

FLS Medical Interpreter Request Instructions

INFORMATION MUST BE PRINTED OR TYPED. INCOMPLETE FORMS WILL BE RETURNED.

Requestor will assign the control number on the section at the top of the page. Please confirm with FLS staff your control number to start from to avoid usage of the same numbers with other requestors.

(If for some reasons you are not ready to provide your own control numbers yet, we will assign them for you).

Sections 1 through 22 are determined by the Requester.

1. Enter the name of the person who requested an interpreter.
2. Enter the title or position of the person who requests an interpreter.
3. Enter the date you send a request (month/day/year).
4. Enter the direct telephone number of the requester, including area code.
5. Enter the fax number where you want us to send a confirmation with the name of the scheduled interpreter.
6. Enter the medical provider (doctor/dentist/nurse/PA etc) name.
7. Enter the office/clinic/hospital name.
8. Enter the appointment address (number, street, city, and zip code). Include any room/office number, facility name or other details to enable the interpreter to locate the medical provider.
9. Enter the patient full name (first name, last name).
10. Check the box yes or no if patient need to be confirmed/reminded of the appointment date and place.
11. Enter all of the patient's telephone numbers you have.
12. Enter the patient's language. If the patient speaks multiple languages or dialects, list all of them. Give more details when request American Sign Language (patient is blind/limited language/tactile)
13. Enter the day of the week (Mo, Tu, We, Th, Fr, Sat or Sun).
14. Enter the date of the appointment.
15. Enter the time the appointment is scheduled to start.
16. Enter the time the interpreter is requested to arrive (if different from the scheduled time). Please remember to use this time as a start time when sign the interpreter's voucher for the payment.
17. Enter the approximate time the appointment is expected to end.
18. Enter the name of requested interpreter (if any).
19. Check the box that indicates the request for the gender of the interpreter (male, female or any).
20. Enter the comments from requester (special instructions for the schedulers/interpreter or client). When cancel or reschedule the previous request, please fax us back the original request with it's control number and the name of interpreter (if it already had been confirmed by FLS), and a well visible word "CANCELLED" or "RESCHEDULED". If interpreter did not show, please fax us our confirmation back with a well visible word "NO-SHOW" on it.
21. Enter your email address. FLS computers are protected by Norton AntiVirus Professional 2004, and screen incoming and out coming mail. Your email address will be used only for the scheduling by FLS staff.
22. Check the box yes or no if you want to be confirmed of the name of the scheduled interpreter over the Internet (your email). The confirmation will contain the control number and the interpreter name/still working/not available/rescheduled. If you mark no, we will fax the confirmation to you.

After completion of these sections send your request to our dedicated fax machine (206-267-9115).

Please fax your request one time only! The repetition of the same requests could cause a double booking. If you did not receive a reply from us within 2 working days for non-urgent appointments, you can refax the same request with a well visible word "REFAXED" on it. Please program our fax # to your fax machine to avoid sending requests to a wrong place.

Sections 23 through 27 are completed by the FLS staff.

23. Scheduled interpreter' complete name. (If interpreter is rescheduled from the original one, we'll fax you the original confirmation with the new interpreter name on it
24. Comments from FLS schedulers ("still working on your request", "wrong language requested", "sorry, interpreter is not available for this time", "patient asked to cancel this appointment" or "male interpreter is not available, will you accept a female one?" etc.)
25. Date when confirmation faxed from FLS.
26. Time when confirmation faxed from FLS.
27. FLS scheduler name.

4schedulers@flsincorp.net <> 206-261-7769 or 425-369-3096 (M-F 8am-8pm), 206-261-0999 (after hours)

For more info or copy of this form go to: www.flsincorp.net