



Interpretive Services Appointment Record

Worker Information

Worker Name (Last Name, First Name, Middle Initial)

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Claim Number

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Date of Injury (Use mm/dd/yy format)

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Interpreter Information

Interpreter's Name (Last, first, middle initial)

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Interpreter's Provider Number

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Appointment Information

Type of appointment – write the type of appointment such as diagnostic, doctor, vocational, etc.

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Appointment Date (Use the mm/dd/yyyy format)

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Language Requested

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Healthcare or Vocational Provider's Name (Last Name, First Name)

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Billing Information

Is this a group service? No Yes Number of people in the group

Appointment Street Address

City

State

Zip Code

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Arrival Time:

Scheduled Start Time:

Actual Start Time:

End Time:

Total Billable Minutes:

Interpreter's Signature:

By signing, I certify under penalty of perjury under the laws of the State of Washington that the information above is a true and correct statement of the interpretive services I provided.

Interpreter's signature

Date

Interpreter Service Verification (This section is to be completed by the health care or vocational provider or their designee)

- **Do not sign unless the information above is completed.** Keep a copy of this form for the provider's records.

Print name of person verifying services

Title

Provider's NPI or L&I Provider Number

Signature of person verifying services

Date

Phone Number

Instructions for completing Interpretive Services Appointment Record

- **A completed ISAR must be in the claim file by the time your bill is processed to avoid bill denial.**
- Complete billing rules and instructions can be found online at: www.Lni.wa.gov/FeeSchedules/ in the Fee Schedules and Payment Policies (MARFS) – Chapter 14 Interpretive Services

Complete the entire form. See below for detailed information on our most questioned fields.

Worker Information:

Worker Name	Enter the worker name in the last name, first name, middle initial format. If there aren't enough spaces for the entire worker name, enter as much of the name as possible.
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Interpreter Information:

Interpreter's Name	Enter the name of the person who provided the interpretation services. If there aren't enough spaces for the entire interpreter's name, enter as much of the name as possible.
Interpreter's Provider Number	Enter the L&I provider payment number assigned to the interpreter who provided the interpretation services.

Appointment Information:

Type of Appointment	Write the type of appointment for provided interpretive services, such as doctor, diagnostic, vocational, etc.
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Billing Information:

Group Service	If this is for a group service, check the "Yes" box. In the space provided, write the number of people in the group. Group service time must be divided between ALL clients in the group. For more information, please refer to the Fee Schedules and Payment Policies (MARFS) – Chapter 14 Interpretive Services (see the link above).
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Signature:

Interpreter Signature	The interpreter who provided the service and is named on the ISAR must sign and verify they provided interpretation. This signature is required prior to submitting the ISAR and the bill.
Person Verifying Services Signature	The person verifying the information is correct must sign; this may be the medical provider. The signature is required prior to submitting the ISAR and the bill.

How to submit your bill: Mail your bill or use our Direct Entry Billing. Do not fax your bill.

How to submit your ISAR: Submit the original to the insurer. Use addresses and fax numbers below only for the ISAR and mileage documentation.

State Fund

Department of Labor and Industries
PO Box 44291
Olympia WA 98504-4291
800-848-0811 or 360-902-6500
Fax: 360-902-4567

Crime Victims Compensation

Department of Labor and Industries
PO Box 44520
Olympia WA 98504-4520
800-762-3716 or 360-902-5377
Fax: 360-902-5333

Self-Insurer

Varies – Call 360-902-6901 to obtain the insurer's phone number and address
Or see the Self-Insurer list:
www.Lni.wa.gov/SelfInsured