

Any language including American Sign Language. Anywhere in the State of WA. Anytime.

INTERPRETER SERVICES SCHEDULING  
AND BILLING RECORD

FLS CONTROL NUMBER

COMPLETED BY REQUESTOR (PLEASE PRINT!!!)

PERSON REQUESTING APPOINTMENT (FIRST NAME, LAST NAME)		TITLE/POSITION		DATE REQUEST MADE (mm/dd/yy)	
REQUESTOR DIRECT TELEPHONE NUMBER			FAX NUMBER OR EMAIL ADDRESS FOR CONFIRMATION		
PROVIDER'S NAME			COMPANY'S NAME		
APPOINTMENT ADDRESS & DEPARTMENT/CLINIC/PLACE NAME			BILLING CONTACT: NAME, EMAIL, FAX AND PHONE		
CLIENT'S FULL NAME (FIRST NAME, LAST NAME)		CLIENT'S TELEPHONE NUMBERS		CLIENT'S LANGUAGES (list all of them)	
INTERPRETER SEX REQUESTED <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Any		CLIENT'S CASE / MR / REG NUMBER (IF ANY)	CLIENT'S DATE OF BIRTH (FOR MEDICAL REQUESTS)	IF INTERPRETER IS NOT AVAILABLE TO TRAVEL, WILL YOU ACCEPT INTERPRETER OVER THE PHONE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DAY OF THE WEEK	APPOINTMENT DATE	SERVICE TYPE REQUESTED <input type="checkbox"/> Social <input type="checkbox"/> Medical <input type="checkbox"/> Court <input type="checkbox"/> Other (clarify):		APPOINTMENT SCHEDULED START TIME (AM/PM)	REQUESTED ARRIVAL TIME FOR INTERPRETER (AM/PM)
ANTICIPATED END TIME (AM/PM)					

COMMENTS FROM REQUESTER (REQUESTED INTERPRETER NAME, POSSIBLE ALTERNATIVE DATES/TIMES FOR THIS JOB, PARKING INSTRUCTIONS ETC.)

COMPLETED BY FLS SCHEDULERS

NAME OF SCHEDULED INTERPRETER

COMPLETED BY INTERPRETER

Origin (address and city):	Mileage to appointment:	Total Mileage
Final Destination from appointment (address and city):	Mileage from appointment:	

INTERPRETER SERVICES VERIFICATION (COMPLETED AT TIME OF APPOINTMENT)

Was this service completed?  Yes  No; check the correct response to indicate why service was NOT completed

Client No Show  Provider No Show  Requestor double-booking

Appointment Cancellation (specify who and when cancelled in "comments" section below)

DATE OF SERVICE	INTERPRETER SERVICE START TIME	INTERPRETER SERVICE COMPLETION TIME	TOTAL BILLING TIME
INTERPRETER'S SIGNATURE		INTERPRETER FULL LEGAL NAME (PRINT)	
SIGNATURE OF REQUESTOR CONFIRMING SERVICE DELIVERY		PRINT NAME AND TITLE	

COMMENTS REGARDING INTERPRETER SERVICES