



# Interpreter Services Attendance Verification Form

Instructions: This form must be submitted with invoice. Interpreter must obtain health care provider's signature on Attendance Verification Form prior to leaving assignment.

\_\_\_\_\_  
Date of Assignment

### Assignment Location

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and ZIP Code

\_\_\_\_\_  
Start Time

\_\_\_\_\_  
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: \_\_\_\_\_

\_\_\_\_\_  
Printed Member Name

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Printed Interpreter Name

\_\_\_\_\_  
Interpreter Signature

\_\_\_\_\_  
Printed Health Care Provider Name

\_\_\_\_\_  
Health Care Provider's Signature

### Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_