

APPOINTMENT INVOICE:



Linguistica International

Sustainable Language Services ®

Office: (801) 262-4550 Fax: (801) 262-4622

Work # _____

Service Location and Information:	
Date of Appointment:	Total time:
Start Time:	End time:
Interpreter Name:	Language:
Patient Name:	Medicaid #:
Requesting Facility:	
Notes:	
Name of Provider & Authorization Signature:	
Date Completed:	

THANK YOU FOR ASSISTING THE NON-ENGLISH SPEAKING COMMUNITY!