

Interpreting Network of the Eastern Shore

An Independent Program of

806 Snow Hill Road
Salisbury, MD 21804
(410) 546-1745 Voice/TTY (410) 543-4874 Fax



Sign Language Interpreting Rates EFFECTIVE September 26, 2016

DAYTIME RATE

Monday - Friday, 8 a.m - 5 p.m.

\$70.00 an hour

EVENING RATE

Monday - Friday, 5 p.m. - 8 a.m.

\$75.00 an hour

WEEKEND RATE

Saturday—Sunday Anytime

\$75.00 an hour

LEGAL INTERPRETING (police, courts, attorneys, real estate transactions, and administrative hearings)

\$80.00 an hour

EMERGENCY RATE (less than 24 hours notice)

\$75.00 an hour

Additional time will be charged incrementally according to the time of day and type of assignment.

All of the above fees are per interpreter, per request. A two hour minimum is charged for

POLICIES

Cancellation: A 48-hour notice of cancellation is required to avoid being charged. Less than a 48 hour cancellation notice will require full payment for the number of hours requested of interpreting services, two hour minimum. This includes cancellations as a result of the deaf or hard of hearing person failing to keep their appointment.

Request for changes to an assignment: Request must be received within 48 hours prior to the original scheduled time of an assignment. We cannot guarantee to fulfill changes with less than a 48 hour notice.

Mileage Charge: Mileage at \$.54 per mile to and from the assignment is charged regardless of distance.

Reimbursable Expenses: Other expenses to your agency include parking fees, toll costs, hotel accommodations, required workshop or convention fees and meals.

Assignments Requiring Two Interpreters:

Assignments exceeding two hours will require two interpreters. Your agency will be billed for the services of both interpreters for the entire length of the assignment. Under some circumstances involving consumers with minimal communication skills, the assignment may require the use of a second person functioning as a relay interpreter. If that occurs, your agency will be charged for both interpreters.

I, _____, of _____ have reviewed and will follow the billing policies and rate structure of Deaf Independent Living Association and agree to submit payment for services rendered within 15 days of invoice receipt. _____.

(A charge 1% of the total bill will be added if payment is not received by the due date.)