

## Verification of Service (VOS) Form

VOS forms must be submitted within 24 hours of assignment completion

E-mail completed VOS forms to [invoice@excelinterpreting.com](mailto:invoice@excelinterpreting.com) or fax to 1 (800) 930-2393

### Assignment Information

Service Date: \_\_\_\_\_ Time: \_\_\_\_\_

LEP / Case Name: \_\_\_\_\_ Case # / MRN: \_\_\_\_\_

Service Description: \_\_\_\_\_

Location: \_\_\_\_\_

Address / Department: \_\_\_\_\_

Facilitator: \_\_\_\_\_

### Must Be Signed By Provider

Interpreter Arrival Time: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Authorizer Name (Print): \_\_\_\_\_

Authorizer Signature: \_\_\_\_\_ Tel No.: \_\_\_\_\_

### Interpreter

Interpreter Name: \_\_\_\_\_ Language: \_\_\_\_\_

Notes: \_\_\_\_\_