSIS	@ THE L/O OF DENNIS FUSI	156.50
06/02/08	PMT BY CHECK	DOS 5/7/08 # 1396481	-156.50

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-229980**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 06/02/08
Doc #: 015692821

Medical

28376

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name				**Claim #:**	SA631434	**Date of Injury:**	06/14/03	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-1690668	01/08/04	MDO10	Payment By Order	1	168.46	68.46	961	100.00
2	SF1-SFCA-1690668	05/12/06	MDO10	Payment By Order	1	.00	0	790	.00
								Subtotal:	**100.00**
	Patient Name:				**Claim #:**	05166050	**Date of Injury:**	10/30/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
3	SF1-SFCA-1731913	02/21/08	99911	Interpreting Service	2	150.00	0	710 723	150.00
4	SF1-SFCA-1731913	03/13/08	99911	Interpreting Service	2	230.00	0	710 723	230.00
5	SF1-SFCA-1731913	12/14/07	99911	Interpreting Service	2	230.00	0	710 723	230.00
								Subtotal:	**610.00**
	Patient Name:				**Claim #:**	03041152	**Date of Injury:**	08/31/05	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
6	SF1-SFCA-1731988	03/13/08	99911	Interpreting Service	1	180.00	0	723	180.00
	Patient Name:				**Claim #:**	05239794	**Date of Injury:**	08/01/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
7	SF1-SFCA-1732148	03/10/08	99911	Interpreting Service	1	230.00	0	723	230.00
	Patient Name:				**Claim #:**	05168624	**Date of Injury:**	10/08/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
8	SF1-SFCA-1732451	03/17/08	99911	Interpreting Service	1	180.00	0	723	180.00
	SF1-SFCA-1732451	10/22/07	99911	Interpreting Service	1	230.00	0	723	230.00
								Subtotal:	**410.00**
	Patient Name:				**Claim #:**	05151546	**Date of Injury:**	10/03/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
10	SF1-SFCA-1732077	02/29/08	99911	Interpreting Service	1	180.00	0	723	180.00
11	SF1-SFCA-1732077	04/04/08	99911	Interpreting Service	1	180.00	0	723	180.00
12	SF1-SFCA-1732077	11/26/07	99911	Interpreting Service	1	230.00	0	723	230.00
13	SF1-SFCA-1732077	12/27/07	99911	Interpreting Service	1	180.00	0	723	180.00
								Subtotal:	**770.00**

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#
06/05/08	28376

Claim # : 05151546
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs VALLEY RECYCLING CENTER
Date Of Injury: 10/3/07

DOS	SERVICE	DESCRIPTION	AMOUNT
11/26/07	INITIAL EXAM	DR PAYANDEH*	230.00
12/27/07	PR2/REEVAL	DR PAYANDEH*	180.00
02/29/08	PR2/REEVAL	DR PAYANDEH*	180.00
04/04/08	PR2/REEVAL	DR PAYANDEH*	180.00
06/02/08	PMT BY CHECK	DOS 11/26/07 THRU 4/4/08 # CU-229980	-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.

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
1-800-853-6635

Albertsons

000983
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00996

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*200012 1001609743

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
29599 ✓ 09-30-06	52HMC087844 YNM07249C	NEW ALBERTSONS INC.	$610.00
Nature of Payment: Miscellaneous Expense		Service Dates 02-29-2008 04-15-2008	$610.00
Claim Handler: Patricia Ebrahim 800-221-5473 Supervalu Brea SRS Claim Office P.O. BOX 5068 SYRACUSE, NY 13220-5068		Additional Comments: PAID	

Issue Date	05-30-2008	Check Number	1001609743	Total Amount of Check	$610.00

Please keep the above information for your records.

07091785

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#
06/05/08	29599

Claim # : YNN07249
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SPECIALTY RISK SVCS (BURBANK)
W.C. DEPARTMENT
ATTN: CALIA GARY
P.O. BOX # 591
BURBANK, CA 91503-0591

Case: vs ALBERTSON'S
Date Of Injury: 9/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/29/08	EMG TESTING	BY DR JUANENGO - U/E*	125.00
02/29/08	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
3/18/08	PR2/REEVAL	DR JUANENGO*	180.00
04/15/08	PR2/REEVAL	DR JUANENGO*	180.00
05/30/08	PMT BY CHECK	DOS 2/29/08 THRU 4/15/08 # 100160974 3	-610.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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San Gabriel Valley School District
c/o SCRMA, Inc. 313 E. Foothill Blvd. Upland, CA. 91786-3952

Mailing Information:

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

Claim Number: SGVS-014600
Claimant:
Date of Loss: 10/28/2006

Check Number: 41270
Check Date: 06/03/2008
Check Amount: $275.15
Type of Payment: WC Medical
HOSPITAL-IN-PATIENT

PAID

Location: 13210 SIERRA VISTA HIGH SCHOOL 3699 N. HOLLY AVENUE

For Period: 12/06/2007 to 04/11/2008
InvoiceNo: 28369
IRS #: 33-0956713
Detail: ENTERED BY PACMED

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#
06/05/08	28369

Claim # : 07-1300-0163
W.C.A.B.: ANA 0405918
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SO. CA. RISK MGMT (UPLAND)
W.C. DEPARTMENT
ATTN: KATRINA TURNER
313 E. FOOTHILL BLVD.
UPLAND, CA 91786

Case: vs BALDWIN PARK SCHOOL DISTRICT
Date Of Injury: 10/28/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/06/07	INITIAL EXAM	DR SNYDER*	230.00
04/11/08	PENALTIES	FOR DATE OF SERVICE 12/6/07	34.50
4/11/08	INTEREST	FOR DATE OF SERVICE 12/6/07	10.65
06/03/08	PMT BY CHECK	DOS 12/6/07 THRU 4/11/08 # 41270	-275.15

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-229980**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 06/02/08
Doc #: 015692821

Medical

29757

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	SA631434	**Date of Injury:**	06/14/03	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-1690668	01/08/04	MDO10	Payment By Order	1	168.46	68.46	961	100.00
2	SF1-SFCA-1690668	05/12/06	MDO10	Payment By Order	1	.00	0	790	.00
								Subtotal:	**100.00**
	Patient Name:				**Claim #:**	05166050	**Date of Injury:**	10/30/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
3	SF1-SFCA-1731913	02/21/08	99911	Interpreting Service	2	150.00	0	710 723	150.00
4	SF1-SFCA-1731913	03/13/08	99911	Interpreting Service	2	230.00	0	710 723	230.00
5	SF1-SFCA-1731913	12/14/07	99911	Interpreting Service	2	230.00	0	710 723	230.00
								Subtotal:	**610.00**
	Patient Name:				**Claim #:**	03041152	**Date of Injury:**	08/31/05	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
6	SF1-SFCA-1731988	03/13/08	99911	Interpreting Service	1	180.00	0	723	180.00
	Patient Name:				**Claim #:**	05239794	**Date of Injury:**	08/01/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
7	SF1-SFCA-1732148	03/10/08	99911	Interpreting Service	1	230.00	0	723	230.00
	Patient Name:				**Claim #:**	05168624	**Date of Injury:**	10/08/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
8	SF1-SFCA-1732451	03/17/08	99911	Interpreting Service	1	180.00	0	723	180.00
9	SF1-SFCA-1732451	10/22/07	99911	Interpreting Service	1	230.00	0	723	230.00
								Subtotal:	**410.00**
	Patient Name:				**Claim #:**	05151546	**Date of Injury:**	10/03/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
10	SF1-SFCA-1732077	02/29/08	99911	Interpreting Service	1	180.00	0	723	180.00
11	SF1-SFCA-1732077	04/04/08	99911	Interpreting Service	1	180.00	0	723	180.00
12	SF1-SFCA-1732077	11/26/07	99911	Interpreting Service	1	230.00	0	723	230.00
13	SF1-SFCA-1732077	12/27/07	99911	Interpreting Service	1	180.00	0	723	180.00
								Subtotal:	**770.00**

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

0129792901569282101 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#
06/05/08	29757

Claim # : 05239794
W.C.A.B.: N/A
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 TOUCHSTONE DEVELOPEMENT
Date Of Injury: 8/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/08	INITIAL EXAM	DR KATTAR*	230.00
06/02/08	PMT BY CHECK	DOS 3/10/08 # CU-229980	-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]or Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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-335227**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 05/27/08
Doc #: 015646170

Medical

21191

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	SP405123	**Date of Injury:**	10/22/04	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-1685567	02/15/08	99911	Interpreting Service	17	318.75	0	723	318.75
	Patient Name:				**Claim #:**	01432943	**Date of Injury:**	11/12/03	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
2	SF1-SFCA-1681065	04/02/08	99911	Interpreting Service	1				

Total Allowances: **$408.75**

PAID

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

*** INVOICE ***
Date NO#
05/29/08 21191

Claim # : SP405123
W.C.A.B.: LBO 0364930
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (SANTA ANA-419)
W.C. DEPARTMENT
ATTN: SUSAN MARTIN
P.O. BOX # 419
SANTA ANA, CA 92702-0419

Case: vs URBAN SERVICES OF AMERICA
Date Of Injury: 10/22/04

DOS	SERVICE	DESCRIPTION	AMOUNT
03/06/06	WCAB LB	MSC	147.00
04/26/06	PMT BY CHECK	DOS 3/6/06 # CP-183496	-147.00
01/29/08	INITIAL EXAM	DR VALDEZ*	230.00
01/07/08	INITIAL EXAM	DR HERIC*	230.00
02/21/08	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC*	150.00
02/15/08	PSYCH TEST	PSYCHOMETRIC TESTING DONE @ TRI CITY (4H 15M)	318.75
04/07/08	PMT BY CHECK	DOS 1/29/08 # CP-323812	-230.00
04/24/08	PMT BY CHECK	DOS 1/7/08 THRU 2/21/08 # CP-327845	-380.00
05/27/08	PMT BY CHECK	DOS 3/6/06 THRU 2/15/08 # CP-335227	-318.75

