



Case # \_\_\_\_\_  
*Garden Internal Use Only*

# Request for Interpreter

## Fax Requests to 952-922-8150

Person Requesting Interpreter \_\_\_\_\_

Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Language Requested \_\_\_\_\_ Date/Time Call Taken \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at \_\_\_\_\_

Client First Name \_\_\_\_\_ Client Last Name \_\_\_\_\_

Client Date of Birth \_\_\_\_\_ Client Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Client Record Number \_\_\_\_\_ Interpreter/Gender Preference \_\_\_\_\_

Date of Appointment \_\_\_\_\_ Time of Appointment \_\_\_\_\_ AM / PM

Appointment Length \_\_\_\_\_ Department/Provider \_\_\_\_\_

Location of Appt (circle):      **Below**      **Home Visit**      **Phone Conference**

\_\_\_\_\_  
\_\_\_\_\_

Additional Information/Comments: \_\_\_\_\_

**BILL TO:**

**Health Insurance (Please CIRCLE if service should be billed to insurance):**

**BluePlus      HealthPartners      Medica      MHP      UCare**

Other: \_\_\_\_\_ Insurance ID# \_\_\_\_\_ Group# \_\_\_\_\_

**No-Fault Benefits (Please CIRCLE):      Auto      Work Comp      Claim# \_\_\_\_\_**

Company Name \_\_\_\_\_ DOI \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Bill to Address \_\_\_\_\_

Adjuster Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

*Section Below is for Internal Use Only by Garden & Associates, Inc*

**Interpreter Assigned** \_\_\_\_\_ **Interpreter ID** \_\_\_\_\_

Assigned by \_\_\_\_\_ Date Assigned \_\_\_\_\_

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