



Language Banc

we speak your language

1625 Park Ave
Minneapolis, MN 55404
Office: 612.588.9410
24-hr Phone: 612.695.6008

Interpreter Worksheet

Interpreters must submit completed worksheet **WITHIN 48 HOURS**
Please fax worksheets to 1-800-686-6315 or email to efax@thelanguagebanc.com

Interpreter ID #: _____ MDH Roster ID #: _____
Interpreter Name: (print clearly) _____ Language: _____
Interpreter Signature: _____ Date: _____

Appointment Date: _____ Appointment Time: _____ AM / PM
Clinic Name: _____ Department: _____
 Inpatient Dialysis
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: (_____) _____ - _____
Name of Provider: _____

PATIENT/CLIENT:

Last Name: _____ First Name: _____
DOB: _____ Gender: Female Male MR#: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: (_____) _____ - _____
Insurance: Blue+ Health Partners UCare None
 Other: Specify _____ Member ID #: _____

MUST BE COMPLETED by Medical Provider/Staff:

Date: _____ Start Time: _____ AM / PM End Time: _____ AM / PM
If more than 2 hours, how many? _____ hrs **REMINDER: Interpreters cannot work for more than 8 hours.**
Appointment Status (circle one): Completed Cancellation Same Day Cancellation Patient No Show
Overall quality of interpreter: Excellent Average Poor (please specify)
Comments: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Office Use Only:	
<input type="checkbox"/> B+ <input type="checkbox"/> HP <input type="checkbox"/> UC <input type="checkbox"/> Clinic	