

## 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 than 48 hours fax form to 410-6186 and call for confirmation 603-410-6183 or cell 603-540-2760

### Contact Information

To be completed by person requesting service

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

**Comment**

### Appointment Information

To be completed by person requesting service

<b>Client Name:</b>	<b>Language</b>
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**DOB:**

<b>Date of Appointment (If recurring appt. please list all dates)</b>	<b>Male</b>	<b>Female</b>
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<b>Time of Appointment</b>	<b>From:</b>	<b>To:</b>	<b>Adult</b>	<b>Child</b>
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<b>Location of Appointment</b>	<b>Purpose of appointment:</b>
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<b>Provider</b>	<b>Department</b>	<b>Telephone</b>
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<b>Does Interpreter need to call client to remind of appointment (this is courtesy call only)</b> <small>(If service recipient does not have phone please list alternate contact.)</small>	<b>Yes</b>	<b>No</b>
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**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.**