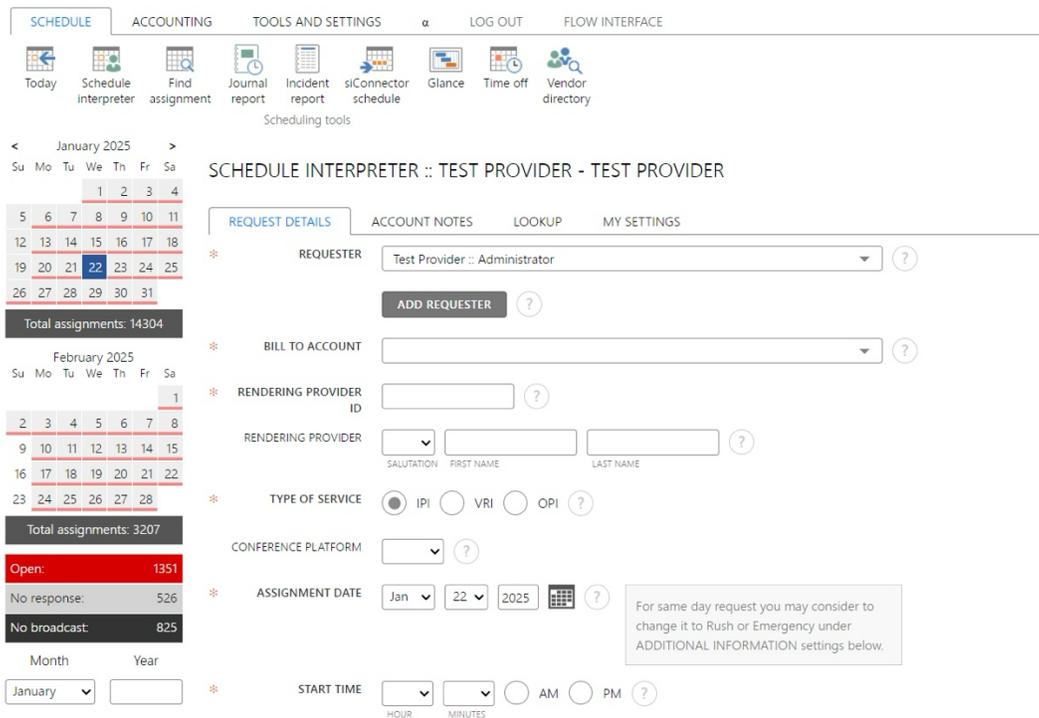


# Schedule an Interpreter Appointment with WordBridge

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



The screenshot shows the WordBridge scheduling interface. On the left, there is a navigation menu with icons for Today, Schedule Interpreter, Find assignment, Journal report, Incident report, siConnector schedule, Glance, Time off, and Vendor directory. Below this is a calendar for January 2025, with a total of 14304 assignments. A summary for February 2025 shows 3207 total assignments, with 1351 open, 526 no response, and 825 no broadcast. The main form is titled "SCHEDULE INTERPRETER :: TEST PROVIDER - TEST PROVIDER" and includes fields for Requester (Test Provider :: Administrator), Bill to Account, Rendering Provider ID, Rendering Provider (Salutation, First Name, Last Name), Type of Service (IPI, VRI, OPI), Conference Platform, Assignment Date (Jan 22, 2025), and Start Time (Hour, Minutes, AM/PM).

2. **Choose the Requester Account:** If your account does not appear then choose it from the drop-down menu.
3. **Select “Bill To Account”:** in the Bill To Account field, use the drop-down menu to enter the party responsible for payment.

### **State Fund and Crime Victim Claims**

Select **“State of Washington (L&I)”** only for State Fund claims that begin with the letters A, B, C, F, G, H, J, K, L, M, N, P, X, Y, or Z followed by six digits, or double alpha letters (example AA) followed by five digits and Crime Victims claims that begin with a V followed by six digits, or double alpha letters.

### **Self-Insured Claims**

Select the appropriate **self-insured employer**, not the Third Party Administrator, for **Self-Insured** claims that begin with an S, T, or W followed by six digits, or double alpha letters

followed by five digits.