BALANCE 0.00

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DG1479

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

UE00700

896D 55749807

TRAVELERS

DATE: 04/16/08
LOSS DATE: 12/26/07
FILE NUMBER: 152 CB A9M3036 R

EMPLOYEE

ACCOUNT NAME:
INTERAMERICAN MOTOR CORPORATI

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/05/2008

TOTAL PAID: $150.00
TAX INFO: 330956713372147 6Y
PAY MISC: INV#29421
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: PATRICIA S MARSHALL AT (909)612-3047

107010958
DETACH CHECK

UNSUMM -050799
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#
04/22/08 29421

Claim # : A9M3038
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs INTERAMERICAN CORP.
Date Of Injury: 12/26/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/08	INITIAL EXAM	DR NEMAT*	230.00
03/05/08	NCT	DIAGNOSTIC STUDY INTERP: L/E*	150.00
03/27/08	PMT BY CHECK	DOS 2/5/08 # 896D 54489177	-230.00
04/16/08	PMT BY CHECK	DOS 3/5/08 # 896D 55749807	-150.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

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CLAIM NUMBER	CLAIMANT	LOSS DATE	INVOICE NUMBER	SERVICE DATES
0000094216		01/03/2007	25750	05/08/2007 - 02/06/2008

Reference:
Comments:

Service	Procedure	Service Dates	Amount Billed	Amount Paid
Medical Miscellaneous		05/08/2007 - 02/06/2008	150.00	150.00

Fee Sched Discount:	0.00	PPO Discount:	0.00	Other Discounts:	0.00	Lien:	0.00

PAID

LWP Claims Solutions, Inc.
2180 South 1300 East, Suite 508, Salt Lake City, UT 84106
Phone: (801) 972-7540
Fax: (801) 972-7546

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

*** INVOICE ***

Date	NO#
03/31/08	25750

Claim # : 94216
W.C.A.B.: LAO 0877705
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
LWP CLAIMS SOLUTIONS (GLEND)
W.C. DEPARTMENT
ATTN: RONALD VELASCO
P.O. BOX # 10640
GLENDALE, CA 91209-0640

Case: vs VALLEY FIRST
Date Of Injury: 1/3/07

DOS	SERVICE	DESCRIPTION	AMOUNT
05/08/07	INITIAL EXAM	DR FERNANDEZ - PSYCH EVAL*	230.00
06/13/07	PMT BY CHECK	DOS 5/8/07 # 3967	-230.00
02/06/08	NCT	DIAGNOSTIC STUDY INTERP: U/E*	150.00
03/28/08	PMT BY CHECK	DOS 2/6/08 # 5177	-150.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

004250 PAGE 1 OF 1 003137

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

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

GALLAGHER BASSETT SERVICES INC
FOR TELECARE CORPORATION

PAID

CLAIM NO: 003137 000418 WC 01 (108) BRANCH NO.: 180 NO. 0063109027

CLAIMANT: ACC. DATE: 14Jan06 VN. 0000017555

DESCRIPTION: INV#28780 INTRP SVCS DIAGNSTUDY W/ DR HERIC 01/30/08

DATE 18Apr08

DATES OF SERVICE: 30Jan2008 THRU 30Jan2008 ######225.00

BENEFIT PERIOD: THRU

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

*** INVOICE ***

Date	NO#
04/22/08	28780

Claim # : 003137-000418-W01
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs TELECARE CORP/LA PAZ HOSPITAL
Date Of Injury: 1/14/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/19/07	INITIAL EXAM	DR HERIC*	230.00
01/30/08	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC (3 HRS)	225.00
02/13/08	PMT BY CHECK	DOS 12/19/07 # 0061740798	-230.00
04/18/08	PMT BY CHECK	DOS 12/19/07 THRU 2/13/08 # 0063109027	-225.00

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-229980**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 06/02/08
Doc #: 015692821

Medical

18558

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	SA631434	**Date of Injury:**	06/14/03	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-1690668	01/08/04	MDO10	Payment By Order	1	168.46	68.46	961	100.00
2	SF1-SFCA-1690668	05/12/06	MDO10	Payment By Order	1	.00	0	790	.00
								Subtotal:	**100.00**
	Patient Name:				**Claim #:**	05166050	**Date of Injury:**	10/30/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
3	SF1-SFCA-1731913	02/21/08	99911	Interpreting Service	2	150.00	0	710 723	150.00
4	SF1-SFCA-1731913	03/13/08	99911	Interpreting Service	2	230.00	0	710 723	230.00
5	SF1-SFCA-1731913	12/14/07	99911	Interpreting Service	2	230.00	0	710 723	230.00
								Subtotal:	**610.00**
	Patient Name:				**Claim #:**	03041152	**Date of Injury:**	08/31/05	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
6	SF1-SFCA-1731988	03/13/08	99911	Interpreting Service	1	180.00	0	723	180.00
	Patient Name:				**Claim #:**	05239794	**Date of Injury:**	08/01/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
7	SF1-SFCA-1732148	03/10/08	99911	Interpreting Service	1	230.00	0	723	230.00
	Patient Name:				**Claim #:**	05168624	**Date of Injury:**	10/08/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
8	SF1-SFCA-1732451	03/17/08	99911	Interpreting Service	1	180.00	0	723	180.00
9	SF1-SFCA-1732451	10/22/07	99911	Interpreting Service	1	230.00	0	723	230.00
								Subtotal:	**410.00**
	Patient Name:				**Claim #:**	05151546	**Date of Injury:**	10/03/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
10	SF1-SFCA-1732077	02/29/08	99911	Interpreting Service	1	180.00	0	723	180.00
11	SF1-SFCA-1732077	04/04/08	99911	Interpreting Service	1	180.00	0	723	180.00
12	SF1-SFCA-1732077	11/26/07	99911	Interpreting Service	1	230.00	0	723	230.00
13	SF1-SFCA-1732077	12/27/07	99911	Interpreting Service	1	180.00	0	723	180.00
								Subtotal:	**770.00**

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#
06/05/08	28558

Claim # : 05166050
W.C.A.B.: ANA 0406856
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs LPA
Date Of Injury: 10/30/07

DOS	SERVICE	DESCRIPTION	AMOUNT
12/14/07	INITIAL EXAM	DR BOYER*	230.00
02/21/08	EMG TESTING	BY DR SCHILLING - L/E, U/E*	150.00
03/13/08	INITIAL EXAM	DR WILLIAMS* PAIN MGMT	230.00
06/02/08	PMT BY CHECK	DOS 12/14/07 THRU 3/13/08 # CU-229980	-610.00

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.

CRUM&FORSTER

Number: 0000830433

Vendor Number: 408691819 Issuing Location: Orange County Claims Check Date: 03/18/2008

Payee:

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

IRS:

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00373276	MC	28937	07/13/2007	$780.00
DOP 03/14/08 BILLING DATE 03/11/2008					

TOTAL: $780.00

PAID

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

Processor: C. Linares

Internal Reference No: 28937

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#
03/24/08	28937

Claim # : PZC00373276
W.C.A.B.: ANA 0406563
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs J.T. CONTRACTORS/EARTH TEXTILE
Date Of Injury: 7/13/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/15/08	INITIAL EXAM	DR FERNANDEZ*	230.00
02/08/08	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
2/08/08	EMG TESTING	BY DR VESALI - U/E*	125.00
02/22/08	TESTING	NEURO MUSCULAR TESTING @ ADVANCE CHIRO*	150.00
02/25/08	NCT	DIAGNOSTIC STUDY INTERP: U/E*	150.00
03/18/08	PMT BY CHECK	DOS 1/15/08 THRU 2/25/08 # 0000830433	-780.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 7 7102668774700044930

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

Remittance –
COMMERCE AND INDUSTRY INSURANCE CO.

No.: 26687747
RFP No.: 00044930
04/05/2008

Insured: MCP INDUSTRIES, INC. (A CORP)
Claimant:
Producer:
ACT: 28114 022708-022708

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003287663	00167393	01	09/19/2005	MED	O	$150.00	$11,206.74

PAID

Use file # 710-00167393 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#
04/10/08	28114

Claim # : 710167393
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MCP INDUSTRIES
Date Of Injury: 9/19/05

DOS	SERVICE	DESCRIPTION	AMOUNT
11/12/07	INITIAL EXAM	DR MICHAELS*	230.00
12/15/07	PMT BY CHECK	DOS 11/12/07 # 25269535	-230.00
01/08/08	NCV	DIAGNOSTIC STUDY INTERP: U/E*	150.00
01/21/08	NCT	DIAGNOSTIC STUDY INTERP: L/E*	150.00
02/02/08	PMT BY CHECK	DOS 1/8/08 # 25870461	-150.00
02/05/08	PMT BY CHECK	DOS 1/21/08 # 25891152	-150.00
02/27/08	TESTING	NEURO MUSCULAR TESTING @ MISSION CHIRO*	150.00
04/05/08	PMT BY CHECK	DOS 2/27/08 # 26687747	-150.00

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-282858**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 04/09/08
Doc #: 015268161

2928

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	01526076	**Date of Injury:**	08/25/04	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-1316788	02/06/08	99911	Interpreting Service	1	180.00	0	723	180.00
							Total Allowances:		**$180.00**

PAID

0129483001526816101 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.

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

Provider Number: 330956713

Check #: **CY-282858**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 04/09/08
Doc #: 015268161

Summary

Bill ID.	Claim Number	Invoice / Account Number	Billed Amounts	Reductions	Allowances	Penalty & Interest	Totals
SF1-SFCA-1316788	01526076	29218	180.00	.00	180.00	.00	180.00

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

Charges in excess of the allowance are objected to for the above reasons. If you disagree with the reductions you may contact us at the addresss and phone number listed, or you may file an application or lien with the Workers' Compensation Appeals Board. California Labor Code Section 3751 (b) prohibits attempts to collect any balance due from the injured worker.

EOR Reduction Code Explanation:

723 : PAID PER AMOUNT PREVIOUSLY AGREED TO BY PROVIDER REPRESENTATIVE AND STATE FUND REPRESENTATIVE.

