

**Interpreter Services Attendance Verification Form**

Instructions: This form must be submitted with invoice. Interpreter must obtain health care provider's signature on Attendance Verification Form prior to leaving assignment.

**Assignment Location**

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Street Address

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City, State and ZIP Code

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Date of Assignment

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Start Time

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End Time

**Appointment Details**

Member Arrived Late                      Time Member Arrived: \_\_\_\_\_

Member was a No Show - Interpreter must remain at the assignment for at least 45 minutes.

Appointment Rescheduled                      Date and Time: \_\_\_\_\_

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Printed Member Name

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Member Signature

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Printed Interpreter Name

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Interpreter Signature

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Printed Health Care Provider Name

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Health Care Provider's Signature

**Comments**

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