



Request for Interpreter

Fax Requests to 952-922-8150

Person Requesting Interpreter _____

Company Name _____

Phone Number _____ Fax Number _____

Language Requested _____ Date Requested _____

Client Name _____

Client Phone Number _____

Medical Record/Chart/File Number _____ Date of Birth _____

Date Needed _____ **Time of Appointment** _____

Interpreter Preference _____

Location of Appointment _____

Department _____ **Phone Number** _____

Comments _____

Bill To (Please select one if service should be billed to somebody other than requestor):

HealthPartners UCare BluePlus MHP Portico Insurance ID# _____

No-Fault Benefits: Auto or Work Comp

Company Name _____ Claim # _____

Bill to Address (If not on file) _____

Contact Name _____ Phone () _____ - _____ DOI ____ / ____ / ____

Other Company Name (please indicate address above) _____

Section Below is For Internal Use Only by Garden & Associates, Inc.

Interpreter Assigned _____ Interpreter ID _____

Assigned by _____ Date Assigned ____ / ____ / ____ CODE: _____

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(952) 920.6160 Fax (952) 922.8150 Pager (952) 235.1716 www.gardentranslation.com

All legal fees/collection costs attributed to the collection of past due invoices over 30 days will be added to the total of the invoice. All invoices must be paid within 30 days of receipt.