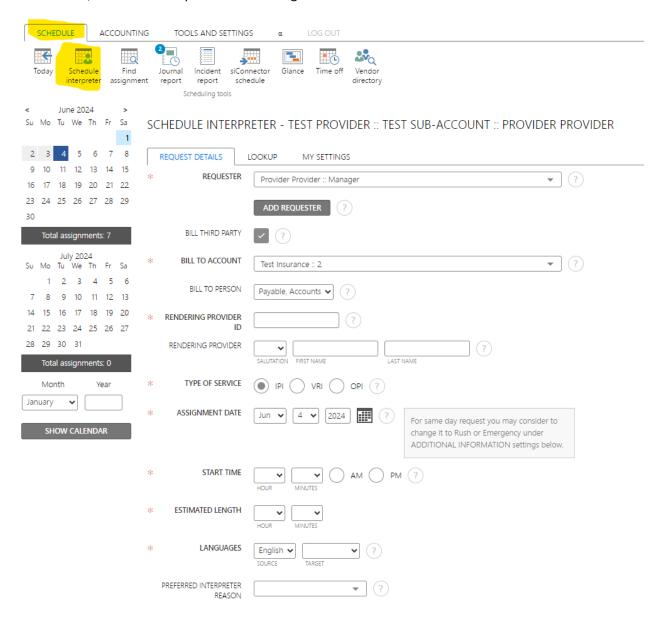
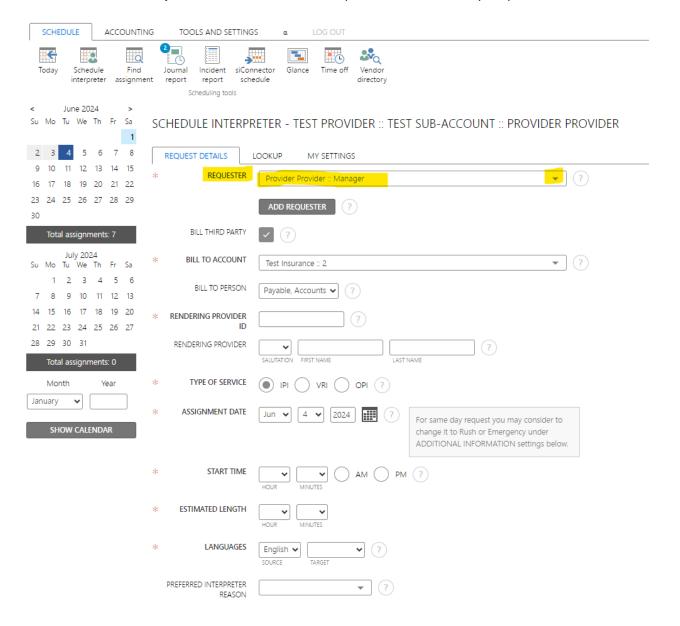
To schedule an appointment using the Schedule Interpreter, please follow these step-by-step instructions:

1. **Access the Scheduling Screen**: Navigate to the Schedule Interpreter icon, second from the top left, and click it to open the scheduling screen.



2. Choose the Requester Account: From the drop-down menu choose your provider account.

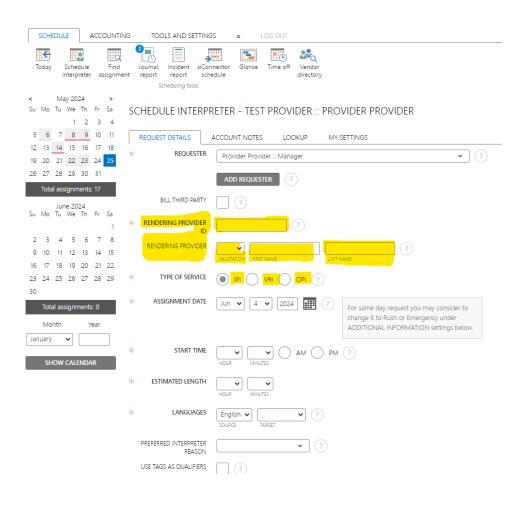


3. **Third Party Billing**: Check the box provided for third party billing, this is now Required. A dropdown box will appear to add a billing account. The second dropdown box will allow you to specify a person.

