Hearing Impaired Patient Flow

72 Hours Prior to Appointment

Intern

PATIENTS REQUIRING HEARING IMPAIRED INTERPRETER MUST BE SCHEDULED AT 72 HOURS IN ADVANCE OF EACH APPOINTMENT.

1. Print out these instructions with attached **VRI- Interpreter Request Form**. Notify front desk staff that patient is hearing impaired at the time appointment is scheduled.
2. COMPLETE ALL SECTIONS WITH RED ASTERISK *.
3. Intern uses their email Cleveland address on the form.
4. Take completed form to Jennifer Podor to be faxed to the number on the sheet.
5. A unique link will be emailed to your student email account that will be used on the day of the appointment.

At Time of Appointment

Intern

1. Check out iPad from library
2. Sign in to student email account using office365.com. NOTE: Do **NOT** sign in from the Outlook app.
3. Open email from deaf-interpreter.com
4. Link will automatically open in **VidyoMobile** app.
5. Click "Join Conference".
6. Click to allow camera & mic access.
7. Position iPad on stable surface for patient viewing and interaction.
8. Begin session.
9. Return iPad to library at conclusion of appointment.

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deaf interpreter services, inc.

two worlds/one voice
www.deaf-interpreter.com

Billing Address:
P O Box 700047
San Antonio, TX. 78270

Main Office: **(210) 545-2946 / 24 hrs.**
Toll Free: **(844) 545-2946 / 24 hrs.**
Fax: (210) 490-1006
E-mail: Requests@deaf-interpreter.com

 Facebook.com/DeafInterpreter   Twitter@DeafInterpSvc

VRI - Interpreter Request Form

*** Please fill out and fax back to** **(210) 490-1006** *as soon as possible ***

*****Today's date:** _____

*****Date of Appointment:** _____   *****Time of Appointment:** _____

*****Deaf Person's Name:** _____   **Type of Appt:** _____**Medical**_____

Clinic Name: _____**Cleveland University - Kansas City**_____

***** **Email Address for VRI Link:** _____**@my.cleveland.edu**

_____

***** **Length of Appt:** _____ *****Contact person (Name & #):** _____

 (Confirm interpreter & information regarding appointment)*****Email:** _____

Business Mailing Address: (Billing correspondence)

_**Cleveland University - Kansas City**_____

_**11850 Lowell Avenue**_____

_**Overland Park, KS 66210**_____

Accounting Contact ____**Susan**____   *Phone #* __**913-234-0691**__

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SCHEDULED CONFIRMATION
Confirmed by (Name): _____
Date: _____ Time: _____
Logged: _____ Scanned: _____

Billing Information: (check box w/preference)

☐ *Fax #*_____ ☒ *Email* **ap@cleveland.edu** ☐ *Mail (see above)*

~ OR ~ Pay by Credit Card

☐ *Credit Card (3% additional handling fee)* ___ *MasterCard* ___*Visa* ___*American Express*

Name on card: _____

Card Number: _____ *Exp. date:* _____

Cardholders address: _____

Signature of cardholder: _____

* *Requests received with less than 24 hour notice will be billed at Time-and-a-half**
*Less than 24 hour cancellation will be billed in its entirety**
*Legal assignments require 48 hour notice for scheduling & cancellations**
Short notice cancellations & Client "NO-Shows" will be billed for in their entirety

*24 hr. cancellation notice is required per day for assignments lasting more than one day**
(i.e. a two day event requires 48 hr notice, a three day event requires 72 hr notice)

***** **Professional Sign Language & Oral Interpreters** ***** **Video Remote Interpreting** *****
*****Captioning** ***** **Deaf Support Specialists** *****