



600 LAKEWAY DRIVE
BELLINGHAM, WA 98225

1-800-860-6812
360-738-4554

FX 360-734-5476

INTERPRETER AGENCY

AUTHORIZATION NUMBER

**APPOINTMENT RECORD
SPOKEN LANGUAGE INTERPRETER SERVICES**

REQUESTER INFORMATION					
DSHS ADMINISTRATION <input type="checkbox"/> OR MEDICAL PROVIDER AND FACILITY NAME:					
NAME OF PERSON MAKING REQUEST:				TITLE:	
PHONE:		FAX:		DATE REQUEST MADE:	
APPOINTMENT INFORMATION					
APPOINTMENT ADDRESS (INCLUDING CITY):					
APPOINTMENT DATE:		SCHEDULED START TIME:		ANTICIPATED END TIME:	
TYPE OF SERVICE (CHECK ALL THAT APPLY):		INDIVIDUAL: <input type="checkbox"/>	BLOCK: <input type="checkbox"/>	MEDICAL: <input type="checkbox"/>	SOCIAL: <input type="checkbox"/>
CLIENT INFORMATION:					
CLIENT NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) <input type="checkbox"/> OR DASA APPROVAL NUMBER:					
CLIENT ID NUMBER <input type="checkbox"/> OR PIC NUMBER (MEDICAL APPOINTMENTS ONLY)			CLIENT'S GENDER:		LANGUAGE REQUESTED:
			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
CLIENT PHONE:			ALTERNATE PHONE:		
INTERPRETER INFORMATION					
INTERPRETER NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)		ARRIVAL TIME:		TOTAL BILLING TIME:	
		DSHS CERTIFICATION OR AUTHORIZATION NUMBER:			
ADDRESS OF ORIGIN (INCLUDING CITY):					
DESTINATION ADDRESS (INCLUDING CITY);			MILEAGE TO APPT:	TOTAL MILEAGE (ADD - THEN ROUND UP)	
FINAL DESTINATION ADDRESS (IF APPLICABLE):			RETURN MILEAGE:		
OTHER TRAVEL RELATED COSTS (ATTACH RECEIPTS):					
INTERPRETER SIGNATURE:					DATE:

INTERPRETERS – DO NOT WRITE BELOW THIS LINE

THE FOLLOWING SECTION IS SOLELY FOR THE USE OF THE REQUESTER – IT MUST BE FILLED OUT IN THE REQUESTER'S HANDWRITING REQUESTER - DO NOT ACCEPT IF THE FOLLOWING SECTION HAS BEEN PREFILLED BY THE INTERPRETER IF ANY FIELDS ON THIS FORM HAVE BEEN ALTERED, PLEASE INITIAL CHANGES					
REQUESTER'S NAME (PLEASE PRINT):				TITLE:	
REQUESTER'S SIGNATURE:				DATE:	
TYPE OF SERVICE (CHECK ALL THAT APPLY):		MEDICAL <input type="checkbox"/>	SOCIAL <input type="checkbox"/>	INPATIENT <input type="checkbox"/>	OUTPATIENT <input type="checkbox"/>
WAS SERVICE COMPLETED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF NO, EXPLAIN:	
ACTUAL SERVICE START TIME:		SERVICE END TIME:		INTERPRETER ID VERIFIED? (STAFF INITIALS)	
COMMENTS:					