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| Hearing, Speech & Deaf CenterInterpreting Services Emergency Services Verification Form | 1625 19th Avenue Seattle, WA 98122 (206) 632-7100 voice (206) 632-0405 fax Interpreting@hsdc.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 **** Medical ESN ****  |
| **CASE #:****if applicable** |  |  |
| **Interpreter** |  |  |
| **Print Name** |  |  |
| **INTERPRETERS:** Send a copy of this completed form to**Interpreter Services *within 24-hrs of service***EMAIL:InterpretingBilling@hsdc.org FAX: 206-632-0405REV:12/31/18  |
| **Signature**  |  |  |
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