

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		Client Name	
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 <input type="checkbox"/> Medical ESN <input type="checkbox"/>		
CASE #: if applicable _____			Interpreter _____		
Print Name _____			INTERPRETERS: Send a copy of this completed form to Interpreter Services <i>within 24-hrs of service</i> EMAIL: InterpretingBilling@hsrc.org FAX: 206-632-0405		
Signature _____					

REV:12/31/18

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