Department of Labor and Industries

INTERPRETIVE SERVICES APPOINTMENT RECORD

Use for worker's compensation or crime victims claims.
Send original to insurer. Interpreter: Keep photocopy for your records.

Date of injury	Claim Number

Claimant's phone # | Claimant's name (last, first, middle initial)

APPOINTMENT INFORMATION May be completed by Interpreter or Language Agency

Name of scheduled health care /vocational provider	Appointment date	Start time

Street address of health care /vocational provider | City | State

Type of appointment: Please check below

- ☐ Doctor
- ☐ PT or OT
- ☐ Hospital
- ☐ PCE
- ☐ Other
- ☐ Vocational
- ☐ Pharmacy
- ☐ Diagnostic
- ☐ IME

Telephone number ( )

Language requested

Comments

INTERPRETER INFORMATION Completed by Interpreter

Name of interpreter (last, first, middle initial) | Interpreter 's Provider Number

Language agency's name, if applicable | Agency's Provider Number

Interpreter's travel starting address | City | State

Appointment address | City | State

Return or next appointment location | City | State

Mileage to Appointment	
Mileage from Appointment	
Interpreter's Total Mileage	

Group Service Information
If this was a group service, please indicate number of total persons served in the group and divide service time and mileage accordingly.

Indicate number of persons in group:

Interpreter's arrival time	Scheduled start time	Completion time	Total billable time
			minutes

Date | By signing this document, I certify that I have provided the interpretive services indicated above.

Signature

INTERPRETER SERVICES VERIFICATION

Completed by Health Care or Vocational Provider or their designee. Do not sign unless information above has been completed.

Comments

Send original to insurer. Interpreter keep photocopy for your records.

Name of Person Verifying Services (Print) | Title

Date | Signature of Person Verifying Services

CLAIM INFORMATION (submit original to the insurer) Do not staple documentation to bill forms. Send documentation separately from bills to:

State Fund
Department of Labor and Industries
PO Box 44291
Olympia WA 98504-4291
360-902-6500
1-800-848-0811
FAX 360-902-5445

Crime Victims
Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520
360-902-5377
1-800-762-3716
FAX 360-902-5333

Self-insurer
Varies --Call 360-902-6901 to obtain Insurer's phone number & address
OR
See Self-insurer list at:
http://www.lni.wa.gov/ClaimsIns/Providers/billing/billSIEmp/default.asp

Index:OTH

Instructions for completing **Interpretive Services Appointment Record**

Submit original to the insurer.

Do not staple documentation to bill forms. Use the proper address on bottom of other side to send documentation.

Some Guidelines to complete form.

Claim Number: This is our tracking device. Please ensure the Claim Number of the client is accurate.

Name of scheduled provider: This may be a health care or vocational provider with whom client is scheduled.

Comments: Any special request information or other instructions.

Interpreter Provider Number: Enter the L&I state fund or Crime Victims assigned provider number for the interpreter.

Language Agency Provider number: Enter the L&I state fund or Crime Victims assigned provider number for the language agency.

Mileage to appointment: Calculate the miles from the origins of the trip to the destination.

Mileage from appointment: This is the return mileage.
Mileage must be split between ALL clients of a group and between clients if there are multiple appointments in one day. If services are delivered in multiple locations for same client, mileage is payable but not the travel time between locations. Only mileage is payable when clients no show at medical or vocational appointments.

Total billable time: Enter the total billable time (excluding travel time between appointments). Bill from the arrival time or scheduled start time-whichever is LATEST. Interpreter's TRAVEL time is NOT payable.

Group Services: If more than one person was served, please enter the information. Group service time must be divided between ALL clients in the group. After calculating the total mileage and billable time, divide by the total number of clients served in that appointment.

Comments: Please enter any additional information about the services or appointment as needed.

IMPORTANT: Health care or vocational provider or designated staff must sign to verify services.