# Encounter Form for Interpreters

**Instructions:** Please print legibly. After the interpretation assignment is completed and the encounter information (including hours worked) is written on the encounter form, the interpreter must obtain the signature of a contact person at the interpretation site. Forms that are not completed properly may result in delayed payment.

**Upload this form within 48 hours to BoostLingo.**

ALTA Language Services, Inc. reserves the right not to process payment for forms received later than two (2) weeks beyond the appointment date.

|  |  |
| --- | --- |
| **Appointment Number** (This can be found in your email instructions): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Service: |  | Service Site: |  |
| Provider’s Name: |  | Service Site Address: |  |
| **INTERPRETER’S NAME:** |  | **LANGUAGE:** |  |
| LEP’s Name: |  | Med. Record (If applicable) |  |

Type of Interpreter's service:

\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_ Medical \_\_\_\_\_\_\_\_\_ Legal \_\_\_\_\_\_\_\_\_ Social \_\_\_\_\_\_\_\_\_Immigration

**Time Worked:**

|  |  |  |  |
| --- | --- | --- | --- |
| Appointment Time: |  | Time Finished: |  |

(If you provided services before the appointment time, please note below and obtain provider's signature next to the comment)

**Did services start before the appointment time? □ No**

**□ Yes (If yes, provider's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

|  |  |
| --- | --- |
| **Mileage (Please ALWAYS enter this value - NOT** paid for “interpreter being lost”): |  |
| **Parking Fees** (If applicable): |  |
| **Travel Time:** |  |

(Travel time required only for certain clients. You will be notified prior to this appointment if this field applies to your assignment location such as a location outside of Metro Atlanta).

Please add any additional comments you may have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Contact Person: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email (*Appreciated, but optional – This allows us to assess satisfaction of service*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_