



Interpretive Services Appointment Record

Worker Information

Worker Name (Last Name, First Name, Middle Initial)

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Claim Number

ICN – If you have billed the department using Direct Entry, write the ICN you received for this appt.

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Date of Injury (Use mm/dd/yy format)

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Interpreter Information

Interpreter's Name (Last, first, middle initial)

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Interpreter's Provider Number

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Agency's Name (If applicable)

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Agency's Group Number

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Appointment Information

Type of appointment – write the type of appointment such as diagnostic, doctor, vocational, etc.

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Appointment Date (Use the mm/dd/yyyy format)

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Language Requested

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Healthcare or Vocational Provider's Name (Last Name, First Name)

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Billing Information

Is this a group service? No Yes Number of people in the group

Is this the first or last appointment of the day? No – will need to prorate mileage. Yes

	City	State	Zip Code
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	City	State	Zip Code
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	City	State	Zip Code
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Arrival Time:

Scheduled Start Time:

Actual Start Time:

End Time:

Total Billable Minutes:

A. Mileage to Appointment:

B. Mileage to Return/Next Appointment:

C. Number of People Split Between:

D. Total Billable Mileage:

Interpreter's Signature:

By signing, I certify under penalty of perjury under the laws of the State of Washington that the information above is a true and correct statement of the interpretive services I provided.

Interpreter's signature

Date

Interpreter Service Verification (This section is to be completed by the health care or vocational provider or their designee)

- **Do not sign unless the information above is completed.** Keep a copy of this form for the provider's records.

Print name of person verifying services

Title

Provider's NPI or L&I Provider Number

Signature of person verifying services

Date

Phone Number