01294830015268161012

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

*** INVOICE ***
Date NO#
04/11/08 29218

Claim # : 01526076
W.C.A.B.: POM 0286800
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (SAN BERNARDINO-1806)
W.C. DEPARTMENT
ATTN: LATRICA ARMSTONG
P.O. BOX 1806
SAN BERNARDINO, CA 92402

Case: vs GAYTON PAINTING
Date Of Injury: 8/25/04

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/08	PR2/REEVAL	DR LAVI*	180.00
04/09/08	PMT BY CHECK	DOS 2/6/08 # CY-282858	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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031007

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

UA00979

896D 54736254

TRAVELERS

DATE: 03/31/08
LOSS DATE: 07/27/07
FILE NUMBER: 152 CB CBC6103 H

EMPLOYEE

ACCOUNT NAME:
EDCO DISPOSAL CORPORATION

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/19/2008
SERVICE DATE: 03/17/2008
TOTAL PAID: $330.00
TAX INFO: 330956713443813 8Y
PAY MISC: 29338
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: BERNADETTE I BATES AT (909)612-3029

09 1000992
DETACH CHECK

UNSUMM -050799
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#
04/03/08	29338

Claim # : CBC6103
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs EDCO DISPOSAL CORP.
Date Of Injury: 7/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/06/08	INITIAL EXAM	DR JUANENGO*	230.00
03/19/08	MRI	REF BY DR JUANENGO - C/S, L/S T/S & LT SHOULDER*	150.00
03/17/08	PR2/REEVAL	DR JUANENGO*	180.00
03/25/08	PMT BY CHECK	DOS 2/6/08 # 896D 54369945	-230.00
03/31/08	PMT BY CHECK	DOS 2/6/08 THRU 3/17/08 # 896D 54736254	-330.00

BALANCE 0.00

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 2 7102694904500265477

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

Remittance -
GRANITE STATE INSURANCE COMPANY

No.: 26949045
RFP No.: 00265477
04/25/2008

Insured: J&D BUILDERS, INC. (A CORP)
Claimant:
Producer:
ACT: 28904 031708-031708

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000000848555	00431090	01	09/20/2007	MED	O	$180.00	$9,098.10

PAID

Use file # 710-00431090 **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#
04/28/08	28904

Claim # : 710431090
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs J & D BUILDING, INC.
Date Of Injury: 9/20/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/21/08	INITIAL EXAM	DR ZARGARAFF/DR AMERI*	230.00
03/12/08	PMT BY CHECK	DOS 1/21/08 # 2376002	-230.00
03/17/08	PR2/REEVAL	DR ZARGARAFF/DR AMERI*	180.00
04/25/08	PMT BY CHECK	DOS 3/17/08 # 269049045	-180.00

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-229980**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 06/02/08
Doc #: 015692821

Medical

29913

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name: Calvillo, Roberto				**Claim #:**	SA631434	**Date of Injury:**	06/14/03	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-1690668	01/08/04	MDO10	Payment By Order	1	168.46	68.46	961	100.00
2	SF1-SFCA-1690668	05/12/06	MDO10	Payment By Order	1	.00	0	790	.00
								Subtotal:	**100.00**
	Patient Name:				**Claim #:**	05166050	**Date of Injury:**	10/30/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
3	SF1-SFCA-1731913	02/21/08	99911	Interpreting Service	2	150.00	0	710 723	150.00
4	SF1-SFCA-1731913	03/13/08	99911	Interpreting Service	2	230.00	0	710 723	230.00
5	SF1-SFCA-1731913	12/14/07	99911	Interpreting Service	2	230.00	0	710 723	230.00
								Subtotal:	**610.00**
	Patient Name:				**Claim #:**	03041152	**Date of Injury:**	08/31/05	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
6	SF1-SFCA-1731988	03/13/08	99911	Interpreting Service	1	180.00	0	723	180.00
	Patient Name:				**Claim #:**	05239794	**Date of Injury:**	08/01/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
7	SF1-SFCA-1732148	03/10/08	99911	Interpreting Service	1	230.00	0	723	230.00
	Patient Name:				**Claim #:**	05168624	**Date of Injury:**	10/08/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
8	SF1-SFCA-1732451	03/17/08	99911	Interpreting Service	1	180.00	0	723	180.00
	SF1-SFCA-1732451	10/22/07	99911	Interpreting Service	1	230.00	0	723	230.00
								Subtotal:	**410.00**
	Patient Name:				**Claim #:**	05151546	**Date of Injury:**	10/03/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
10	SF1-SFCA-1732077	02/29/08	99911	Interpreting Service	1	180.00	0	723	180.00
11	SF1-SFCA-1732077	04/04/08	99911	Interpreting Service	1	180.00	0	723	180.00
12	SF1-SFCA-1732077	11/26/07	99911	Interpreting Service	1	230.00	0	723	230.00
13	SF1-SFCA-1732077	12/27/07	99911	Interpreting Service	1	180.00	0	723	180.00
								Subtotal:	**770.00**

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#
06/05/08	29913

Claim # : 03041152
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs PERFORMANCE FORGED PRODUCTS
Date Of Injury: 8/31/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/13/08	PR2/REEVAL	DR THOLEN*	180.00
06/02/08	PMT BY CHECK	DOS 3/13/08 # CU-229980	-180.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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000529

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

UC00529

896D 55633374

TRAVELERS

DATE: 04/14/08
LOSS DATE: 03/29/07
FILE NUMBER: 152 CB CDA9590 E

EMPLOYEE

ACCOUNT NAME:
CKE RESTAURANTS INC

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

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

OTHER

SERVICE DATE: 03/18/2008

TOTAL PAID: $180.00
TAX INFO: 330956713331748 1Y
PAY MISC: 29880
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

PAID

FOR ADDITIONAL INFORMATION, CONTACT: CHRISTINE C BALNEG AT (909)612-3036

105006132
DETACH CHECK

UNSUMM -050799
OVRPUNS2-121298
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#
04/18/08	29880

Claim # : CDA9590
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (ORANGE)
W.C. DEPARTMENT
ATTN: CHIRSTINA DALNAQ
P.O. BOX # 14246
ORANGE, CA 92863

Case: vs CARL'S JR. (MAIN OFFICE)
Date Of Injury: 3/29/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/18/08	PR2/REEVAL	DR JUANENGO*	180.00
04/14/08	PMT BY CHECK	DOS 3/18/08 # 896D 55633374	-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.

Payee: JOYCE ALTMAN INTERPRETERS INC

Company Name: Catholic Healthcare West

Facility: San Gabriel Valley Medical Center (sold 12/21/07)

Policy ID:

IRS/SSN:

Check Number: 200553904

Administrator: LLUBOW

Check Total: $180.00

Check Date: 03/27/2008

Injury	From Account Number	Through	Claim Number Invoice	Claimant Name	Description	Payment Amount
08/02/2004	03/05/2008	03/05/2008	200531619 23470		Other Medical	$180.00

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#
03/31/08	23470

Claim # : 200641612
W.C.A.B.: LAO 0866608
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
OCTAGON RISK SVCS (VAN NUYS)
W.C. DEPARTMENT
ATTN: Larry Lubow
P.O. BOX # 1027
VAN NUYS, CA 91408

Case: vs SAN GABRIEL MEDICAL CENTER
Date Of Injury: 1/6/05

DOS	SERVICE	DESCRIPTION	AMOUNT
10/12/06	FOLLOW-UP	DR LAVI*	180.00
11/09/06	PMT BY CHECK	DOS 10/12/06 # 200484916	-180.00
11/09/06	FOLLOW-UP	DR LAVI*	180.00
11/22/06	PMT BY CHECK	DOS 11/9/06 # 200486305	-180.00
12/07/06	FOLLOW-UP	DR LAVI*	180.00
01/18/07	PMT BY CHECK	DOS 12/7/06 # 200494054	-180.00
03/01/07	PRE-OP	DR LAVI*.	150.00
03/21/07	PMT BY CHECK	DOS 3/1/07 # 200503925	-150.00
05/21/07	FOLLOW-UP	DR LAVI*	180.00
06/18/07	PMT BY CHECK	DOS 5/21/07 # 200515895	-180.00
06/18/07	FOLLOW-UP	DR LAVI*	180.00
07/06/07	PMT BY CHECK	DOS 6/18/07 # 200519248	-180.00
12/12/07	PR2/REEVAL	DR LAVI*	180.00
01/03/08	PMT BY CHECK	DOS 12/12/07 # 200542065	-180.00
02/06/08	PR2/REEVAL	DR LAVI*	180.00
01/09/08	PR2/REEVAL	DR LAVI*	180.00
02/15/08	PMT BY CHECK	DOS 2/6/08 # 200548197	-180.00
02/20/08	PMT BY CHECK	DOS 1/9/08 # 200548612	-180.00
03/05/08	PR2/REEVAL	DR LAVI*	180.00
03/27/08	PMT BY CHECK	DOS 3/5/08 # 200553904	-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

DATE: 17-APR-2008
PG 1 OF 1

0004455 01 MB **AUTO T1 0 8775 92781 02 OF 02

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

DIRECT INQUIRES TO:

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

AMERICAN GOLF CORPORATION

CLAIM NO. 002546 000885 WC 01 26156 BRANCH NO. 164 CHECK NUMBER. 0063090823

CLAIMANT: ACC. DATE: 16-May-2007 VN. 0000025796

DESCRIPTION: DOS 3/5/08, PR2/REEVAL W/DR. CHAN, INVOICE # 26156

DATE: 17-Apr-2008 DATE OF SERVICE: 05-Mar-2008 THRU 05-Mar-2008

PAYMENT AMOUNT: 160.00

BENEFIT PERIOD: THRU

PAID

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS CHECK #0063090823 ATTACHED BELOW

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

DATE: 17-APR-2008
PG 1 OF 1

0004455 01 MB **AUTO T1 0 8775 92781 01 OF 02

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

DIRECT INQUIRES TO:

