

# 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.)



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FEIN # 52-1274712



## Agreement to Pay For Interpreting Services Provided

Please complete and return by fax to 410-543-4874.

The signature below indicates that \_\_\_\_\_  
(name and title of authorized individual)

of \_\_\_\_\_, has reviewed and will follow the billing  
(company/organization)

policies and rate structure of Deaf Independent Living Association, Inc. (DILA) and agrees to submit payment for services rendered within 15 days of invoice receipt.

Deaf Independent Living Association, Inc. (DILA) is hereby authorized to accept requests for interpreting services placed by any staff member of and for this facility. Exceptions or restrictions to this statement are clarified below:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Complete Billing Address

\_\_\_\_\_  
Billing Contact Number

\_\_\_\_\_  
Billing Email Address