PATIENT INFORMATION

Patient Last Name: _____

Patient First Name: _____

Patient ID # or SSN: _____
If no ID# or SSN, enter patient's date of birth

Provider: _____

Interpreter Name: _____

Language: _____

Insurance: **DSHS** BHP DPF L&I USFHP

Medicare HMO/PPO Other _____

Tax ID #91-1153993

PacMed/SPMG Clinics & Swedish Health Services

SWEDISH

SERVICE AREA: _____

LOCATION: _____
(First Hill or Ballard)

If system is down (no electronic encounter form & X-Ray)

PACMED CLINIC: _____

SERVICE AREA: _____

Appointment Date: _____ **Appointment Time:** _____ _____ _____

Start Time: If different than appointment time **Staff Initials**

Interpreter Arrival Time: _____ **Staff Initials:** _____

Interpreter End Time: _____ **Staff Initials:** _____

Time Alloted for Appt. _____ ☐ **Appt. Cancelled** ☐ **Patient No Showed** ☐ **Interpreter Late**

☐ **After hrs. Appt.**
☐ **First Appt. at this location**

COMMENTS: If units of service greater than 8 explain reason(s). If additional space is needed, please use other side.

LANGUAGE UNITS INTERPRETED
1 UNIT = 15 Minutes

IDX	# of UNITS	SVC/CPT - 9992M	IDX	# of UNITS	SVC/CPT - 9992M	IDX	# of UNITS	SVC/CPT - 9992M
Z1011		Amharic	Z1046		Hindi	Z1010		Russian
Z1036		Arabic	Z1016		Hmong	Z1060		Samoan
Z1024		ASL	Z1030		Hungarian	Z1029		Somali
Z1040		Bengali	Z1047		Ilocano	Z1014		Spanish
Z1042		Bosnian	Z1013		Japanese	Z1038		Tagalog
Z1027		Bulgarian	Z1082		Khmu	Z1018		Thai
Z1021		Cambodian	Z1019		Korean	Z1037		Tibetan
Z1022		Cantonese	Z1017		Laotian	Z1012		Tigregnia
Z1031		Choujo	Z1023		Mandarin	Z1068		Toisanese
Z1074		Creole	Z1028		Mien	Z1067		Tongan
Z1075		Dari	Z1015		Oromo	Z1070		Urdu
Z1080		Farsi	Z1055		Persian	Z1032		Ukranian
Z1026		French	Z1056		Punjabi	Z1020		Vietnamese
Z1033		Greek	Z1025		Romanian	Other:		

Codes for Interpretation Services

389.9		Interpretation for hearing impaired client
V65.0		All other services

Appointment Reminder Information

Patient Contacted?

☐ Yes ☐ No
☐ Message left ☐ No phone
☐ Problem with phone #
☐ Wrong phone #
☐ # of attempts _____
☐ Other _____