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

AMERICAN GOLF CORPORATION

CLAIM NO. 002546 000885 WC 01 BRANCH NO. 164 CHECK NUMBER. 0063090825

CLAIMANT: 2cl Sk ACC. DATE: 16-May-2007 VN. 0000025793

DESCRIPTION: DOS 4/2/08, PR2/REEVAL W/DR. CHAN

DATE: 17-Apr-2008 DATE OF SERVICE: 02-Apr-2008 THRU 02-Apr-2008

PAYMENT AMOUNT: 160.00

BENEFIT PERIOD: THRU

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS CHECK #0063090825 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#
04/22/08	26156

Claim # : 002546-000885WC-01
W.C.A.B.: LBO 0388427
S.S.N. : [illegible]
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* 1	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

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

*** INVOICE ***

Date	NO#
04/22/08	26156

Claim # : 002546-000885WC-01
W.C.A.B.: LBO 0388427
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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

GAL.*83100*.0000490012.04115.04115.GALCK03D

003793

003001 PAGE 1 OF 1 002086

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

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

CLAIM NO: 002086 002152 WC 01 (41093)

CLAIMANT:

DESCRIPTION: 7/25/07 & 8/22/07 DATE OF SERVICE

DATES OF SERVICE: 25Jul2007 THRU 22Aug2007

BENEFIT PERIOD: THRU

22587

BRANCH NO.: 170

ACC. DATE: 25Feb05

NO. 0062864733

VN. 0000174086

DATE 08Apr08

######360.00

PAID

45796527

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

003002 PAGE 1 OF 1 002086

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

PAGE 1 OF 1

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

GAL-93200-0600580012 04116.04116 GALCK03D

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

CLAIM NO: 002086 002152 WC 01 (41093)

CLAIMANT:

DESCRIPTION: DATE OF SERVICE 2/8/08

DATES OF SERVICE: 08Feb2008 THRU 08Feb2008

BENEFIT PERIOD: THRU

42387

BRANCH NO.: 170

ACC. DATE: 25Feb05

NO. 0062864732

VN. 0000174087

DATE 08Apr08
######230.00

PAID

45796528

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

*** INVOICE ***

Date	NO#
04/14/08	22387

Claim # : 002086002152
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: TIMOTHY WHITE
P.O. BOX # 70003
ANAHEIM, CA 92825

Case: vs VOLT SERVICES
Date Of Injury: 2/25/05

DOS	SERVICE	DESCRIPTION	AMOUNT
07/05/06	FOLLOW-UP	DR CHAN*	180.00
06/22/06	INITIAL EXAM	DR CHAN*	230.00
07/17/06	MRI	REF BY DR CHAN: L/S*	150.00
08/08/06	FOLLOW-UP	DR CHAN*	180.00
08/21/06	INITIAL EXAM	DR HAMADA*	230.00
09/15/06	FOLLOW-UP	DR CHAN*	180.00
09/26/06	PMT BY CHECK	DOS 7/5/06 THRU 8/8/06 # 38610157	-740.00
10/20/06	FOLLOW-UP	DR CHAN*	180.00
11/10/06	FOLLOW-UP	DR CHAN*	180.00
12/11/06	FOLLOW-UP	DR CHAN*	180.00
02/06/07	FOLLOW-UP	DR CHAN*	180.00
03/19/07	PMT BY CHECK	DOS 7/5/06 THRU 12/11/06 # 40849555	-950.00
04/05/07	FOLLOW-UP	DR CHAN*	180.00
03/06/07	FOLLOW-UP	DR CHAN*	180.00
04/24/07	PMT BY CHECK	DOS 9/15/06 # 41305446	-180.00
05/04/07	PMT BY CHECK	DOS 4/5/07 THRU 3/6/07 # 41463609	-360.00
07/25/07	PR-2	DR CHAN*	180.00
08/22/07	PR2/REEVAL	DR CHAN*	180.00
10/17/07	PR2/REEVAL	DR CHAN*	180.00
11/14/07	PR2/REEVAL	DR CHAN*	180.00
12/12/07	PR2/REEVAL	DR CHAN*	180.00
01/11/08	PR2/REEVAL	DR CHAN*	180.00
02/08/08	P AND S	DR CHAN*	230.00
03/17/08	PMT BY CHECK	DOS 10/17/07 THRU 1/16/08 # 0062412878	-720.00
04/08/08	PMT BY CHECK	DOS 7/25/07 THRU 8/22/07 # 0062864733	-360.00
04/08/08	PMT BY CHECK	DOS 2/8/08 # 0062864732	-230.00

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

*** INVOICE ***
Date NO#
04/14/08 22387

Claim # : 002086002152
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (S ANAHEIM)
W.C. DEPARTMENT
ATTN: TIMOTHY WHITE
P.O. BOX # 70003
ANAHEIM, CA 92825

Case: vs VOLT SERVICES
Date Of Injury: 2/25/05

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 ulations 10608 (a), and any and all benefit printouts, depo transcripts and umentary evidence.

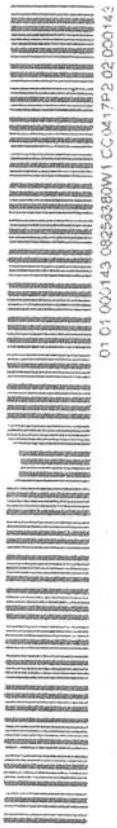
Los Angeles Service Center

Check Number: 8801964366

Date: 04/17/2008

$180.00******

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

To the order of
3/26/08 #27636
Joyce Altman Interpreters, Inc.
P.o. Box 4165
Tustin Ca 92781-4165

27636

Claimant/Patient:			
Insured:	Oak Creek Inns, Inc		
Date of Loss:	07/25/2006	User ID	WL2MT53
Claim Number:	E2031061	CRID	E21593
Check Number:	8801964366		
Payment Under Insured's:			
Correspondence Reference:	08256380W1		
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#
04/22/08	27636

Claim # : E2031061
W.C.A.B.: LBO 0390903
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs OAK CREEK INNS/SUPER 8
Date Of Injury: /25/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/07	INITIAL EXAM	DR DOMARACKI*	230.00
10/19/07	PR2/REEVAL	DR DOMARACKI*	180.00
10/29/07	PR2/REEVAL	DR DOMARACKI*	180.00
11/16/07	PR2/REEVAL	DR DOMARACKI*	180.00
11/21/07	PMT BY CHECK	DOS 10/10-10/29/07 # 8801918644	-590.00
12/18/07	PMT BY CHECK	DOS 11/16/07 # 8801925338	-180.00
12/14/07	PR2/REEVAL	DR DOMARACKI*	180.00
01/09/08	PR2/REEVAL	DR DOMARACKI*	180.00
01/17/08	PMT BY CHECK	DOS 12/14/07 # 8801931919	-180.00
01/25/08	PMT BY CHECK	DOS 1/9/08 # 8801934441	-180.00
01/28/08	PR2/REEVAL	DR DOMARACKI*	180.00
02/25/08	PR2/REEVAL	DR DOMARACKI*	180.00
03/10/08	PR2/REEVAL	DR DOMARACKI*	180.00
03/14/08	PMT BY CHECK	DOS 1/28/08 # 8801952219	-180.00
03/11/08	PMT BY CHECK	DOS 2/25/08 THRU 3/10/08 # 881950660	-360.00
03/26/08	PR2/REEVAL	DR DOMARACKI*	180.00
04/17/08	PMT BY CHECK	DOS 3/26/08 # 8801964366	-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.

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

AIG004

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7102676256300080209

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

Remittance –
AMERICAN HOME ASSURANCE COMPANY

No.: 26762563
RFP No.: 00080209
04/11/2008

Insured: CONSOLIDATED CONTAINER HOLDING
Claimant:
Producer:

Claim Office: 710

090607-032608/ BALANCE DUE

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000004551178	00424488	01	08/21/2007	MED	O	$590.00	$8,317.04

27155

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#
04/14/08 27155

Claim # : 71042488
W.C.A.B.: LAO 0880614
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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

CHECK NO. DA57957371

ACE USA
ACE Property and Casualty Insurance Company
and Affiliated Insurers

STATEMENT

5900A21DA 00 00990 DA57957371
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

FILE ID
345C5523771

DOLLARS
$*********180.00

* NOT NEGOTIABLE *

FOR
04/01/08 THRU 04/01/08 28108

CLAIMANT

DATE OF EVENT
12/20/06

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

BOA188 (02/2003)

DETACH THIS PORTION BEFORE CASHING

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

*** INVOICE ***

Date	NO#
04/28/08	28108

Claim # : 345C552377-1
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs KING MEAT INC.
Date Of Injury: 12/21/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/06/07	EMG TESTING	BY DR SCHILLING: U/E*	125.00
11/13/07	NCV	DIAGNOSTIC STUDY INTERP: L/E*	125.00
11/13/07	EMG TESTING	BY DR SCHILLING - L/E*	125.00
11/06/07	NCV	DIAGNOSTIC STUDY INTERP: U/E*	125.00
11/20/07	MOTION X-RAY	BY TECH PETIT: RT KNEE*	150.00
12/20/07	PMT BY CHECK	DOS 11/6-11/20/07 # DA57213480	-650.00
12/11/07	PR2/REEVAL	DR PAYANDEH*	
01/15/08	PMT BY CHECK	DOS 12/11/07 # DA57352696	180.00
01/15/08	PR2/REEVAL	DR PAYANDEH*	-180.00
12/14/07	PMT BY CHECK	DOS 1/15/08 # DA57181479	180.00
04/01/08	PR2/REEVAL	DR PAYANDEH*	-180.00
04/23/08	PMT BY CHECK	DOS 4/1/08 # DA57957371	180.00
			-180.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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 umentary 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-365478

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 04/18/08
Doc #: 015348293

Medical

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				Claim #:	05064818	Date of Injury:	04/25/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-1401850	02/12/08	99911	Interpreting Service	1	180.00	0	723	180.00
2	SF1-SFCA-1401850	02/14/08	99911	Interpreting Service	1	150.00	0	723	150.00
								Subtotal:	330.00
	Patient Name:				Claim #:	05187524	Date of Injury:	12/17/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
3	SF1-SFCA-1401312	01/11/08	99911	Interpreting Service	1	230.00	0	723	230.00
								Total Allowances:	$560.00

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#
04/22/08	29211

Claim # : 05187524
W.C.A.B.: ANA 0406654
S.S.N. :
D.O.B.
Terms : 45 days

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

Case: vs HATHAWAY DOOR & TRIM
Date Of Injury: 12/17/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/11/08	INITIAL EXAM	DR HARRINGTON*	230.00
04/18/08	PMT BY CHECK	DOS 1/11/08 # CD-365478	-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

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Check #: CU-192710

Issue Date: 04/03/08
Doc #: 015225105

Medical

Line #	Bill ID	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
15	SF1-SFCA-1236016								
		Patient Name:			**Claim #:**	03079972	**Date of Injury:**	11/03/05	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
16	SF1-SFCA-1279941	01/30/08	99911	Interpreting Service	1	230.00	0	723	230.00
		Patient Name:			**Claim #:**	04902550	**Date of Injury:**	09/09/06	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
17	SF1-SFCA-1236981	11/30/07	99911	Interpreting Service	16				

Total Allowances: **$2,760.00**

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#
04/07/08	29009

Claim # : 03079972
W.C.A.B.: LBO 0393083
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: . vs ALL-PRO ROOFING, INC.
Date Of Injury: 11/3/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/30/08	INITIAL EXAM	DR KATTAR*	230.00
04/03/08	PMT BY CHECK	DOS 1/30/08 # CU-192710	-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.