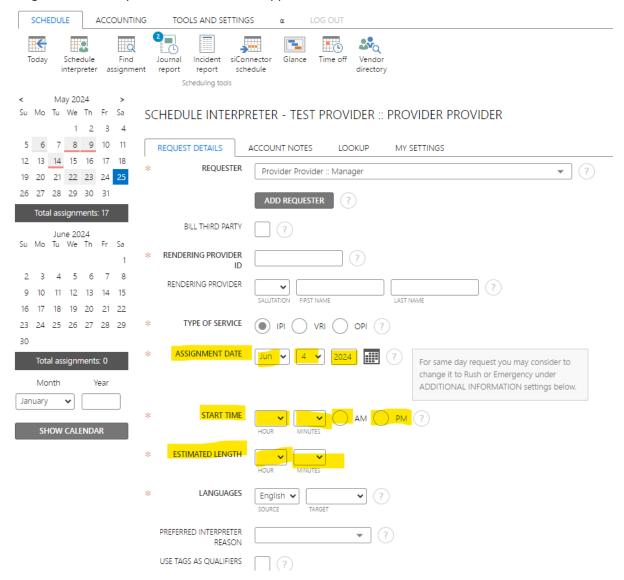
SCHEDULE INTERPRETER - TEST PROVIDER :: PROVIDER PROVIDER

REQUEST DETAILS	ACCOUNT NOTES LOOKUP MY SETTINGS
* REQUESTER	Provider Provider :: Manager
	ADD REQUESTER ?
* BILL THIRD PARTY	
* BILL TO ACCOUNT	State of Washington (LNI) :: 5434
BILL TO PERSON	Payable, Accounts • ?
* RENDERING PROVIDER	
RENDERING PROVIDER	R SALUTATION FIRST NAME LAST NAME

4. **Enter Rendering Provider ID, Name and Service Type**: Input the provider's ID, name and select the type of service (Over the phone, Video or In Person). The default is In-Person, but you can change it to VRI or OPI if needed.



5. **Set Date and Time and Estimated Length of appointment**: The assignment date defaults to today, but you can select a different date using the dropdowns on the calendar. For the start time, use the dropdowns to specify the time, ensuring to indicate AM or PM. At the estimated length enter the expected duration of the appointment.



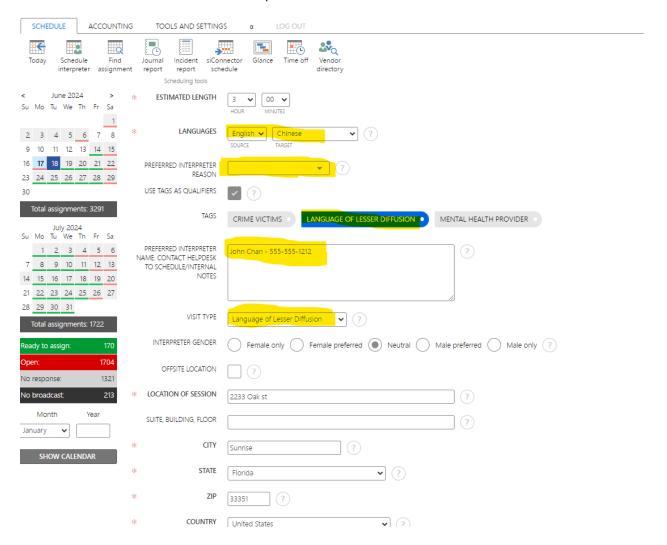
6. **Language Selection, Tags and Preferred Interpreter**: The source language is predetermined, but you can select the required target language from a drop-down list of options.

