

# Hearing, Speech & Deaf Center

Interpreting Services  
Emergency Services Verification Form

1625 19<sup>th</sup> Avenue  
Seattle, WA 98122  
(206) 632-7100 voice  
(206) 632-0405 fax  
[Interpreting@hsrc.org](mailto:Interpreting@hsrc.org)  
(FEIN 91-0681207)

<b>Location of Service</b>		<b>Date of Service</b>		<b>Requesting Agency/Hospital</b>	
<b>Tracking Number</b>		<b>Nature of Call</b>		<b>Client Name</b>	
<b>Time Page Received</b>	<b>Time Left Home/Office</b>	<b>Time Arrived on Scene</b>	<b>Actual Start of Interpreting</b>	<b>Actual End of Interpreting</b>	<b>Time Returned Home/Office</b>
<i>By signing this, I confirm that the interpreter was present.</i>			ESLIP <input type="checkbox"/> Medical ESN <input type="checkbox"/>		
<b>CASE #:</b> if applicable _____			<b>Interpreter</b> _____		
<b>Print Name</b> _____			<b>INTERPRETERS:</b> Send a copy of this completed form to <b>Interpreter Services <i>within 24-hrs of service</i></b> EMAIL: InterpretingBilling@hsrc.org FAX: 206-632-0405		
<b>Signature</b> _____					

REV:12/31/18

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