If you cannot find the name of the self-insured employer on the list, send an email to L&I's interpretation program at [Interpretation@Lni.wa.gov](mailto:Interpretation@Lni.wa.gov), and include the name of the patient and the claim number that begins with S, T, or W.

### SCHEDULE INTERPRETER :: TEST PROVIDER - TEST PROVIDER

REQUEST DETAILS ACCOUNT NOTES LOOKUP MY SETTINGS

\* REQUESTER Test Provider :: Administrator ?

ADD REQUESTER ?

\* BILL TO ACCOUNT

\* RENDERING PROVIDER ID

RENDERING PROVIDER

\* TYPE OF SERVICE

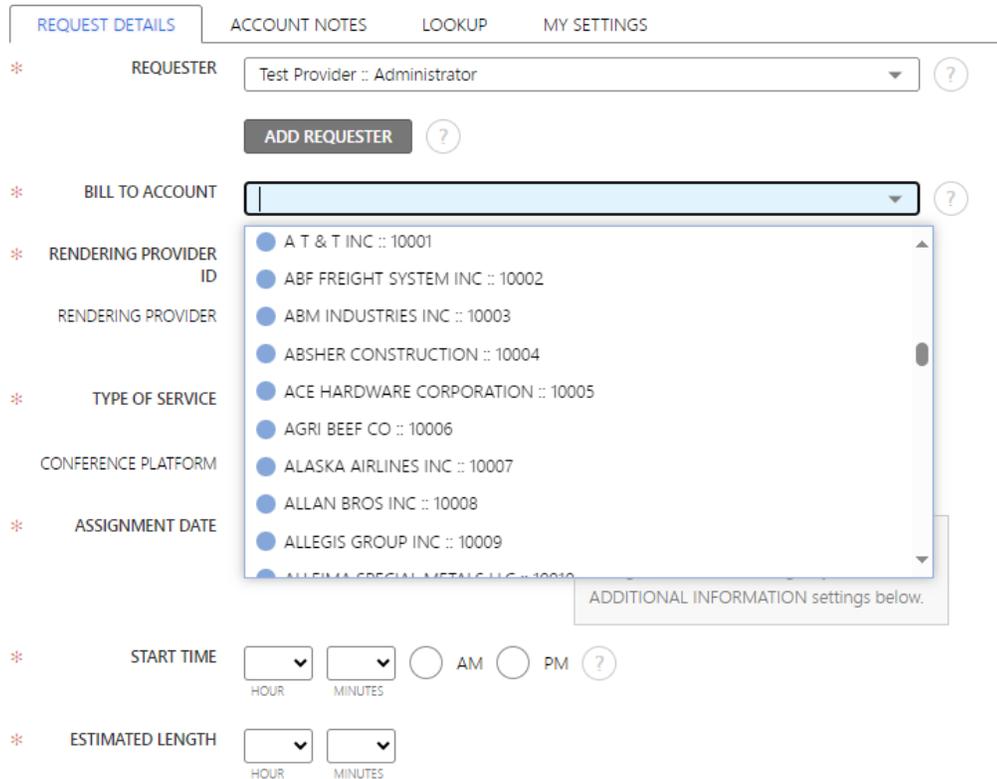
CONFERENCE PLATFORM

\* ASSIGNMENT DATE

START TIME

ESTIMATED LENGTH

ADDITIONAL INFORMATION settings below.



|                                     |
|-------------------------------------|
| A T & T INC :: 10001                |
| ABF FREIGHT SYSTEM INC :: 10002     |
| ABM INDUSTRIES INC :: 10003         |
| ABSHER CONSTRUCTION :: 10004        |
| ACE HARDWARE CORPORATION :: 10005   |
| AGRI BEEF CO :: 10006               |
| ALASKA AIRLINES INC :: 10007        |
| ALLAN BROS INC :: 10008             |
| ALLEGIS GROUP INC :: 10009          |
| ALLENDA SPECIAL METALS LLC :: 10010 |

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

RENDERING PROVIDER ID  ?

RENDERING PROVIDER    ?  
SALUTATION FIRST NAME LAST NAME

\* TYPE OF SERVICE  IPI  VRI  OPI ?

CONFERENCE PLATFORM  ?

\* ASSIGNMENT DATE Jan 22 2025 ?

