

MILL NECK INTERPRETER SERVICE

501 South Broadway, Suite A, Hicksville, NY 11801-5092
Phone (Interpreter Coordinators) (516) 512-6222 x 1
Phone (Billing) (516) 512-6222 x 2
<http://www.millneck.org> VP: (516) 866-957-4168
Email Interpreter Coordinators: interpret@millneck.org

Fax This Form To: (516) 512-6336

EMERGENCY BEEPER WHEN OFFICE IS CLOSED 5pm-9am: 1-800-235-2594

INTERPRETER SERVICE REQUEST FORM

REQUEST DATE (Date form is submitted to MNIS) _____

JOB DATE FOR INTERPRETER _____ M Tu W Th F Sat Sun

BEGINNING TIME _____ ENDING TIME _____

CLIENT (name of company) _____

LOCATION (street address where interpreter needs to go)

(additional location information: Building, Floor, Suite, Department name, Room #, etc.)

REQUESTED BY _____ PHONE NO. _____
(First and Last Name of the PERSON actually completing & submitting this form)

CONTACT PERSON _____ PHONE NO. _____
(person at the company that interpreter will ask for upon arrival or call if assistance is needed)

CONSUMER _____
(first and last name of deaf patient or deaf person*)

SUBJECT MATTER _____
(details of type of appointment, type of procedure, type of testing, type of surgery, meeting, etc.*)

MODE OF COMMUNICATION: _____ American Sign Language (Deaf) _____ Tactile (Deaf-Blind)

ADDITIONAL COMMENTS/DETAILS OF ASSIGNMENT (including M/R # or patient name if not consumer)

PREFERRED INTERPRETER NAME _____
(Only if a particular interpreter is requested)

INTERPRETER CONFIRMATION DATE & NAME _____

* *We are in compliance with HIPAA and RID confidentiality requirements.*

* *Mill Neck Interpreter Service is a Division of Mill Neck Adult Services*