



Intercultural Mutual Assistance Association, INC
 2500 Valleyhigh Drive NW Rochester, MN 55901
 Phone 507 289 5960 Fax 507 289 6199
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Please reference this invoice number
 on all checks and correspondence.

IMAA PROFESSIONAL LANGUAGE SERVICES
WORK ORDER/INVOICE

Requesting Agency Name: _____ **UCare Provider #:** 182813
Language: _____ **Interpreter:** _____ **Blue Plus Provider #:** 07L32IM

Client and Appointment Information

* First Name:	* Last Name:
* M or F:	* DOB:
* Client Telephone:	* ID #:
* Client Address:	
* City/State/Zip Codes:	
* Appointment Date:	Practitioner Name:
* Appointment Time:	Approximate Length:
Department:	

Requesting Agency Information

<input type="checkbox"/> OMC	or	* Agency Address:	
<input type="checkbox"/> PP		* City/State/Zip Code:	
		* Phone Number:	Fax Number:

Address of Appointment (if different from above):	
City/State/Zip Code:	
Requested by:	Date:

* Check the following box:	Comments/Notes:
___ Office Visit	_____
___ Home Visit	_____
___ Conference Call	_____
___ Emergency Room	_____
___ No Show	_____
___ Translation Only	_____

To be Completed at Job Site

*Arrival Time:	*Departure Time:	*Total:
*Travel Time (Only for outside Olmsted County):		

* Interpreter Signature: _____ * Date: _____
 * Verifying Staff Signature: _____ * Date: _____

Please remit payment of \$ _____ to IMAA 2500 Valleyhigh Drive NW, Rochester, MN 55901
 Federal ID # 41-1497753 **PAYMENT DUE WITHIN 45 DAYS**
 Please contact IMAA Operations Manager if you have any questions regarding this billing. Thank You!
IMAA Signature ----- **Date** -----