300065

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

UD00043

896D 56062908

TRAVELERS

DATE: 04/21/08
TIN: 330956713
PROVIDER: JOYCE ALMAN INTERPRETERS

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

Our Customer Service Phone is 1-800-258-3710
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 A9M3341E	03/14/08	$ 180.00		INV#29527
	152 CB A9M3341E	03/17/08	$ 230.00		INV#29527
	152 CB A9M3341E	02/08/08	$ 230.00		INV#29527
		Total Amount Paid	$*******640.00		

PAID

112008292

SUMM -121295
OVRPSUM2-121295

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

*** INVOICE ***

Date	NO#
05/08/08	29527

Claim # : A9M3341
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (SACRAM)
W.C. DEPARTMENT
ATTN: MARIN RAMOS
P.O. BOX # 13089
SACRAMENTO, CA 95813-4089

Case: vs JON DONAIRE DESSERTS
Date Of Injury: 1/2/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/08	INITIAL EXAM	DR PAYANDEH*	230.00
03/17/08	INITIAL EXAM	DR RAHMAN*	230.00
03/14/08	PR2/REEVAL	DR SCHILLING*	180.00
04/21/08	PMT BY CHECK	DOS 2/8/08 THRU 3/14/08 # 896D 56062908	-640.00

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-229980**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 06/02/08
Doc #: 015692821

Medical

27821

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	SA631434	**Date of Injury:**	06/14/03	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-1690668	01/08/04	MDO10	Payment By Order	1	168.46	68.46	961	100.00
2	SF1-SFCA-1690668	05/12/06	MDO10	Payment By Order	1	.00	0	790	.00
								Subtotal:	**100.00**
	Patient Name:				**Claim #:**	05166050	**Date of Injury:**	10/30/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
3	SF1-SFCA-1731913	02/21/08	99911	Interpreting Service	2	150.00	0	710 723	150.00
4	SF1-SFCA-1731913	03/13/08	99911	Interpreting Service	2	230.00	0	710 723	230.00
5	SF1-SFCA-1731913	12/14/07	99911	Interpreting Service	2	230.00	0	710 723	230.00
								Subtotal:	**610.00**
	Patient Name:				**Claim #:**	03041152	**Date of Injury:**	08/31/05	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
6	SF1-SFCA-1731988	03/13/08	99911	Interpreting Service	1	180.00	0	723	180.00
	Patient Name:				**Claim #:**	05239794	**Date of Injury:**	08/01/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
7	SF1-SFCA-1732148	03/10/08	99911	Interpreting Service	1	230.00	0	723	230.00
	Patient Name:				**Claim #:**	05168624	**Date of Injury:**	10/08/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
8	SF1-SFCA-1732451	03/17/08	99911	Interpreting Service	1	180.00	0	723	180.00
	SF1-SFCA-1732451	10/22/07	99911	Interpreting Service	1	230.00	0	723	230.00
								Subtotal:	**410.00**
	Patient Name:				**Claim #:**	05151546	**Date of Injury:**	10/03/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
10	SF1-SFCA-1732077	02/29/08	99911	Interpreting Service	1	180.00	0	723	180.00
11	SF1-SFCA-1732077	04/04/08	99911	Interpreting Service	1	180.00	0	723	180.00
12	SF1-SFCA-1732077	11/26/07	99911	Interpreting Service	1	230.00	0	723	230.00
13	SF1-SFCA-1732077	12/27/07	99911	Interpreting Service	1	180.00	0	723	180.00
								Subtotal:	**770.00**

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#
06/05/08	27821

Claim # : 05168624
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs COUNTRY FLAVOR CORPORATION
Date Of Injury: 10/8/07

DOS	SERVICE	DESCRIPTION	AMOUNT
10/22/07	INITIAL EXAM	DR FONSECA*	230.00
03/17/08	PR2/REEVAL	DR FONSECA*	180.00
06/02/08	PMT BY CHECK	DOS 10/22/07 THRU 3/17/08 # CU-229980	-410.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Los Angeles Service Center

Check Number: 8801954668

Date: 03/24/2008

$460.00******

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

To the order of
For Period 02-04-2008 To 02-05-2008
Joyce Altman Interpreters, Inc.
P.o. Box 4165
Tustin Ca 92781-4165

01 01 000165 07983930W1 CC0324P1 02 000165

Claimant/Patient:			
Insured:	Havriluk, George (an Ind)		
Date of Loss:	02/22/2006	User ID	WE1TL07
Claim Number:	E2030186	CRID	E16092
Check Number:	8801954668		
Payment Under Insured's:			
Correspondence Reference:	07983930W1		
Description			

INTERPRETER	$460.00

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#
05/13/08	27835

Claim # : E20300186
W.C.A.B.: LBO 0378237
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS. (SANTA ANA)
W.C. DEPARTMENT
ATTN: JAMES DE LA ROSA
P.O. BOX # 928
SANTA ANA, CA 92702-0928

Case: [redacted] vs AMERICAN MAIL & PRINT, INC.
Date Of Injury: 2/22/06

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/07	WCAB LB	EXPEDITED HEARING	156.50
12/03/07	WCAB LB	EXP. HEARING	156.50
12/31/07	PMT BY CHECK	DOS 10/10/07 # 8801927238	-156.50
02/26/08	PMT BY CHECK	DOS 12/3/07 # 8801945442	-156.50
02/04/08	INITIAL EXAM	DR HERIC*	230.00
02/05/08	INITIAL EXAM	DR VALDEZ*	230.00
03/24/08	PMT BY CHECK	DOS 2/4/08 THRU 2/5/08 # 8801954668	-460.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Los Angeles Service Center

Check Number: 3801055870

Date: 04/15/2008

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE $230.00******

To the order of
Dos 3-3-08, 25607
Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin Ca 92781-4165

01 01 000298 08220910W1 CC0415P2 02 000298

25607

Claimant/Patient:	
Insured:	David & Pena
Date of Loss:	07/10/2006
Claim Number:	E2030990
Check Number:	3801055870
Payment Under Insured's:	
Correspondence Reference:	
Description	08220910W1

User ID WE1TL07
CRID E16092

INTERPRETER $230.00

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#
04/17/08	25607

Claim # : E2030990
W.C.A.B.: LBO 0382294,95
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS. (SANTA ANA)
W.C. DEPARTMENT
ATTN: LINDA ROHN
P.O. BOX # 928
SANTA ANA, CA 92702-0928

Case: vs PAUL PENA DAY CARE
Date Of Injury: 7/10/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/25/07	WCAB LB	EXPEDITED HEARING	147.00
07/06/07	DEPO PREP	@ THE L/O OF OSHEA, MACRAE & EDINGTON	147.00
07/13/07	PMT BY CHECK	DOS 4/25/07 THRU 7/6/07 # 3/01050821	-294.00
08/07/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/07/07	PMT BY CHECK	DOS 8/7/07 # 3801051737	-250.00
03/03/08	INITIAL EXAM	DR HERIC*	230.00
04/15/08	PMT BY CHECK	DOS 3/3/08 # 3801055870	-230.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

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

003704

002539 PAGE 1 OF 1 002032

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

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR FEDERAL INSURANCE COMPANY

CLAIM NO: 002032 003905 WC 01 (3800) BRANCH NO.: 170 NO. 0062694496

CLAIMANT: ACC. DATE: 30May06 VN. 0000049760

DESCRIPTION: INV#28553 INVDAT03/20/08 DOS12/17/07-03/10/08

DATE 31Mar08

DATES OF SERVICE: 17Dec2007 THRU 10Mar2008 ######649.00

BENEFIT PERIOD: THRU

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#
04/07/08	28553

Claim # : 002032-003905-WC-01
W.C.A.B.: LAO 0873233
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: [redacted] vs PF CHANG'S CHINA BISTRO
Date Of Injury: 5/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/07	INITIAL EXAM	DR HERIC*	230.00
01/22/08	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC (3.5 HRS)	262.50
03/10/08	WCAB LB	MSC	156.50
03/31/08	PMT BY CHECK	DOS 12/17/07 THRU 3/10/08 # 0062694496	-649.00

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

CHECK # 0063090960

0004453 01 MB **AUTO T1 0 8775 92781 01 OF 01

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

DATE: 17-APR-2008
PG 1 OF 1

Send all medical bills associated with this claim to Gallagher Bassett Services, Inc, P.O. Box 23812, Tucson, AZ 85734.

