



# MINNESOTA INTERPRETERS AND TRANSLATORS, LLC

## INTERPRETER REQUEST & CANCELTION FORM

**Location/Address:**

**Requester Name:**  **Requester Phone #:**  *Ext.*

**Today's Date:**  /  /   
MM                      DD                      YEAR

- REQUEST**
- CANCELED**
- RESCHEDULE**

**Fax Requests to : (888) 391 - MINT (6468)**

E-mail Request To: [languageservices@mintcommunications.net](mailto:languageservices@mintcommunications.net)

<b>Appointment Date</b>			
<b>Appointment Start Time</b>		<b>Hours Requested</b>	
<b>Language</b>			
<b>Appointment Type</b>			
<b>Provider's Name</b>		<b>Client's Date of Birth</b>	
<b>Client Name &amp; Number (for reminder call)</b>			
<b>Additional Information</b>			
<b>MINT</b>	<b>BILL</b>	<b>DIRECT</b>	<b>INFORMATION</b>
<b>Insurance Carrier Name</b>		<b>Claim Number</b>	
<b>Adjuster Name</b>		<b>Adjuster Number</b>	
<b>Attorney Name &amp; Number</b>		<b>Adjuster Fax Number</b>	
<b>QRC Name</b>		<b>QRC Cell Number</b>	