

Hearing, Speech & Deafness Center

SignOn Interpreting Services

Please return completed form via fax: 206-632-0405 or email: signon@hsrc.org

* Indicates required field

*Requestor's Name: _____ *Today's Date: _____

*Company: _____ *Phone: _____

Email: _____ Fax: _____

Preferred Confirmation Method: _____

*Service Date: _____ *Start Time: _____ *End Time: _____

Do you require the interpreter to arrive early to check in before the appointment? If so, please tell us what time.

Please note: Billing will start at the time the interpreter is required to be on site.

Check In Time: _____

*Address of Appointment _____ *Suite/Room/Floor/Building: _____

*City: _____ *State: _____ *Zip Code: _____

Arrival Instructions (If Applicable) _____

On Site Contact: _____ Phone/Email: _____

*Please tell us about your request

We want to provide you with the best interpreter for the job; the more information you provide, the better! Please include as much detailed information about the appointment as possible.

(All information submitted will be kept strictly confidential; we are HIPAA compliant.)

*Name of Deaf/Deaf-Blind/Hard of Hearing Client(s):

Please include any special communication needs if known. _____

Specific Gender Requested? _____ Preferred Interpreter(s) _____

*Bill To _____ Attn: _____ Phone: _____

*Address: _____

Additional Invoicing Information (PO#, Provider 1, etc.) _____