

# Interpreter Request Form



Date Service Requested:	Facility & Department Requesting Service:
Name of Requester:	Requester Phone Number: Requester Fax Number:
Language Requested:	Appointment Date & Start Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Name of Limited English Proficient Client:	Expected Appointment End Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Client Phone Number:	1/2 Hour Rate Requested (contract only): <input type="checkbox"/>
Location of Appointment:	
Authorized by agent at requesting facility (signature): <hr/>	
Name of Interpreter (verification of interpreter will be faxed back to requesting facility): <hr/>	
<i>If emergency, please call in information.</i>	

## Billing Information

(If different from above. Not necessary if you are already registered with MAMI.)

Billing Manager \_\_\_\_\_

Name of facility: \_\_\_\_\_

Complete Billing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please note that MAMI interpreters will request that the facility sign a contact sheet.  
You will be asked to verify the time of completion of service at the end of the appointment.*

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