



Kim Tong Translation Service, Inc.
Interpreter Worksheet

2994 Rice Street, Little Canada, MN 55113
 Telephone #: (651-252-3200)

KTTS Bill ID#:	
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Insurance :	
Group # :	
Member # :	
<input type="checkbox"/>	Client No-Show
<input type="checkbox"/>	Late Cancellation

Appointment KTTS ID#:	
Type: Interpretation	
Date:	Language:
Request Arrival Time:	Arrival Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Appt. Time:	Departure Time: <input type="checkbox"/> AM <input type="checkbox"/> PM

Client KTTS ID#:	
First Name:	Address:
Middle:	City:
Last Name:	Zip:
DOB: Gender:	Phone #: Alt. #:

Location KTTS ID#:	
Name:	Address:
Client's MR#/ID#:	
Department:	City:
Unit-Room #:	Zip Code: Phone #:

Interpreter KTTS ID#:	Roster ID#:	Comment:
Interpreter:		
Signature:	Date:	

Service Provider	Comment:
Provider Name:	
Clinic Staff:	
Signature:	

Billing Fax: (651-252-3258) Email: servicefee@kttsmn.com

Worksheets must be submitted no later than two days after appointment by fax or pdf attachment.