



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 **IWK** 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: _____	