

G LORIA FLORES Interpreting Services

Level 1 Sign Language, Spanish

Voice & Text (956) 735-3973
gflorestj@yahoo.com

RECEIVED
DEC 27 2012
Hidalgo County Health & Human Services

Billed To: Lydia Serna R.N.
Hidalgo Co. Health & Human Services.
1304 So 25th
Edinburg, TX 78542

Invoice: 122612


Fax (956) 424-3670
P.O. BOX 4056
MISSION, TX 78573

*Cancellation must be within 24 hours, otherwise a minimum fee will be applied.
*Holidays / Same day appointments / After 6:00 p.m. _____ hour.

DATE	CLIENT NAME	SERVICE PROVIDED	QTY. (Hours)	FEE
11/11/12	Karen Cerf	Westaco	2.5	125
11/17/12	Karen Cerf	Edinburg	2.0 ^{of}	100
11/27/12	Yessica Rodriguez	Westaco NO SHOW	2.0	100
12/4/12	Yessica Rodriguez	Westaco	4.0	200
12/16 ^{of} /12	Karen Cerf	Westaco	2.0	100

DUE DATE: 30 DAYS OF INVOICE RECEIVED

Comments

 12-27-12 12.5 625⁰⁰/_{KTU}

Signature **Date** **Total Hours** **Total Billed**

**Hidalgo County Health & Human Services Department
 Sign Language Interpreting Service- Request Form
 Communication Access for State Agencies Program**

DHHS CONTRACTORS

Gloria Flores Interpreting Services
 Attn: Gloria Flores
 Phone: 956-735-3973
 Fax: 956-242-3670
 gfflorestj@vaahoo.com

Sign Language Services
 Attn: Amy Hermansen
 Phone: 956-588-8078
 Fax: 956-720-0832
 signlanguageservices@vaahoo.com

REQUEST INFORMATION:

Appointment Date: 11/1/12
 Schedule Time: 9:00 AM PM to 9:45 AM PM
 Client Name: Karen S. Cerf
 Clinic/Office: Weslaco Clinic -09
 Address: 1901 N. Bridge Weslaco, TX 78596
 Directions: Sign Language

Note: Request must be submitted 24 working hours or more before appointment

REQUESTER INFORMATION:

Requester Name: Amanda Peña Date: 10/25/12
 Phone: 956-968-7541 Time: 10:30am

BILLING INFORMATION:

Billing Agency Name: Texas Dept. of Assistive & Rehabilitative Services
 Communication Access for State Agencies
 Billing Agency Address: 4900 N. Lamar Suite 2169
 Austin, TX 78751
 512-410-1337

CANCELLATION NOTIFICATION: NO SHOW:

Client Name: _____ Date: _____ Time: _____
 Contact Person: _____ Phone: _____

Note: Cancellation of appointment must be made 24 working hours or more prior.

INTERPRETER (S)

Interpreter Assigned: _____ Confirmed? Yes _____ No _____

Team Interpreter: _____ Confirmed? Yes _____ No _____

Hidalgo County Health & Human Services Department
Sign Language Interpreting Service- Request Form
Communication Access for State Agencies Program

DHHS CONTRACTORS

Gloria Flores Interpreting Services
Attn: Gloria Flores
Phone: 956-735-3973
Fax: 956-424-3670
gflorestji@yahoo.com

Sign Language Services
Attn: Amy Hermansen
Phone: 956-588-8078
Fax: 956-720-0832
signlanguageservices@yahoo.com

REQUEST INFORMATION:

Appointment Date: 11/7/12
Schedule Time: 8:30 AM to 9:30 AM
Client Name: Cerf, Karen
Clinic/Office: Pulmonary Clinic
Address: 1304 S. 25th Ave. Edinburg, TX
Directions: Sign Language

Note: Request must be submitted 24 working hours or more before appointment

REQUESTER INFORMATION:

Requester Name: _____ Date: 11/1/12
Phone: 387-0118 Time: 3:15 pm

BILLING INFORMATION:

Billing Agency Name: Texas Dept. of Assistive & Rehabilitative Services
Communication Access for State Agencies
Billing Agency Address: 4900 N. Lamar Suite 2169
Austin, TX 78751
512-410-1387

CANCELLATION NOTIFICATION: NO SHOW:

Client Name: _____ Date: _____ Time: _____
Contact Person: _____ Phone: _____

Note: Cancellation of appointment must be made 24 working hours or more prior.