Preferred Interpreter Reason can be chosen from the dropdown menu. The **Preferred Interpreter Name** should be entered in the box provided. Additionally, the "USE TAGS AS QUALIFIERS" box Must

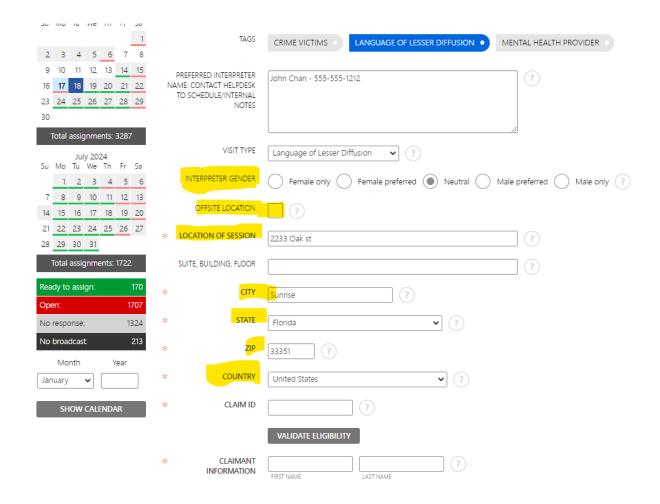
be Check and a Tag selected so that the opportunity to accept the encounter does not get transmitted to all the qualified Interpreters, but the preferred Interpreter can be scheduled by the WordBridge Staff.

Preferred Interpreter should be used only when warranted, and within Washington LNI Guidelines.

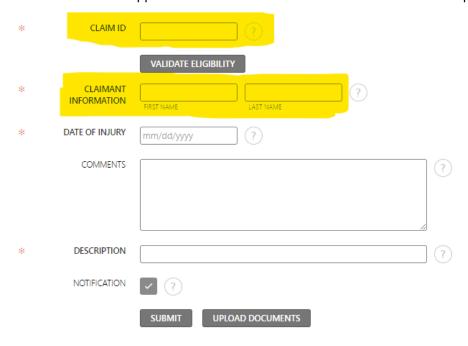
Then choose the **VISIT TYPE** from the drop-down menu.



- 7. **Visit Type, Gender Preference (OPTIONAL)**: From the drop-down box enter the Visit Type and an optional gender preference.
- 8. **Address Confirmation**: The address will auto-populate based on the account, but you can manually change it if necessary.

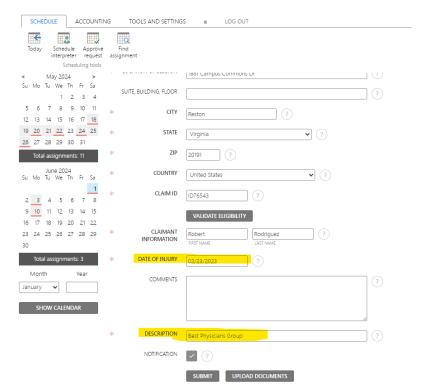


9. **Claim Information**: Enter Claim ID and Claimant name as well as date of injury. Add any additional information on the appointment in the comments section and a brief description of



services

10. Date of Injury and Description are required fields.



11. **UPLOAD DOCUMENTS and SUBMIT**: Check box to send notifications to matching interpreters of appointment, upload any relevant documents and then click **SUBMIT**.



12. **Confirmation screen:** Select **FINISH** to complete the request.



REQUEST #31

REQUESTER			
First and last name	SOSItest Provider	Phone	
		Number	
E-Mail Address	test@test.com BILL TO: SOSI Test Account 454545		

REQUEST DETAILS					
Place of Service	SOSI Test Account	Department			
Address	1881 Campus Commons Dr	Provider Name			
City	Reston	State	VA	ZIP Code	20191
Date	May 17, 2024	Start Time	9:00 am	End Time	10:00 am
Notes	On-site Contact:	•	•	•	•

CONSUMER DETAILS			
First and last name	Brent Perumal	Language:	Spanish
Gender:		DOB:	01/01/2022
Telephone Number:			

AUTHORIZATION				
I am an authorized requestor of services listed above for SOSI Test Account and hereby authorize WordbridgeLNI to provide				
interpreting services, subject to fee schedules, terms and conditions.				
Requestor's Signature:	SOSItest Provider	Date Signed:	May 16, 2024	

	CONFIRMATION				
Job Number:	31	Assigned Interpreter:		Confirmed	
			RID	by:	

Rev. 12/2016

