

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@hsrc.org
(FEIN 91-0681207)

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.

CASE #:
if applicable _____

Print Name _____

Signature _____

ESLIP Medical ESN

Interpreter _____

INTERPRETERS:
Send a copy of this completed form to
Interpreter Services *within 24-hrs of service*
EMAIL: InterpretingBilling@hsrc.org
FAX: 206-632-0405

REV: 4/25/17

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