GALLAGHER BASSETT

EXPLANATION OF BENEFITS

INSURER: VIRGINIA SURETY CORP

CLIENT: 002547 VSC/CONST PRG
CLAIM: 002547 004992 WC 01
ADJUSTER: ABESHYAN
BRANCH#: 165
DATE: 17-Apr-2008
ICN#: 00GFY547A52338

FOR INQUIRIES PLEASE CALL:
GB MANAGED CARE SERVICES 800-491-8151
OR SEND THE BILL AND THE ANALYSIS TO:
1757 PHANTOM DRIVE
SUITE 125
HAZELWOOD MO 63042

CASE: 00GF-Y547-A52338
FILE: 00000000000350
TAX ID#: 33-0956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

BILL REVIEWER:
DIAGNOSIS: 959. INJURY, OTHER AND UNSPEC
DATE OF SERVICE: 08-Feb-2008 TO 08-Feb-2008
DATE OF INJURY: 29-Sep-2006
BILL DATE: 11-Apr-2008
PATIENT ACCOUNT#: MISSING
SSN:
PATIENT:

DCN#: 2008095F4163049

DATE OF SERVICE	PROCEDURE	TYPE OF SERVICE	CHARGES	REDUCTION	RECOMMENDED ALLOWANCE	* MSG
08-Feb-2008	099070	SUPPLIES&MATERIALS PRV B	230.00	0.00	230.00	85516
		TOTAL CHARGES:	230.00			
		BILL REVIEW REDUCTION		0.00		
		PPO DISCOUNT:		0.00		
		RECOMMENDED ALLOWANCE			230.00	

85516 PAYMENT RECOMMENDED AT FAIR AND REASONABLE RATE

PAID

AMOUNTS BILLED ABOVE THIS PAYMENT OR THE RECOMMENDED ALLOWANCES AS SHOWN ARE HEREBY OBJECTED TO AS BEING IN EXCESS OF AMOUNTS AUTHORIZED UNDER LABOR CODE 4620 THROUGH 4626 AND 5307.1 OR SECTIONS 9780 THROUGH 9785 OF TITLE 8, ARTICLE 5.5 OF THE DIRECTOR'S ADMINISTRATIVE RULES. REMEDIES AVAILABLE FOR CONTESTING THIS DETERMINATION INCLUDE FILING A LIEN AND/OR APPLICATION FOR ADJUDICATION WITH THE WORKERS' COMPENSATION APPEALS BOARD OR REQUESTING THAT THE DISPUTED ISSUE BE DETERMINED BY BINDING ARBITRATION. YOU MAY ALSO CONTACT AN ATTORNEY OR UTILIZE ANY OTHER REMEDY AVAILABLE UNDER THE LABOR RULES OF PRACTICE AND PROCEDURE.

Unless otherwise noted, charges were reduced for exceeding the guidelines of the Official Medical Fee Schedule of the State of California.

DETACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK # 0063090960 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#
04/22/08	29327

Claim # : 002547004692WC01
W.C.A.B.: ANA 0407430
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 TRICO FRAMERS
Date Of Injury: 9/29/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/08/08	INITIAL EXAM	DR CHRISTIANSEN*	230.00
04/17/08	PMT BY CHECK	DOS 2/8/08 # 0063090960	-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.

GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

004252 PAGE 1 OF 1 002628

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

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 916-787-2600
GALLAGHER BASSETT-ROSEVILLE-CA
P.O. BOX 610
ROSEVILLE CA 95661

GAL -48700- 040168A016 60344 20346 GALC6C3D

GALLAGHER BASSETT SERVICES INC
FOR BUILDING MATERIALS HOLDING
CORP

CLAIM NO: 002628 004943 WC 01 (8830)

CLAIMANT:

DESCRIPTION: INV#29415 2/15/08DOS

DATES OF SERVICE: 15Feb2008 THRU 15Feb2008

BENEFIT PERIOD: THRU

BRANCH NO.: 180

ACC. DATE: 27Aug07

NO. 0063107686

VN. 0000104086

DATE 18Apr08
######230.00

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#
04/22/08	29415

Claim # : 002628-004943
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DAVIS BROS.
Date Of Injury: 8/27/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/08	P AND S	DR PAYANDEH*	230.00
04/18/08	PMT BY CHECK	DOS 2/15/08 # 0063107686	-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.

GALLAGHER BASSETT-LA/ANAHEIM N
GALLAGHER BASSETT SERVICE
P.O. BOX 14260
ORANGE CA 92863-1260

DATE: 09-APR-2008
PG 1 OF 1

0003486 01 MB **AUTO T8 0 8769 92781 01 OF 02

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

DIRECT INQUIRES TO:

PHONE: 800-297-0866
GALLAGHER BASSETT-LA/ANAH
GALLAGHER BASSETT SERVICE
P.O. BOX 14260
ORANGE CA 92863-1260

MANAGEMENT GROUP, INC.

CLAIM NO. 002685 000038 WC 01
CLAIMANT:
DESCRIPTION: INVOICE #26042

BRANCH NO. 138
ACC. DATE: 23-Mar-2006

CHECK NUMBER. 0062901942
VN. 0000005096

DATE: 09-Apr-2008
PAYMENT AMOUNT: 230.00
BENEFIT PERIOD: THRU

DATE OF SERVICE: 19-Mar-2008 THRU 19-Mar-2008

PAID

TACH AND RETAIN THIS STUB FOR YOUR RECORDS

CHECK #0062901942 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#
04/14/08	26042

Claim # : 002685 000038WC-01
W.C.A.B.: LBO 0382240
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ANAHEIM CREST NURSING CTR.
Date Of Injury: 2002

DOS	SERVICE	DESCRIPTION	AMOUNT
07/20/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/07/07	PMT BY CHECK	DOS 7/20/07 # 0058627080	-250.00
03/19/08	INITIAL EXAM	DR HERIC*	230.00
04/09/08	PMT BY CHECK	DOS 3/19/08 # 0062901942	-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 P ulations 10608 (a), and any and all benefit printouts, depo transcripts and umentary evidence.

Disney Worldwide Services, Inc.
P.O. Box 3909
Anaheim, California 92803
714-781-1680
Paying agent for Walt Disney World Co

Remittance Advice
Check No. 0825004

4-16-08

511663* 0825004

1000-07-1393 DOI: 10-10-06
Invoice# : 28582
From: 03-24-08 Thru: 04-02-08

07	TREATING PHYSICIAN	640.00
Total Paid:		$640.00

ALD

Please Detach This Stub Before Deposit

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

*** INVOICE ***

Date	NO#
04/17/08	28582

Claim # : 1000-07-1393
W.C.A.B.: LBO 0392307
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
DISNEY WORLDWIDE INC.
W.C. DEPARTMENT
ATTN: CECIL
P.O. BOX# 3909
ANAHEIM, CA 92803

Case: vs DISNEYLAND
Date Of Injury: 10/10/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/12/07	INITIAL EXAM	DR PAYANDEH*	230.00
01/09/08	PR2/REEVAL	DR PAYANDEH*	180.00
01/23/08	PMT BY CHECK	DOS 12/12/07 # 0818648	-230.00
03/24/08	INITIAL EXAM	DR RAHMAN*	230.00
04/02/08	P AND S	DR PAYANDEH*	230.00
04/16/08	PMT BY CHECK	DOS 3/24/08 THRU 4/2/08 # 0825004	-640.00

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.

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

ABOVE ADDRESS ONLY FOR RETURNS
LMS 000 9 7102646055800889546

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

Remittance - **No.:** 26460558
AMERICAN HOME ASSURANCE COMPANY **RFP No.:** 00889546
03/19/2008

Insured: STAR VIEW CHILDREN
Claimant:
Producer: **Claim Office:** 710
ACT: 29194 020508-020508

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000009844016	00468621	01	01/15/2008	MED	O	$230.00	$1,420.75

PAID

Use file # 710-00468621 **on all correspondence, for prompt processing.**
For check information call: 925-901-2200

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

*** INVOICE ***

Date	NO#
03/24/08	29194

Claim # : 710468621
W.C.A.B.: LBO 0393672
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs STAR VIEW CTF
Date Of Injury: 1/15/08

DOS	SERVICE	DESCRIPTION	AMOUNT
02/05/08	INITIAL EXAM	DR ENGLEMAN*	230.00
03/19/08	PMT BY CHECK	DOS 2/5/08 # 26460558	-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 treatment or med/legal. Reference rules and regulations section 9795.4 and bor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in 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.

2

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

Provider Number: 330956713

Check #: **CN-319638**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin Ca 92781

Issue Date: 06/02/08
Doc #: 015697066

Medical

29829

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	05239550	**Date of Injury:**	02/27/08	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-1734913	03/19/08	99911	Interpreting Service	1	230.00	0	723	230.00
2	SF1-SFCA-1734913	03/24/08	99911	Interpreting Service	1	180.00	0	723	180.00
3	SF1-SFCA-1734913	03/31/08	99911	Interpreting Service	1	180.00	0	723	180.00
4	SF1-SFCA-1734913	04/07/08	99911	Interpreting Service	1	180.00	0	723	180.00
5	SF1-SFCA-1734913	04/14/08	99911	Interpreting Service	1	180.00	0	723	180.00
								Subtotal:	**950.00**
	Patient Name:				**Claim #:**	05028750	**Date of Injury:**	03/26/07	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
6	SF1-SFCA-1733912	02/15/08	99911	Interpreting Service	1	230.00	0	710 723	230.00
	Patient Name:				**Claim #:**	03035820	**Date of Injury:**	06/09/05	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
7	SF1-SFCA-1724303	02/15/08	99911	Interpreting Service	1	180.00	0	710 723	180.00
8	SF1-SFCA-1724303	05/07/07	99911	Interpreting Service	1	230.00	0	710 723	230.00
9	SF1-SFCA-1724303	05/14/07	99911	Interpreting Service	1	150.00	150	788	.00
10	SF1-SFCA-1724303	05/21/07	99911	Interpreting Service	1	180.00	0	710 723	180.00
11	SF1-SFCA-1724303	06/20/07	99911	Interpreting Service	1	180.00	0	710 723	180.00
12	SF1-SFCA-1724303	06/25/07	99911	Interpreting Service	1	230.00	0	710 723	230.00
13	SF1-SFCA-1724303	08/06/07	99911	Interpreting Service	1	180.00	0	710 723	180.00
								Subtotal:	**1,180.00**

Total Allowances: **$2,360.00**

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.

