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| 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](mailto: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: 206-632-0405  REV:12/31/18 | | | | | |
| **Signature** |  | | | |  |
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| **Signature** |  | | | |  |
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