



Associated Language Consultants

Interpreting, Translating and Teaching Services
880 Grandville Ave SW, Suite B
Grand Rapids, MI 49503

REMINDER: Forms are **due**
by the 5th of each month.

TELEPHONE INTERPRETATION FORM

Date Service Provided:

____ - ____ - ____

Approval #: _____

Contact Person: _____

Phone #: _____

Patient/Client Name: _____

Phone #: _____

Consultant's Name: _____

Language: _____

TIME:

FROM _____ AM/PM TO _____ AM/PM = _____ Minutes

Summary of Services:

____ Medical Evaluation ____ Surgery ____ Discharge Instructions ____ Other

OFFICE USE ONLY

Hour (s) Incurred: Costs Incurred:

_____ \$ _____