



NEXUS Inland NW
 INTERPRETER SERVICES
 1206 N Howard Street
 Spokane, WA 99201

Email: IS@NexusINW.com
 Phone: (509) 328-3728
 Fax: (509) 435-0886

NEXUS

REQUEST FORM

Fax form to Interpreter Services (509) 435-0886 or email to: IS@NexusINW.com

➔ You may also make an online request at www.NexusINW.com ➔

Requestor Name: _____ Phone _____ Ext _____ Fax _____
Name of PERSON placing request (Must include a full name of person requesting) PLEASE INCLUDE PLEASE INCLUDE

Deaf Client Name: _____ Requested Service Date: _____
Please Select Day S M T W T F S

Start Time: _____ AM PM End Time: _____ AM PM

Brief Description of the Situation: _____

Name of person deaf client is seeing: _____

Your Client ID# _____ Requester's Email _____

Service Location Business Name: _____

Bldg Name / Address: _____ Room # / Floor #: _____

City: _____ WA ID ZIP: _____ Directions: _____

Any other pertinent information the interpreter or HCL should know: _____

Billing Information (PLEASE INCLUDE) *Note: NEXUS does not bill insurances*

Billing Company Name: _____ Billing Contact Name: _____

Billing Email: _____ Billing Contact Phone: _____

Billing Address: _____ City: _____ WA ID ZIP: _____

Please send this form to Interpreter Coordinator by email to IS@NexusINW.com or by fax at (509) 435-0886

For NEXUS Office Use Only

Date Received: _____ Time Received: _____ By: Email Fax Phone

Interpreter Assigned: _____ Customer Confirmation Sent Date: _____ Time _____
 By: Email Fax Phone

Notes:

Job # _____ Session # _____