LANGUAGEBANK INTERPRETATION SERVICES

261 Sheep Davis Road, Concord, NH 03301
info@languagebank.org
Fax 603:410-6186 Phone 603-410-6183
A Program of Lutheran Social Services

INTERPRETER REQUEST FORM

Instructions

Please fax completed form to Language Bank: 603-410-6186

1. Complete form a minimum of 48 hours prior to appointment
2. If less then 48 hours fax form to 410-6186 and call for confirmation 603-410-6183 or cell 540-2760

Contact Information

To be completed by person requesting service

Date Request Made	**Time Request Made**	**Person Requesting Service** (full name please)
Telephone	**Fax Number**	**E-Mail Address**
Billing Name/Address		
Comment		

Appointment Information

To be completed by person requesting service

Client Name:		**Language**	
DOB:			
Date of Appointment (If recurring appt. please list all dates)		**Male**	**Female**
Time of Appointment	**From:** **To:**	**Adult**	**Child**
Location of Appointment	**Purpose of appointment:**		
Provider	**Department**	**Telephone**	
Does Interpreter need to call client to confirm appointment (If service recipient does not have phone please list alternate contact.)		**Yes**	**No**
If yes, the Interpreter should call client at telephone number:			

By faxing or e-mailing this form the requesting agency is agreeing to the following LanguageBank terms:

- **The requesting agency is responsible to pay Language Bank a 2 hour minimum if appointment is 2 hours or less.**
- **When the appointment is over 2 hours the requesting agency agrees to pay LanguageBank in 30 minute increments for all time over 2 hours**
- **The requesting agency agrees to pay Language Bank if a patient cancels or reschedules an appointment with less than 24-hour notice prior to the scheduled service.**
- **The requesting agency is responsible for payment if a patient does not show up for scheduled appointment.**
- **The requesting agency agrees that Language Bank may charge the requesting agency for travel time and mileage if a local interpreter is unable to be scheduled**

Signature	**Title**
Print Name	**Date**
Requesting Agency	

By signing the requesting agency agrees to above terms.