



Billing is based on 1-hour minimum. Be accurate when indicating **START** and **END** times. Services are provided on request, subject to the availability of staff and independent contractors. This form must be filled out **LEGIBLY** and **COMPLETELY**. Illegible and incomplete forms will be returned by email or fax. CANCELLATIONS MUST BE IN WRITING.

Appointment Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ AM/PM  
Day of the Week: M T W TH F SAT SUN (circle) End Time: \_\_\_\_\_ AM/PM  
Requesting Facility: \_\_\_\_\_  
Requestor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

TYPE OF SERVICES REQUESTED: (PLEASE CHECK)

- ASL-English Interpreter
- Deaf Interpreter/ASL-English Interpreter (2)
- Real-Time Captioning—Transcription yes  no
- Specific Gender Required —Female  Male
- Tactile Interpreter (Deaf-Blind)
- Video Remote Interpreting

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| <b>Official Use Only:</b><br>Appointment Number:<br><br>Interpreter Names: |
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ASSIGNMENT INFORMATION:

Deaf/Hard of Hearing Consumer's Name(s): \_\_\_\_\_  
Consumer Identification: (MRN/last 4 of SSN/DOB/P.O. No.): \_\_\_\_\_  
Appointment Address/Location: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dept: \_\_\_\_\_ Floor: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Specific Reason for Appointment: \_\_\_\_\_

Site Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

BILLING INFORMATION:

BILL TO: \_\_\_\_\_ Attn: \_\_\_\_\_

COST CODE/Division/Dept. Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

REQUIRED SIGNATURE:

By signing this request, you are agreeing to the terms and conditions in the Service Agreement and to pay for services requested/provided. By submitting this and future requests by electronic means, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. Access Communication Today! does not bill third parties or the Deaf or hard of hearing consumer.

|                       |              |      |
|-----------------------|--------------|------|
| Authorizing Signature | Print Name   | Date |
| Email Address         | Phone Number |      |