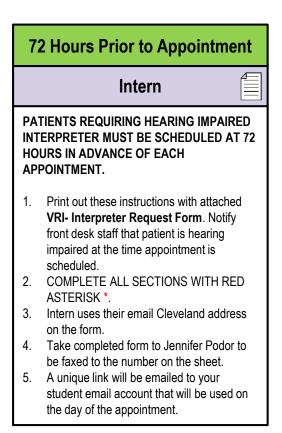
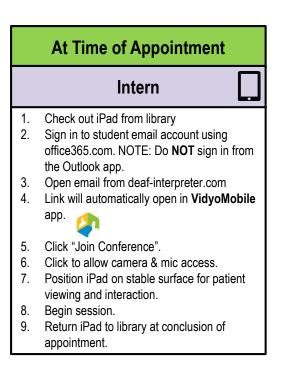
## Hearing Impaired Patient Flow





|  | <b>Billing Addres</b><br>P O Box 700047  |  |  |
|--|--|--|--|
|  | San Antonio, TX  |  |  |
|  | Main Office:   | (210) 545-2946 / 24 hrs.   |  |
| CIC  | Toll Free:   | (844) 545-2946 / 24 hrs.   |  |
| deaf interpreter<br>services, inc.   | Fax:<br>E-mail:  | (210) 490-1006<br>Requests@deaf-interpreter.com                          |  |
| two worlds/one voice   |  |  |  |
| www.deaf-interpreter.com   | Facebook.cor   | m/DeafInterpreter B Twitter@DeafInterpSv                                 |  |
| VRI  | - Interpreter Request 1  | Form   |  |
| ** Please fill out and f   | ax back to ( <b>210</b> ) <b>490-1006</b>  | as soon as possible **   |  |
|  | •  | Today's date:  |  |
| *Date of Appointment:  | *Time  | *Time of Appointment:  |  |
| *Deaf Person's Name:   | Type of  | Type of Appt: Medical  |  |
| Clinic Name  | Cleveland Univ   | versity - Kansas City  |  |
| * Email Address for VRI Lin  | ık:  | @my.cleveland.edu  |  |
| Cleveland University - Kansas City<br>11850 Lowell Avenue<br>Overland Park, KS 66210<br>Accounting Contact Susan<br>************************************ | Phone #913-234-0691  | Confirmed by (Name):   Date: Time:   Logged: Scanned:                    |  |
| Billing Information: (check box w  | (preference)   |  |  |
| □ Fax #  | X <i>Email</i> <u>ap@clevela</u>   | nd.edu_ 🛛 Mail (see above)   |  |
| -  | - OR ~ Pay by Credit Card  | d  |  |
| Credit Card (3% additional k   | nandling fee) MasterCard   | VisaAmerican Express   |  |
| Name on card:  |  |  |  |
| Card Number:   |  | <i>Exp. date:</i>  |  |
| Cardholders address:   |  |  |  |
| Signature of cardholder:   |  |  |  |
| *Less than 24 ho<br>*Legal assignments requ<br>*Short notice cancellations &   | our cancellation will be bille<br>uire 48 hour notice for sche<br>& Client "NO-Shows" will b | <i>eduling &amp; cancellations</i> *<br>be billed for in their entirety* |  |
| *24 hr. cancellation notice is re  | equired per day for assignme   | ents lasting more than one day*  |  |

\_\_\_\_

(i.e. a two day event requires 48 hr notice, a three day event requires 72 hr notice)