



DIRECT ACCESS INTERPRETING SERVICES, Inc.
"For Quality Interpreting and Translation Services"

Interpreter Work Sheet

Must mail/fax to 651-644-5171 within 24 hours

PATIENT INFORMATION

Appointment date: _____ Appointment time: _____
Last name: _____ First name: _____ M.I. ____ DOB ____/____/____ Gender: M / F
Home address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Language requested: _____ Patient/Client attended: Y N
Insurance name: _____ Member ID #: _____

FACILITY INFORMATION

Facility name: _____
Address: _____
Department/clinic: _____
City: _____ State: _____ ZipCode _____
Telephone: _____ Fax: _____
Provider Name: _____
Provider Signature: _____ Date: _____
Provider: Are you satisfied with the services provided by our interpreter? Y N
As a valued customer your comment will help us serve you better. **Please verify that the stated time and service provided is accurate.**

INTERPRETER'S INFORMATION

Last name: _____
First name: _____
Start time: _____ AM / PM
End Time: _____ AM / PM
Total hrs: _____
I, _____ acknowledge the penalty of perjury that the interpreting services start and end time listed above is accurate to the best of my knowledge.
Interpreter's Signature: _____
Date: _____

Interpreter's reminder: Please abide by NCIHC interpreters **code of ethics** and **standard of practice**, observe dress code, wear identification badge, arrive ten minutes ahead of the appointment time and always fax this form to DAISI within 24 hrs.

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