01297943015697066012

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

*** INVOICE ***

Date	NO#
06/05/08	29829

Claim # : 05028750
W.C.A.B.: ANA 0407374
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 E.G. HIGH DESERT FARMS
Date Of Injury: 3/26/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/15/08	INITIAL EXAM	DR MICHAELS*	230.00
06/02/08	PMT BY CHECK	DOS 2/15/08 # CN-319638	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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Sedgwick Claims Management Services, Inc
P.O. Box 14450
Lexington, KY 40512

DATE	CHECK AMT	CHECK NO.
4/14/2008	156.50	0016901096

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
183 Sedgwick Claims Management Services	1

5078

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

Claimant Name	Loss Date	Claim Number	SSN
	09/29/2007	20071009829-0001	

Amt Paid: 156.50
Amt Billed: 156.50
Dates: 03/12/2008 - 03/12/2008

Description: Miscellaneous Medical
Invoice: 29727
Comment:

ICN: 200710098290001

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#
04/17/08 29727

Claim # : 20071009829
W.C.A.B.: N/A
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: SHANON WOSMAN
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs SEARS HOLDINGS CORP.
Date Of Injury: 9/29/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/12/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
04/14/08	PMT BY CHECK	DOS 3/12/08 # 0016901096	-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
(818)291-7000

Provider Number: 330956713

JOYCE ALTMAN INTERPRETERS, INC
Po Box 4165
Tustin Ca 92781

Check #: **CU-229981**

Issue Date: 06/02/08
Doc #: 015692822

Medical

30023

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	02840882	**Date of Injury:**	07/10/05	
	ICD-9 Code: 999.9	OTH&UNSPEC COMPS MEDICAL							
1	SF1-SFCA-1732145	03/26/08	99911	Interpreting Service	8	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.

0129792901569282201 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#
06/05/08	30023

Claim # : 02840882
W.C.A.B.: LBO 0374580
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: [redacted] vs INDEPENDENT FLOORING CONTRACTO
Date Of Injury: 7/10/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/26/08	INITIAL EXAM	DR HERIC*	230.00
06/02/08	PMT BY CHECK	DOS 3/6/08 # CU-229981	-230.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

DATE	CHECK AMT	CHECK NO.
4/21/2008	156.50	0016846196

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	330956713

SCMS UNIT	PAGE
225 Sedgwick Claims Management Services	1

6544

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

Claimant Name	Loss Date	Claim Number	SSN
	07/26/2005	CLS8979WC	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: 30115 ICN: CLS8979WC
Dates: 04/04/2008 - 04/04/2008 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#
04/24/08	30115

Claim # : CLS8979WC
W.C.A.B.: LBO 0373475/76
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 14421
LEXINGTON, KY 40512

Case: vs LITTLE CO. OF MARY HOSPITAL
Date Of Injury: 03-8/05, 12/04-8/05

DOS	SERVICE	DESCRIPTION	AMOUNT
04/04/08	C&R READING	@ THE L/O OF DENNIS FUSI	156.50
04/21/08	PMT BY CHECK	DOS 4/4/08 # 0016846196	-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 [illegible]
Citrus City, CA 91722-0[illegible]
(925) [illegible]-000[illegible]

Provider Number: 330956713

Check #: **CB-351412**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/24/08
Doc #: 015403036

Medical

29659

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
1	29659	02/19/08	03/25/08	Interpreter fees	1		313.00

Patient Name: **Claim #:** 05108870

Total Allowances: **$313.00**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05108870	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

0129582601540303601 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#
04/28/08	29659

Claim # : 08108870
W.C.A.B.: LBO 0389495
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 MAX PRESS TRANSPORTATION
Date Of Injury: 7/20/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/19/08	WCAB LB	MSC	156.50
03/25/08	WCAB LB	MSC	156.50
04/24/08	PMT BY CHECK	DOS 2/19/08 THRU 3/25/08 # CB-351412	-313.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

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

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 92622
Los Angeles, CA 90009-2622
(818)291-7090

Provider Number: 330956713

Check #: **BU-261910**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/23/08
Doc #: 015387446

29728

Compensation

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	**Claim #:** 05153528			
1	PAMAYA	03/05/08	03/05/08	Claimant Incurred Legal Expense	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05153528	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:

05153528 WCAB LBO 0391136 FLORES; INVOICE 29728; CL $156.50; FRANCISCO FLORES;

PAID

0139705015387416012

To insure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.

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

*** INVOICE ***

Date	NO#
04/25/08	29728

Claim # : 05153528
W.C.A.B.: LBO 0391136
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs MONAMI TEXTILE, INC.
Date Of Injury: 10/5/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/05/08	WCAB LB	MSC	156.50
04/23/08	PMT BY CHECK	DOS 3/5/08 # BU-261910	-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
(8)291-7000

Provider Number: 330956713

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Check #: **CU-196778**

Issue Date: 04/09/08
Doc #: 015275198

Medical

-296.5 f

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 01430271		
1	29686	03/04/08	03/04/08	Interpreter fees	1		156.50
						Total Allowances:	**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01430271	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.

01294861015275198012

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

*** INVOICE ***
Date NO#
04/11/08 29686

Claim # : 01430271
W.C.A.B.: VNO 0486504
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DEPENDABLE KNITS
Date Of Injury: 11/22/03

DOS	SERVICE	DESCRIPTION	AMOUNT
03/04/08	WCAB LB	MSC	156.50
04/09/08	PMT BY CHECK	DOS 3/4/08 # CU-196778	-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.

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

UC01075

896D 53941401

TRAVELERS

DATE: 03/18/08
LOSS DATE: 03/11/06
FILE NUMBER: 152 CB CHP9304 F

EMPLOYEE

ACCOUNT NAME:
DESIGNED METAL CONNECTIONS IN

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

TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 02/13/2008

TOTAL PAID: $156.50
TAX INFO: 330956713372147 6Y
PAY MISC: INVOICE#29438
PAYEE:
JOYCE ALMAN INTERPRETERS

PAID

FOR ADDITIONAL INFORMATION, CONTACT: KELLEEN L CANTU AT (909)612-3844

078006627
DETACH CHECK

UNSUMM -05
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#
03/24/08	29438

Claim # : BHP9304
W.C.A.B.: LBO377763/78827
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs DESIGN METAL CONNECTORS
Date Of Injury: 3/11/06

DOS	SERVICE	DESCRIPTION	AMOUNT
02/13/08	WCAB LB	MSC	156.50
03/18/08	PMT BY CHECK	DOS 2/13/08 # 896D 53941404	-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 ›or Code Sections 4603.2, 4622 and 5811. If any payment remitted is not ..ceived in 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
PO BOX 4165
TUSTIN, CA 92781

April 21, 2008
Our Ref : 107196
Your Ref : 13615

RE: (SERVO MAGNETICS, INC: UNIVERSAL FLOW CONTROL) DOI:04/09/02

Service Date	Service Code	Your Charge	Allowed Charge	Difference Charge	Adjustment Code
04/02/08	FEE	156.50	156.50	0.00	
	TOTAL $	156.50	156.50	0.00	

Please find attached our check # 802360 for $156.50.
This check covers bills from April 2, 2008 through April 2, 2008.

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

Sincerely,
Ernesto Suico
Claims Examiner

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#
04/25/08 13615

Claim # : 107196
W.C.A.B.: LBO 0365811
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs SERVO MAGNETICS INC.
Date Of Injury: 4/11/02

DOS	SERVICE	DESCRIPTION	AMOUNT
01/28/05	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
02/23/05	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
03/04/05	PMT BY CHECK	DOS 1/28/05 # 783970	-147.00
03/17/05	PMT BY CHECK	DOS 2/23/05 # 802627	-147.00
11/09/05	WCAB LB	MSC	147.00
11/17/05	PMT BY CHECK	DOS 11/9/05 # 360837	-147.00
04/02/08	WCAB LB	MSC	156.50
04/21/08	PMT BY CHECK	DOS 4/2/08 # 802360	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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JOYCE ALTMAN INTERPRETERS
P O BOX 4165
TUSTIN, CA 92781

April 03,2008

RE
Claim Number: 58159

25241

D.O.I.

Payment	Period Covered		Date of Service	Amount	Invoice/Chart Number	Payment Type
25	02/25/08	02/25/08	00/00/00	120.00	25241	Interpreter At Medical Exam

RE: (Sdi Industries, Inc.)
Claim Number: 61535

D.O.I.

