

Interpreting Services Account Set Up/Contact Information Form



In order to activate your account for service, please fill out all sections in this form and e-mail to back to your account manager: Jordan Daines at accounts@linguisticainternational.com.
 If you have any questions feel free to call me directly at (801) 617-1958.

Section I—Account Information - Billing Contact

Account Name: _____

Agency Address:

Main Billing Contact Name: _____

E-mail: _____

Telephone: _____ Fax: _____

Alternate Contact:

Name: _____ Telephone: _____

E-mail: _____ Fax: _____

Section II –Expected Volume

- Please select the best options that describes your expected volume for Over the Phone (OTP) interpreting usage as well as for Onsite services if applicable. Please contact accounts@linguisticainternational.com for information on other services

OVER THE PHONE

- 1. 0 to 500 minutes per week
- 2. 500 to 1,000 minutes per week
- 3. 1,000 to 3,000 minutes per week
- 4. 3,000 to 5,000 minutes per week
- 5. over 5,000 minutes per week
- 6. other: _____ minutes per week

ON SITE SERVICES

- 1. 0 to 5 Appointments per day
- 2. 6 to 15 Appointments per day
- 3. 16 to 30 Appointments per day
- 4. over 30 Appointments per day
- 5. other: _____ Appointments per day

- Linguistica International provides interpreting services in over 250 different languages. However, we would like to have a better idea of your top Languages. Please provide **IF POSSIBLE** a list of your top 10 languages starting with #1 as the most frequently used language.

1	6
2	7
3	8
4	9
5	10

Section III – Additional Call Data Reporting Capabilities

Your invoice will reflect the following standard fields for each call:

1. *Date of the call or appointment*
2. *Start time*
3. *End time*
4. *Total minutes/hours*
5. *Language*
6. *Total charges*
7. *Interpreter's name*

Should you have the requirement, we can collect additional information at the time of the call such as first/last name of person requesting services, employee codes, location codes, and/or any other relevant information you are interested to capture for each call. This information will be reported on your invoice detail. Simply enter the field information below that you'd like us to collect:

Additional Fields	Please print required or optional
1.	
2.	
3.	
4.	
5.	

Note: In the event that a required field is not provided by the staff member when requesting the service, Linguistica International will not connect the interpreter.

Section IV – Multiple Departments Set up

You may establish multiple departments within the same account (with the same billing contact person) with this form. If additional space is needed, please e-mail separate attachment with a list of all departments to: accounts@linguisticainternational.com.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Section V – Authorization

* Your signature below acknowledges your authorization to utilize interpreting services via Linguistica International under your current contract for over the phone interpreting services. It is the responsibility of your institution to ensure correct billing and contact information is given and signed by the appropriate authority. Linguistica International, Inc, will not be responsible for billing problems.

Print Name of Authorizing Agent

Date

Signature

For any questions please contact Jordan Daines (866) 908-5744. Please scan and email the completed set up form to accounts@linguisticainternational.com.