



# ASL-IS

## Interpreting Services

### **BILLING AGREEMENT FOR INTERPRETING SERVICES**

Thank you for contacting ASL Interpreting Services (ASL-IS). Please review the following policies:

**1. Assignment Structure:** All requests for interpreters must be scheduled by contacting the interpreter coordinator with a contractual time range. An on-site interpreter is not permitted to schedule or cancel requests. If an assignment is scheduled for two hours or longer, ASL-IS may need to schedule two interpreters to work as a team. Exceptions will be considered based on the details of the request, and ASL-IS reserves the right to make the final decision. Requests made with 24 hours or less notice must be submitted via phone.

**2. Fee Structure: (fees are per interpreter)**

The minimum for local interpreters includes one hour of interpreting services and one hour of interpreter travel charges. In the event no local interpreter is available, the nearest available interpreter will be sent.

#### **On-site Interpreting Services Fee Structure**

	<b>8:00am - 5:00pm</b>	<b>5:00pm - 8:00am / Weekends</b>
<b>Local Interpreter*</b>	\$130 first hour	\$140 first hour
	\$65 each additional hour of interpreting**	\$70 each additional hour of interpreting**
<b>Non-Local Interpreter</b>	\$65 / hour	\$70 / hour
	+ \$65 / hour for actual travel time	+ \$70 / hour for actual travel time

\*Local interpreter is an interpreter residing within 30 mins of the service location.

\*\*Pro-rated to the nearest 15 minutes.

#### **Tele-Interpreting Fee Structure**

	<b>8:00am - 5:00pm</b>	<b>5:00pm - 8:00am / Weekends</b>
<b>All Interpreters</b>	\$65/hour	\$70/hour
***Tele-interpreting services are not always appropriate for every client or situation. It also requires internet to support high definition video. ASL-IS will work with clients to determine when tele-interpreting should be utilized. Tele-interpreting services have a one hour minimum.		

**3. Cancellation Policy:** ASL-IS requires all assignments be cancelled with sufficient notice to avoid charges. Sufficient notice is given by contacting the interpreter coordinator during business hours and at least 24 hours before the start of an assignment.

You will receive an invoice based on the above fee structure for:

- Assignments cancelled with less than 24 hours notice.
- Assignments where an interpreter was requested, but not needed.
- Assignments when a requested interpreter arrives, but the Deaf or Hard of Hearing client does not.

**4. Inclement Weather Conditions Policy:** ASL-IS will not bill if the entire office/business closes due to weather concerns; however, if the place of business is open to the public, the standard cancellation policy applies. For tele-interpreting services, the strength of the internet connection is a variable out of our control. If an interpreter is confirmed for a tele-interpreting request, but due to internet/placement issues on-site the connection is not strong enough to support the call, ASL-IS will still bill for the minimum contracted time.

**5. Billing Structure:** Interpreting invoices will be sent biweekly. Payment is expected within 30 days from the invoice date. Late payments will be assessed a past due fee of 18% per annum added to the account monthly. Visa, MasterCard, Discover, American Express, PayPal and ACH transfers are accepted. A processing fee of 3% will be applied to credit card transactions.

**6. On-site Certified Deaf Interpreters (CDIs):** A CDI is an individual who is deaf and has been certified by the Registry of Interpreters for the Deaf as an interpreter. Deaf interpreters are used in unique situations that require a hearing ASL and Deaf interpreter team to ensure all consumers have effective, accurate, and full access to communication. Billing terms for CDIs do not follow the terms of hearing ASL interpreters. CDIs may need to travel to the location services are to be rendered and require lodging and travel expenses. Payment for CDI services varies significantly based upon the interpreter being used, therefore the service is billed as a lump sum.

**7. Subcontractors and Interns:** ASL Interpreting Services is dedicated to the betterment of our community and providing our consumers with the best services possible. In accordance with KRS 309.300 to 309.319, ASL-IS will only subcontract with American Sign Language Interpreters who are licensed to practice as an interpreter in Kentucky. ASL-IS may also send interns to either observe or assist a licensed interpreter. Our interns comply with the same standards and laws set for licensed interpreters in each setting they attend. We have formal relationships with nationally accredited universities, as well as a mentoring organization for working interpreters. If you have concerns, questions, or would prefer not to have interns present, please let us know. We will assume that no communication will imply you are willing to welcome our interns and apprentices into your establishments.

**8. Videotaping:** Interpreters working under ASLIS may not be videotaped without prior consent. If you would like to have a video copy of the interpreters work, contact the interpreter coordinator for information. Additional fees may apply.

**9. Jurisdiction:** Any controversy or claim arising out of or relating to this contract, or the breach thereof, or any disputes or failures to make timely payments of any amounts due and owing, shall be subject to the laws of the Commonwealth of Kentucky and jurisdiction shall be Jefferson County, Kentucky.

## **ACKNOWLEDGMENT PAGE**

I agree to the above policies, rates and cancellation procedure.

Signature:  Date: 6.12.2024

Printed Name: Jason Radford

Title: Superintendent

Organization Requesting Services: Oldham County Schools



**ASL-IS**  
Interpreting Services

## Company Information

**Company Name:** \_\_\_\_\_

**Address and suite number the interpreter is to report to:** \_\_\_\_\_

\_\_\_\_\_

**Site Contact Name and Phone Number:** \_\_\_\_\_

\_\_\_\_\_

**Billing Contact Name:** \_\_\_\_\_

**Billing Contact Address:** \_\_\_\_\_

\_\_\_\_\_

**Billing Contact Phone Number:** \_\_\_\_\_

**Billing Contact Email Address:** \_\_\_\_\_

**Parking information:** \_\_\_\_\_

**Special Instructions (i.e. ID required, closed toe shoes):**