\* START TIME   AM  PM ?  
HOUR MINUTES

\* ESTIMATED LENGTH    
HOUR MINUTES

\* LANGUAGES English  ?  
SOURCE TARGET

PREFERRED INTERPRETER REASON  ?

USE TAGS AS QUALIFIERS  ?

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.

\* TYPE OF SERVICE  IPI  VRI  OPI ?

CONFERENCE PLATFORM  ?

\* ASSIGNMENT DATE Jan 22 2025 ?

For same day request you may consider to change it to Rush or Emergency under ADDITIONAL INFORMATION settings below.

\* START TIME   AM  PM ?  
HOUR MINUTES

\* ESTIMATED LENGTH    
HOUR MINUTES

\* LANGUAGES English  ?  
SOURCE TARGET

PREFERRED INTERPRETER REASON  ?

USE TAGS AS QUALIFIERS  ?

TAGS CRIME VICTIMS MENTAL HEALTH PROVIDER

PREFERRED INTERPRETER NAME, CONTACT HELPDESK TO SCHEDULE/INTERNAL NOTES  ?

\* VISIT TYPE  ?

INTERPRETER GENDER  Female only  Female preferred  Neutral  Male preferred  Male c

OFFSITE LOCATION  ?

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 checked, 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.

*Only use the tags when you are entering the NAME of a preferred interpreter in the text box located below the tags*

*Preferred Interpreter should be used only when warranted, and within Washington L&I Guidelines per [Chapter 14: Language Access Services for Spoken Languages \(wa.gov\)](#).*

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

The screenshot shows a web form with the following fields and options:

- PREFERRED INTERPRETER NAME:** CONTACT HELPDESK TO SCHEDULE/INTERNAL NOTES
- VISIT TYPE:** A dropdown menu is open, displaying a list of visit types: Surgery Care, Language of Lesser Diffusion, IME, Therapeutic Activity, Rehabilitation, Medical Care, Surgery, Emergency Visit, Work Hardening, Reading Examination, Vocational Services, Hospital Inpatient, Brain Injury Program Only, Office Visit, Crime Victim, Consultation, Pain Management Program Only, Behavioral Health, and Reopening Claim Application.
- INTERPRETER GENDER:** Radio buttons for Preferred (selected), Neutral, Male preferred, and Male only.
- OFFSITE LOCATION:** Language of Lesser Diffusion
- LOCATION OF SESSION:** Therapeutic Activity
- SUITE, BUILDING, FLOOR:** Rehabilitation
- CITY:** Medical Care
- STATE:** Surgery
- ZIP:** Emergency Visit
- COUNTRY:** Work Hardening
- CLAIM ID:** Reading Examination
- CLAIMANT INFORMATION:** Vocational Services
- DATE OF INJURY:** Hospital Inpatient
- DESCRIPTION:** Brain Injury Program Only

- 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.

\* LOCATION OF SESSION  ?

SUITE, BUILDING, FLOOR  ?

\* CITY  ?

\* STATE  ?

\* ZIP  ?

\* COUNTRY  ?

\* CLAIM ID  ?

9. **Claim Information:** Enter Claim ID, enter claimant’s name in Claimant Information fields, and enter Date of Injury. **It’s important that you enter the correct claim information in WordBridge to ensure prompt payment to SOSi, who can then pay the interpreters.** Do not include any spaces or symbols in the claim ID field and the patient's name has to match the spelling in the L&I system.

Then, add any additional information on the appointment in the comments section and a brief description of services.

\* CLAIM ID  ?

**VALIDATE ELIGIBILITY**

\* CLAIMANT INFORMATION   ?

\* DATE OF INJURY  ?

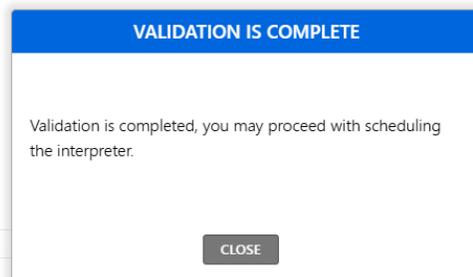
\* DESCRIPTION  ?

NOTES TO INTERPRETER (DO NOT INCLUDE CLAIMANT INFORMATION HERE INCLUDING PHONE NUMBER)  ?

