

# Hopelink Interpreter Services

## Encounter Record (Voucher) Instructions

Hopelink will assign the control number and the interpreter agency for the sections listed at the top of the page.

### Sections 1 through 10 are determined by Hopelink and the Requester.

1. Enter the client's name except for DASA clients. Confidentiality requires use of the DASA approval number.
2. Check the box that Indicates the gender of the client,
3. Enter the date of birth for the client.
4. Enter the client's telephone number, including area code.
5. Enter the client's language.
6. Enter the name of the person who requested an interpreter. Be sure there is sufficient detail in this section to enable the interpreter to locate the Requester.
7. Enter the address where the appointment is scheduled. Include any room, office number, or facility name.
8. Enter the telephone number of the requester, including area code.
9. Enter the date of the appointment (for appointments that are not based on a block of time). Check the appropriate box for the type of appointment, Enter the time the appointment is scheduled to start, i.e., the time the interpreter is requested to arrive, and the approximate time the appointment is expected to end.
10. Same as Section 9 above, except this section applies only to blocks of time. This section does not apply to Medical Assistance Administration (MAA) clients.

### Sections 11 through 20 are completed by the Interpreter.

11. Enter the interpreter's complete name.
12. Enter the address from which the interpreter left to come to this appointment.
13. Enter the address of the appointment.
14. If this is the interpreter's last appointment, enter the address of their final destination.
15. Based on Sections 12 and 13 above, enter the number of miles to the appointment when it exceeds 30 miles one way.
16. Based on Sections 13 and 14 above, if this is the last appointment of the day for the Interpreter, enter the number of miles from the appointment to the final destination when it exceeds 30 miles one way. (Do not complete this section for non-reimbursable mileage.)
17. Enter the total number of miles for reimbursement.
18. Enter the date of service.
19. Enter the total billing time for the appointment. The total billing time is from the service start time or the time the interpreter arrives, whichever is later, and the service completion time. Round up to the nearest one-fourth hour.

20. The interpreter signs, dates and records their DSHS Certification Number.

### Sections 21 through 31 are completed by the Requester.

21. Enter the date of the appointment.

22. Enter the arrival time of the interpreter and initial.

23. Initial after the interpreter has shown valid picture Identification.

24. Enter the start time of the appointment and initial.

25. Enter the end time of the appointment and initial.

26. Check the box, indicating whether the interpreter service was completed. If "no," explain in the comment section.

27. For medical appointments, check the "Inpatient" or "Outpatient" box, whichever applies.

28. The person who signs and dates here represents the requester and validates the interpreter service has been provided; or explains why it was not provided.

29. Enter the full name of the person who signed section 28.

30. Enter the title or position of the person who signed section 28.

31. Add any comments you choose, especially for any section already completed that is not self-explanatory. This section may also be used to note any disagreements between the interpreter and the requester or to show satisfaction with the services received. If additional space is needed, attach additional sheets.

### Notes from FLS Billing Department

Unless you were late, always claim the **"requested arrival time for interpreter"** as the "service start time" and **not** the actual appointment' start time. We are billing for the interpreting service and time, and not for the requester/provider's services.

Hopelink control number needs to be written **legibly in a 6 digit format** with no spaces, letters or dashes. If you are not sure of the control number confirm it with your records or FLS staff. Your name must be printed **clearly and legibly** on the voucher.

Send your vouchers to the FLS office within 7 days of the assignment date in order to be paid by the requester. With the exception of Hopelink vouchers for the end of month jobs must be returned by the **2nd business day of the following month**. Since we must copy/scan your paperwork vouchers, please **send the vouchers unfolded in a letter size envelope** (preferably) or at least a standard SIZE 10 envelope folded no more than 3 times.

**NEVER** staple your vouchers with your backup documentation (use the paper clips or easy removable "post-it"/adhesive notes/"stickies" for a small parking receipt). We have to scan every single voucher and piece of backup documentation into our computer; and taking out staples is a tedious time consuming process. Simply **write down on a right upper corner of the backup documentation, parking receipt or mileage proof print-out the control number of the job it is associated with** and place it in the envelope along with your voucher.