Payment	Period Covered		Date of Service	Amount	Invoice/Chart Number	Payment Type
81	01/14/08	01/14/08	00/00/00	156.50	28949	Interpreter Fees
83	02/29/08	02/29/08	00/00/00	250.00	28949	Interpreter Fees

Check Amount: $526.50

PAID

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

Sincerely,

MARGO SANDOVAL
Claims Examiner
(800) 432-2107

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

*** INVOICE ***

Date	NO#
04/07/08	28949

Claim # : 61535
W.C.A.B.: LBO 0392379
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MAJESTIC INS CO (LONG BEACH)
W.C. DEPARTMENT
ATTN: MARGO SANDOVAL
P.O. BOX # 7549
LONG BEACH, CA 90807

Case: vs S.D.I. INDUSTRIES
Date Of Injury: 9/7/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/14/08	DEPO PREP	@ THE L/O OF SAMUELSON & GONZALEZ	156.50
02/29/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
04/03/08	PMT BY CHECK	DOS 1/14/08 THRU 2/29/08 # 0100300112	-406.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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

004253 PAGE 1 OF 1 002547

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

PAGE 1 OF 1

DIRECT CHECK INQUIRIES TO:
PHONE: 818-746-9925
GALLAGHER BASSETT-LA/CALABASAS
PO BOX 9875
CALABASAS CA 91372

GALLAGHER BASSETT SERVICES INC
FOR OLD REPUBLIC INSURANCE CO

CLAIM NO: 002547 009311 WC 01 (1W50063901) BRANCH NO.: 165 NO. 0063107355

CLAIMANT: ACC. DATE: 28Sep07 VN. 0000200609

DESCRIPTION: 29180 DATE 18Apr08

DATES OF SERVICE: 08Feb2008 THRU 10Mar2008 ######250.00

BENEFIT PERIOD: THRU

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#
04/22/08	29180

Claim # : 002547009311
W.C.A.B.: LBO 0393140
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 CROWN FENCE
Date Of Injury: 9/28/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/25/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
02/08/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
3/10/08	PMT BY CHECK	DOS 1/25/08 # 0062282116	-156.50
04/18/08	PMT BY CHECK	DOS 2/8/08 # 0063107355	-250.00

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

GAL.+331110+.040081301O.00033.00033.GALCK02D

000033

002862 PAGE 1 OF 1 000300

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

PAGE 1 OF 1

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

GALLAGHER BASSETT SERVICES INC
FOR ARCHDIOCESE OF LOS ANGELES

CLAIM NO: 000300 008397 WC 01 (1537)

CLAIMANT:

DESCRIPTION: INV #21462,DOS 3/4/08-3/24/08

DATES OF SERVICE: 04Mar2008 THRU 24Mar2008

BENEFIT PERIOD: THRU

BRANCH NO.: 102

ACC. DATE: 30Mar06

NO. 0062909229

VN. 0000234768

DATE 10Apr08

#####563.00

PAID

45828461

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

*** INVOICE ***

Date	NO#
04/17/08	21462

Claim # : 000300-008397-WC-01
W.C.A.B.: LBO 0377942
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ST. JOHN FISHER CHURCH
Date Of Injury: 3/30/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/06/06	INITIAL EXAM	DR CHAN*	230.00
04/25/06	RE-EVAL	DR CHAN*	180.00
08/17/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
08/28/06	WCAB LB	MSC	147.00
10/30/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	147.00
11/03/06	DEPO PREP	@ THE L/O OF DENNIS FUSI	147.00
11/15/06	PMT BY CHECK	DOS 4/6/06 THRU 10/30/06 # 39312301	-851.00
12/01/06	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/05/06	PMT BY CHECK	DOS 11/3/06 # 39553837	-147.00
12/10/07	INITIAL EXAM	DR HERIC*	230.00
01/07/08	PMT BY CHECK	DOS 12/1/06 THRU 12/10/07 # 44581655	-480.00
01/14/08	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC (3.5 HRS)	262.50
01/22/08	PMT BY CHECK	DOS 01/14/08 # 44795161	-262.50
03/04/08	JOB ANALYSIS	@ THE L/O OF DENNIS FUSI	156.50
03/04/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
03/24/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
04/10/08	PMT BY CHECK	DOS 4/6/06 THRU 3/24/08 # 0062909229	-563.00

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#
04/17/08	21462

Claim # : 000300-008397-WC-01
W.C.A.B.: LBO 0377942
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs ST. JOHN FISHER CHURCH
Date Of Injury: 3/30/06

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.

23983

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

Check Date: 03/21/2008
Check Number: 0000112814
Check Amount: $313.00

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, TY9219

00222 JOP1ZS01 1Z 6300002360-6300067303

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

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#
03/27/08	23983

Claim # : 1010-05-02408
W.C.A.B.: LBO 0381265
S.S.N. : 550-17-8382
D.O.B. : 5/20/46
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
1/31/07	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

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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DETACH

EXPLANATION OF REVIEW

Employer
Patient:

Business Unit: BBSI/Santa Ana
Hazelrigg Risk Management Service
PO Box 277550
Sacramento, CA 95827

'atient DOB: 623-12-2499
10/22/1951

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

LOB: Workers' Compensation
Site/Bill #: 48/679211 - 1
Reprice: CA, 92780
Billed Date: 02/28/2008
Business Rcvd: 03/05/2008
MBR Rcvd: 03/07/2008
MBR Date: 03/14/2008
Date Approved: 03/17/2008
DOS From - To: 01/09/2008 - 01/09/2008

Network:
Network Branch:
Contract:
Provider Tax Id: 33-0956713
Claim Rep.: Cynthia Cali

Treating Provider:
Referring Physician:
Patient Control #:
RX Number:

Claim #: 2005480950
Processor Initials: CS
DOI: 05/27/2005

Vendor #: 37865
Pay Code :10

3-19-08
CK-32877

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
01/09/08	99199	UNLIS SPEC SVC PX/REPRT	1	11	$156.50		1	$0.00	$156.50
	Invoice #28948								
Sub-Totals for Bill: 679211					$156.50			$0.00	$156.50

Totals for Bill:679211 $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#
03/26/08	28948

Claim # : 2005480950
W.C.A.B.: LBO 0379805
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
HAZELRIGG RISK MGMT (CHINO)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 669
CHINO, CA 91708

Case: [redacted] vs BARRET BUSINESS SERVICES
Date Of Injury: 5/27/05

DOS	SERVICE	DESCRIPTION	AMOUNT
01/09/08	WCAB LB	MSC	156.50
03/19/08	PMT BY CHECK	DOS 1/9/08 # 22497	-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.

Payee: JOYCE ALTMAN INTERPRETERS,INC.

IRS/SSN:

Check Number: 36055

Check Date: 04/22/2008

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
33000283		06/01/2007	Interpreter Fees - Expense	02/04/2008	02/04/2008	04/02/2008	29141	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#
04/24/08	29141

Claim # : 33000283
W.C.A.B.: LBO 0389024
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE HATHAWAY (SD85925)
W.C. DEPARTMENT
ATTN: GOGI
P.O. BOX # 85925
SAN DIEGO, CA 92186

Case: vs OLSEN PAVINGSTONE INC.
Date Of Injury: 6/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
02/04/08	WCAB LB	EXP. HEARING	156.50
04/22/08	PMT BY CHECK	DOS 2/4/08 # 36055	-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 abor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not eceived in 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 HERE

CORVEL

DETACH HERE

EXPLANATION OF REVIEW

Employer
Patient:

Patient DOB: 569-51-4178
11/01/1973

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Business Unit: BBSI/San Bernardino
Hazelrigg Risk Management Services
PO Box 277550
Sacramento, CA 95827

LOB: Workers' Compensation
Site/Bill #: 48/683777 - 1
Reprice: CA, 92780
Billed Date: 03/11/2008
Business Rcvd: 03/19/2008
MBR Rcvd: 03/20/2008
MBR Date: 03/27/2008
Date Approved: 03/27/2008
DOS From - To: 03/03/2008 - 03/03/2008

Network:
Network Branch:
Contract:
Provider Tax Id: 33-0956713
Claim Rep.: Cynthia Cali

Treating Provider:
Referring Physician:
Patient Control #:
RX Number:

Claim #: 07-57757
Processor Initials: ET
DOI: 06/01/2006

Vendor #: 37865
Pay Code :70

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
03/03/08	99199	UNLIS SPEC SVC PX/REPRT	1	11	$156.50		1	$0.00	$156.50
	INVOICE # 28635								
Sub-Totals for Bill: 683777					$156.50			$0.00	$156.50
Totals for Bill:683777									$156.50

IR-23231

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4-2-08

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

*** INVOICE ***

Date	NO#
04/07/08	28638

Claim # : 07-57757
W.C.A.B.: LBO 0390266
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BARRETT BUSINESS SVC (SACRAM)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 277550
SACRAMENTO, CA 95827

Case: vs MANNING BEEF LLC
Date Of Injury: 6/1/06

DOS	SERVICE	DESCRIPTION	AMOUNT
12/17/07	DEPO PREP	@ THE L/O OF HINSHAW & COLBERTSON	156.50
01/30/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
02/20/08	PMT BY CHECK	DOS 12/17/07 # 20465	-156.50
03/05/08	PMT BY CHECK	DOS 1/30/08 # 21697	-250.00
03/03/08	WCAB LB	EXP. HEARING	156.50
04/02/08	PMT BY CHECK	DOS 3/3/08 # 23231	-156.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

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[illegible] CLAIMS, INC.
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 001 7 7102670853300056734

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

Remittance –
COMMERCE AND INDUSTRY INSURANCE CO.

No.: 26708533
RFP No.: 00056734
04/08/2008

Insured: G.F.T.C., INC. (A CORP) DBA:
Claimant:
Producer:
ACT: 23018 031008-031008

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000003287959	00165694	01	09/20/2005	EXP	O	$156.50	

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Use file # 710-00165694 **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#
04/14/08	23018

Claim # : 710-165694
W.C.A.B.: LBO 0380910
S.S.N. :
D.O.B. :
Terms : 45 days

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

Case: vs GLASS PRO
Date Of Injury: 9/20/05

DOS	SERVICE	DESCRIPTION	AMOUNT
09/12/06	INITIAL EXAM	DR AHMED KHALID*	
10/10/06	PMT BY CHECK	DOS 9/12/06 # 37318526	230.00
03/10/08	WCAB LB	MSC	-230.00
04/08/08	PMT BY CHECK	DOS 3/10/08 # 26708533	156.50
			-156.50

* INDICATES BILLED AT A MINIMUM OF 2 HOURS

BALANCE 0.00

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National Liability & Fire Insurance Company

P.O. Box 881716
San Francisco, CA 94188

Check Date : 04/22/2008
Check Number : 0209489
Check Amount : $156.50

R3M017

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

81-2o1

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Payment
01501088		09/24/2007	29736	Interpreter Fees -	03/07/2008	03/07/2008	$156.50

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81-61

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

*** INVOICE ***

Date	NO#
04/24/08	29736

Claim # : 01501088
W.C.A.B.: LBO 0391369
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ACCA (SAN DIEGO)
W.C. DEPARTMENT
ATTN: KIMBERLY CALER
P.O. BOX # 85479
SAN DIEGO, CA 92186

Case: , vs SAM BO, INC.
Date Of Injury: 9/24/07

DOS	SERVICE	DESCRIPTION	AMOUNT
03/07/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
04/22/08	PMT BY CHECK	DOS 3/7/08 # 0209489	-156.50

BALANCE 0.00

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