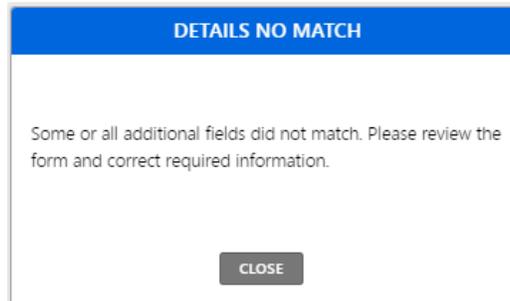
**SUBMIT**

Description Field is also required.

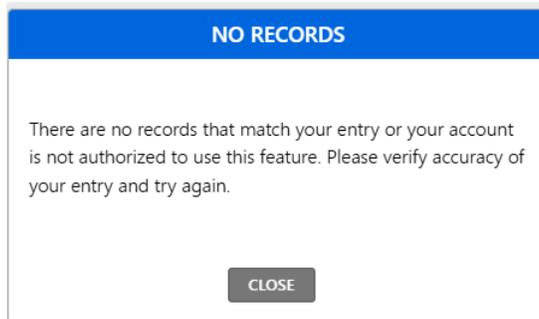
10. **Prior to clicking SUBMIT:** Please click on “Validate Eligibility”. This will verify the claim number, patient name, and date of injury against the claim information provided by L&I. If all data entered is correct, you will receive a message notifying you that you may proceed with your submission.



If the claim number is valid but does not match the last name and/or Date of Injury, you will receive a message similar to the one below.



If the claim number is invalid, you will receive a message with a statement similar to: “Please verify accuracy of your entry and try again.”



The claim may not be active, or claim information you entered may be incorrect. If the interpretation services are not compensable by L&I, an SIE or their TPA, or the Crime Victims Compensation program, you will be responsible for the interpreter services. Please note that if the services were requested by L&I on a closed claim (i.e., IME appointments), L&I will pay for the services.

Need to verify a claim? Call 1-800-831-5227 for state fund claims or the adjuster for self-insured claims.

If the claim cannot be verified, you may still schedule the appointment by clicking submit; however, if the claim is not validated at a later date, the requesting entity may be responsible for the payment of services rendered.

11. **Click SUBMIT:** If you click SUBMIT prior to attempting to validate the claim number, the message below will appear.

**CAN'T PROCEED**

Please use VALIDATE ELIGIBILITY button to make sure an assignment can be scheduled for this consumer.

**CLOSE**

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



## REQUEST #137543

| PROVIDER       |               |              |              |
|----------------|---------------|--------------|--------------|
| REQUESTER NAME | Test Provider | Phone Number | 301.555.5555 |
| PROVIDER NAME  | test provider |              |              |

| REQUEST DETAILS              |                  |            |         |          |          |
|------------------------------|------------------|------------|---------|----------|----------|
| Visit Type                   | Office Visit     | Modality   | on-site |          |          |
| Address                      | 123 abcdef st    | CPT Code   |         |          |          |
| City                         | sunrise          | State      | FL      | ZIP Code | 33351    |
| Date                         | January 22, 2025 | Start Time | 9:00 pm | End Time | 10:00 pm |
| Preferred Interpreter Reason |                  |            |         |          |          |
| Preferred Interpreter Name   |                  |            |         |          |          |
| Notes                        |                  |            |         |          |          |

| CLAIMANT DETAILS |                           |              |               |
|------------------|---------------------------|--------------|---------------|
| Claimant Name    | Test Person               | Language     | TEST LANGUAGE |
| Date of Injury   | 01/01/2025                | Claim ID     | AB00000       |
| Bill To          | State of Washington (LNI) | Attention To |               |

| AUTHORIZATION  |               |              |                  |
|--|---------------|--------------|------------------|
| I am an authorized requestor of services listed above for test provider and hereby authorize WordbridgeLNI to provide interpreting services, subject to fee schedules, terms and conditions. |               |              |                  |
| Requestor's Signature:   | Test Provider | Date Signed: | January 22, 2025 |

| CONFIRMATION       |        |                       |  |
|--------------------|--------|-----------------------|--|
| Assignment Number: | 137543 | Assigned Interpreter: |  |

**FINISH**
**PRINT**
**CLONE**
**CONTROL CENTER**