



People For People – Interpreter Services
Medical Facility Routine Request Form
PHONE: (800) 233-1624 FAX: (509) 853-2151
 (Fax must be received 3 business days in advance before 4:00PM)

**USE THIS FORM FOR
 ROUTINE REQUESTS
 ONLY**

Section 1	Request Date: _____	Client Information
	Client Full Name: _____ (Last name, First name, MI)	
	Client ID #: _____ DOB: _____ Check appropriate box	
	Client Telephone #: _____ Client Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	

Section 2	Appointment Address _____								Appointment Information	
	City: _____				Zip Code _____					
	Facility Name: _____									
	Provider's Name: _____				Phone #: _____					
	Medical Reason for Appointment: _____									
	Is this service being billed to Medicaid? Yes <input type="checkbox"/> No <input type="checkbox"/>									
	Language Requesting:									
	Routine Appt. Start Date		Routine Appt. End Date		Scheduled Start Time		Anticipated End Time			
	Check Day(s) of Week:		Sun <input type="checkbox"/>	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thu <input type="checkbox"/>	Fri <input type="checkbox"/>		Sat <input type="checkbox"/>
	Please list any facility closure dates _____									
Special Instruction/Accommodations: _____										

Section 3	Requesting Agency: _____	Requestor Information
	Requester's Name: _____ (Last Name, First Name, MI)	
	Requestor's Title: _____ Phone # _____	
	Requestor's Fax Number: _____ Other Phone (e.g. cell) : _____ Fax machine must be available 24 hours for confirmations	

Section 4	Interpreter Service Scheduled: Yes <input type="checkbox"/> No <input type="checkbox"/> Authorization Code: _____	ISB Use Only
	Explanation: _____	
	Vendor Assigned: _____ Interpreter Name: _____	
	Date Faxed Back: _____ ISB Staff Initials: _____	