



**Nova Scotia Interpreting Services**  
**5687 West Street, Suite 260**  
**Halifax, NS B3K 1H6**  
**24-hr Dispatch: (902) 425-5532**

**Office: (902) 425-6604**  
**Fax: (902) 425-3595**  
**contact@interpretingservices.ca**  
**www.interpretingservices.ca**

## HEALTH INTERPRETING INVOICE

INTERPRETING CONTRACT WITH **CDHA** ASSIGNMENT ID #: \_\_\_\_\_

TYPE OF ENCOUNTER\*: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TOTAL # OF HOURS: \_\_\_\_\_

PHONE CALL REQUESTED\*\*? NO or YES for each, enter NAME / DATE / TIME TO-FROM below

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

NAME OF CLIENT: \_\_\_\_\_

NAME OF SERVICE REQUESTOR: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

NAME OF INTERPRETER: \_\_\_\_\_

SIGNATURE OF INTERPRETER: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

**FEES:**

The rate for in-person interpreting is a flat rate of \$50.00 per hr. The minimum charge for each call will be two hours. If the duration of the service is longer than two hours, any part of the next hours will be rounded up to the hour. The minimum charge for telephone interpreting will be one hour.

Cancellation notice must be given 24 hours prior to the appointment; otherwise a cancellation fee of \$50.00 shall apply.

\* For example: emergency room; day operation; family doctor appointment; specialist appointment; physiotherapy; telephone interpreting.

\*\* A "call request" is any one-language call between the interpreter and requested party lasting less than 12 minutes. This is not telephone interpreting.

<i>For office use only</i>	
Total Hours: _____	x \$50 = _____
Call requests: _____	x \$10 = _____
HST 15 % = _____	
Total: _____	