

## 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 prior to leaving the assignment.

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Date of assignment

### Assignment location

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Street address

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City, State and ZIP code

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Start time

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End time

### Appointment details

Member arrived late                      Time member arrived: \_\_\_\_\_

Member was a No Show - Interpreter must remain at the assignment for at least 45 minutes.

Appointment rescheduled                      Date and time: \_\_\_\_\_

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Printed member name

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Member signature

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Printed interpreter name

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Interpreter signature

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Printed health care provider name

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Health care provider's signature

### Comments

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