Intersource
Interpretation & Translation Services, LLC

MEDICAL ON-SITE INTERPRETATION REQUEST

TODAY'S DATE: _____

PATIENT: _____

PATIENT ADDRESS: _____

PATIENT PHONE: _____ **DOB:** _____

REQUESTING DOCTOR: _____

TYPE OF CLAIM: Work Comp_____ **Auto**____ **Other**____

INSURANCE COMPANY: _____

INSURANCE ADDRESS & PHONE #: _____

_____

ADJUSTER: _____

CLAIM#: _____ **DOI:** _____

DATE OF SERVICE: _____

LANGUAGE: _____

PLACE: _____

HOUR: _____

ATTORNEY'S INFORMATION: _____

_____

COMMENTS: _____

_____

Breaking the language barrier

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