INTERPRETER (S)

Interpreter Assigned: _____ Confirmed? Yes ___ No ___
Team Interpreter: _____ Confirmed? Yes ___ No ___

**Hidalgo County Health & Human Services Department
 Sign Language Interpreting Service- Request Form
 Communication Access for State Agencies Program**

DHHS CONTRACTORS

Gloria Flores Interpreting Services
 Attn: Gloria Flores
 Phone: 956-735-3973
 Fax: 956-424-3670
gflorestji@yahoo.com

Sign Language Services
 Attn: Amy Hermansen
 Phone: 956-588-8078
 Fax: 956-720-0832
signlanguageservices@yahoo.com

REQUEST INFORMATION:

Appointment Date: 11/27/12
 Schedule Time: 2:00 AM to 3:00 AM
 Client Name: Rodriguez, Yessica Anahi
 Clinic/Office: Weslaco HCHHS
 Address: 1901 N. Bridge Rd. Weslaco, TX 78596
 Directions: _____

Note: Request must be submitted 24 working hours or more before appointment

REQUESTER INFORMATION:

Requester Name: Amanda Peña Date: 11/19/12
 Phone: 956-968-7542 Time: 2:30pm

BILLING INFORMATION:

Billing Agency Name: Texas Dept. of Assistive & Rehabilitative Services
 Communication Access for State Agencies
 Billing Agency Address: 4900 N. Lamar Suite 2169
 Austin, TX 78751
 512-410-1387

CANCELLATION NOTIFICATION: NO SHOW:

Client Name: _____ Date: _____ Time: _____
 Contact Person: _____ Phone: _____

Note: Cancellation of appointment must be made 24 working hours or more prior.

INTERPRETER (S)

Interpreter Assigned: _____ Confirmed? Yes ___ No ___
 Team Interpreter: _____ Confirmed? Yes ___ No ___

**Hidalgo County Health & Human Services Department
 Sign Language Interpreting Service- Request Form
 Communication Access for State Agencies Program**

DHHS CONTRACTORS

Gloria Flores Interpreting Services
 Attn: Gloria Flores
 Phone: 956-735-3973
 Fax: 956-424-3670
gflorestii@yahoo.com

Sign Language Services
 Attn: Amy Hermansen
 Phone: 956-588-8078
 Fax: 956-720-0832
signlanguageservices@yahoo.com

REQUEST INFORMATION:

Appointment Date: 12/4/12
 Schedule Time: 9:00 PM to 10:00 AM
 Client Name: Yessica Rodriguez
 Clinic/Office: Weslaco -09
 Address: 1901 N. Bridge Rd. Weslaco, TX 78596
 Directions: _____

Note: Request must be submitted 24 working hours or more before appointment

REQUESTER INFORMATION:

Requester Name: Amanda Peña Date: 11/28/12
 Phone: (956) 968-7541 Time: 4:30pm

BILLING INFORMATION:

Billing Agency Name: Texas Dept. of Assistive & Rehabilitative Services
 Communication Access for State Agencies
 Billing Agency Address: 4900 N. Lamar Suite 2169
 Austin, TX 78751
 512-410-1387

CANCELLATION NOTIFICATION: NO SHOW:

Client Name: _____ Date: _____ Time: _____
 Contact Person: _____; Phone: _____

Note: Cancellation of appointment must be made 24 working hours or more prior.

INTERPRETER (S)

Interpreter Assigned: _____ Confirmed? Yes _____ No _____
 Team Interpreter: _____ Confirmed? Yes _____ No _____

**Hidalgo County Health & Human Services Department
 Sign Language Interpreting Service- Request Form
 Communication Access for State Agencies Program**

DHHS CONTRACTORS

Gloria Flores Interpreting Services
 Attn: Gloria Flores
 Phone: 956-735-3973
 Fax: 956-424-3670
 gflorestji@yahoo.com

Sign Language Services
 Attn: Amy Hermansen
 Phone: 956-588-8078
 Fax: 956-720-0832
 signlanguageservices@yahoo.com

REQUEST INFORMATION:

Appointment Date: 12/6/12
 Schedule Time: 8:00 AM PM to 8:45 AM PM
 Client Name: Baren Cerf
 Clinic/Office: Westlaco -09
 Address: 1901 N. Bridge Rd. Westlaco, TX 78596
 Directions: (Sign Language)

Note: Request must be submitted 24 working hours or more before appointment

REQUESTER INFORMATION:

Requester Name: Amanda Perin Date: 11/14/12
 Phone: 956-968-7542 Time: 8:45 am

BILLING INFORMATION:

Billing Agency Name: Texas Dept. of Assistive & Rehabilitative Services
 Communication Access for State Agencies
 Billing Agency Address: 4900 N. Lamar Suite 2169
 Austin, TX 78751
 512-410-1387

CANCELLATION NOTIFICATION: NO SHOW:

Client Name: _____ Date: _____ Time: _____
 Contact Person: _____: Phone: _____

Note: Cancellation of appointment must be made 24 working hours or more prior.

INTERPRETER (S)

Interpreter Assigned: _____ Confirmed? Yes ___ No ___
 Team Interpreter: _____ Confirmed? Yes ___ No ___