Medi-Cal Managed Care
Medi-Cal Access Program
L.A. Care
Major Risk Medical Insurance Program

Interpreter Services Attendance Verification Form

Instructions: Interpreters are required to submit this form with their invoice. The Interpreter must obtain the health care provider's signature on the appropriate line of this Interpreter Services Attendance Verification Form (below) prior to leaving the assignment.

_____
Date of Assignment

Assignment location

_____
Street address

_____
City, State, ZIP

_____ _____
Start time End time

Appointment details

☐ Member arrived late Time member arrived: _____

☐ Member was no-show - Interpreter must remain at the assignment for at least 45 minutes

☐ Appointment rescheduled Date and time: _____

_____ _____
Printed member name Member signature

_____ _____
Printed interpreter name Interpreter signature

_____ _____
Printed health care provider name Health care provider signature

Comments:

_____

_____

_____

_____

_____

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0409 CAW1116 0 Rev 07/09/2015