Hearing, Speech & Deaf Center 1625 19th Avenue Seattle, WA 98122 **Interpreting Services** (206) 632-7100 voice **Emergency Services Verification Form** (206) 632-0405 fax Interpreting@hsdc.org (FEIN 91-0681207) **Location of Service Date of Service** Requesting Agency/Hospital **Client Name Tracking Number Nature of Call Time Page** Time Left **Time Arrived Actual Start of Actual End of Time Returned** Received Home/Office on Scene Interpreting Interpreting **Home/Office** ESLIP Medical ESN By signing this, I confirm that the interpreter was present. CASE #: if applicable Interpreter **Print Name INTERPRETERS**: Send a copy of this completed form to Interpreter Services within 24-hrs of service Signature EMAIL:InterpretingBilling@hsdc.org FAX: 206-632-0405 REV:12/31/18 Hearing, Speech & Deaf Center 1625 19th Avenue Seattle, WA 98122 Interpreting Services (206) 632-7100 voice **Emergency Services Verification Form**

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