



Interpreter Request Form

Please copy this form and retain original for future needs

RETURN THIS FORM TO: Email: deafcenter1450@gmail.com or Fax: 228.897.2462

Today's Date: _____

Requesting Agency: Bienville Orthopaedic

Appointment Date: _____

TIME OF SERVICE: _____

CASE # (If needed) _____

EXPECTED DURATION: _____

LOCATION (Where Interpreter will provide services):

Office Phone: _____

Office Email: _____

Doctor's Name- _____

Office Fax: _____

Office Personnel Name: _____

Deaf Patient's Name: _____

If you not heard from us in 2 business days, please call to confirm

COMPANY: Bienville Orthopaedic Specialists

Phone: _____

Attention: _____

PO #: _____

EMAIL (or) Postal Address for BILLING: _____

Authorizing Signature: _____

All Requests MUST have a Signature (Questions? Call 228.897.2280)

We will contact you for credit card information. Please do not include with this Request Form

Mississippi Senate Bill 2794, July 1, 2005 SS02/R907: No person shall provide interpreting services for consumers who are deaf or hard of hearing for a fee or other remuneration unless the person is registered with the registering authority.

de l'Epée Deaf Center is a Not for Profit 501 C3 organization. We are dependent on prompt payment for services and contributions. Please help us continue to provide for the Deaf and Hard of Hearing by supporting our mission.

CANCELLATION POLICIES:

NO CHARGE: At least 2 FULL business day prior scheduled to assignment.

FULL CHARGE: Within 2 FULL business day of scheduled assignment.

- de l'Epée Deaf Center is not responsible for 'No Show' by either hearing or Deaf client.
- de l'Epée Deaf Center reserves the right to discretion regarding cancellation.