**Client Registration Form**

## **Client Contact & Profile Information**

Complete this and send a copy of it to**:** [**jvandyke@propio-LS.com**](mailto:jvandyke@propio-LS.com)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:** |
| |  |  | | --- | --- | | 1 |  | | 2 |  | | 3 |  | |