



GBR INTERPRETING & TRANSLATION SERVICES

If it sounds like **gibberish** – get help from **GBR!**

19874 Ulysses St. NW – Elk River, MN 55330

PHONE: 763-241-0002 FAX: 763-445-2088

scheduling@GBRinterpreting.com

INTERPRETING SERVICE WORKSHEET

Job # _____

Patient		Interpreter	
Name	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Name	Medical Roster ID Medical Roster Exp. Date Language interpreted
DOB			
Address			
Insurance Information	Location information		
Insurance Group # ID	Clinic Address Phone Provider (full name)		
Appointment Information		Other information	
Date Scheduled time: from until		Telephonic <input type="checkbox"/> 2 nd or more appts. at the same location <input type="checkbox"/> Consecutive appts. for the same family <input type="checkbox"/>	

INTERPRETERS! DO NOT WRITE IN THIS BOX

THIS SECTION MUST BE COMPLETED ONLY BY PROVIDER'S STAFF.

Interpreter arrived

TIME: _____ Staff Name: _____ Signature: _____

Appointment ended

TIME: _____ Staff Name: _____ Signature: _____

Was the patient present? _____

Did interpreter offer feedback form? _____ Was interpreter's work satisfactory? _____

Comments: _____

Interpreter Section

I CERTIFY THAT I PERSONALLY PERFORMED THIS ASSIGNMENT, THE START AND END TIMES ABOVE WERE WRITTEN BY PROVIDER'S STAFF AND THAT THEY ARE TRUE AND CORRECT.

I did / did not make a reminder call to the patient one day before this appointment.

In accordance with the contract with GBR and with the Insurance requirements I should be paid for _____ 15-minute units, which equals to _____ hours.

INTERPRETER'S SIGNATURE

DATE