Hearing, Speech & Deaf Center

Interpreting Services Emergency Services Verification Form 1625 19th Avenue Seattle, WA 98122 (206) 632-7100 voice (206) 632-0405 fax Interpreting@hsdc.org

REV: 4/25/17

Emergency Services Verification Form (206) 632-0405 f Interpreting@hsdc.o (FEIN 91-068126							
Location of Service		Date of Service			Requesting Agency/Hospital		
Tracking Number		Nature of Call					
Time Page Received	Time Left Home/Office	Time Arrived on Scene	Actual Start of Interpreting		Actual End of Interpreting	Time Returned Home/Office	
By signing this, I confirm that the interpreter was present. ESLIP Medical ESN CASE #: if applicable							
				Interpret	Interpreter		
Print Name							
Signature Interpreter Services within 24-hrs of EMAIL:InterpretingBilling@hsdc.or FAX: 206-632-0405						in 24-hrs of service lling@hsdc.org	
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CASE #: if applicable Interpreter							
Print Name				INTERPRETERS:			
Signature				Send a copy of this completed form to Interpreter Services within 24-hrs of service EMAIL:InterpretingBilling@hsdc.org FAX: 206-632-0405			