



245 East 116th Street
New York NY 10029
Tele :212-426-6017
Fax: 64-827-3628

Interpreting Service Request Procedure.

1. **Fill in the Interpreting Service Request Fax form** and provide signature at the bottom.
2. **Call MEJ Personal Business Services at 212-426-6017 Ext 2.** Please be prepared to provide interpreting assignment information such as Clients Name, Date, Time and location of appointment to the MEJ Representative.
3. **Fax the Filled in Interpreting Services Fax request Form to 646-827-3628.**

A MEJ representative will give you a call to confirm receipt of your faxed request for interpreting services, verbally confirm /approve your request and provide an estimated time of arrival for Emergency need request.

MEJ Personal Business Services Inc will not approve any request for interpreting services, until a completely filled in Request form has been received. Please insure all faxed request for emergency related interpreting services are preceded with a telephone call to 212-426-6017. The above protocol has been developed to insure all request for interpreting services are honored in a timely and professional manner.

Respectfully Yours
Melvin Johnson



245 East 116th Street
 New York NY 10029
 Tele :212-426-6017
 Fax: 64-827-3628

***Sign Language / Foreign Language Interpreting Service
 Fax Request Form***

To: Elizabeth / Melvin Johnson	From:
Fax: (646) 827-3628	Company Name:
Tele: (212) 426-6017	Department:
Date:	Fax #:
Email Support@mejpbs.com	Phone #:

Please provide on-site sign language / foreign language interpreting services for the following clients / patients

Client's / Patient's Name :		Time:	Date:
Department / Clinic:		Contact Name:	Contact Phone:
Location of Appointment:			
Preferred Gender of Interpreter: Female: __ Male: __ N/A: __	On-Site ___ Video ___ Tele ___		Client's record #:
Preferred Language or style of communication :			

Credit Card Billing Information

Credit Card Number _____
Card Holder Name _____
Expiration Date _____
Card Issuer: MasterCard Visa
3 digit security code on back of card, _____

Please provide signature and date below prior to faxing this form to (646) 827-3628.

Signature: _____ **Date:** _____