**Client Registration Form**

## **Client Contact & Profile Information**

Complete this and send a copy of it to**:** **jvandyke@propio-LS.com**

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| **Organization Name:** |  |
| **Billing Contact Person:** Responsible for billing correspondence including monthly invoices, billing & payment inquires |
| Name: |  | Title: |  |
| Phone: |  | Fax: |  |
| Billing email 1: |  |
| Billing email 2: |  |
| Street address: |  |
| City, State, Zip: |  |
| **Communication Contact Person:** Responsible for communication correspondence involving training resources, monthly messages, urgent notifications, etc. |
| Name: |  | Title: |  |
| Phone: |  | Fax: |  |
| Email: |  |

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| **Indicate the Interpreter skill set to match client service/industry.** Select one: [ ]  **Medical** [ ]  **Legal** [ ]  **General** |
| **Billing intake** to be obtained for each service and provided on invoice for client’s internal auditing purpose. Please note intake reporting is based on end-user response and is not guaranteed. **Examples of intake are as follows:*** **Caller’s first & last name**
* **Caller’s location**
* **Patient’s last name only**

**Please indicate up to three intake questions your staff will be able to provide a response to:** |
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| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |

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