

INTERPRETER AND TRANSLATOR

TIME SHEET INSTRUCTIONS

VMRC pays for authorized interpreter/translator services after the service has been provided. Only 'direct services' are billable. 'Direct services' are VMRC authorized services provided to consumers and their families in accordance with the consumer's IPP or IFSP.

Vendors are required to complete the interpreter/translator time sheet for ALL services provided. In accordance with Title 17, Div. 2, §54326, vendors are required to maintain records of service in detail, keep for a minimum of 5 years and are subject to audit.

Please follow the directions below to prevent errors that may delay payment:

- The time sheet must be filled out completely. Please sign and date the form at the bottom certifying the information is accurate. A separate time sheet will be needed for every consumer for each month of service.
- Please follow these time sheet guidelines to ensure completeness:
 - Service Date: This should reflect the actual date of service
 - Service Type: This should be the type of service that best reflects the interpretation/translation provided to the consumer and/or family. Please refer to the Service Type Key at the bottom of the time sheet. Detailed information required for OTH (other service).
 - Explanation of Service Provided: Document specific information about the actual services provided. For example, a telephone call should be noted as telephone call to obtain clarification on medication if requested. The service is not payable without explanation. All face to face services will require third party signature on time sheet.
 - Billable Time: The start and end time must be documented for all services. Indicate the total time billed in increments of 15 minutes. For example, if the start-to-end time is 11 minutes, the billable time is 15 minutes. If the start-to-end time is 7 minutes, no time may be billed. Always round the time to the **nearest** 15 minute increment.
 - Unbillable Time: The service is not billable if consumer or family does not show for appointment. Any activity not related to direct services is unbillable including scheduling or cancelling appointments/reminder calls.
 - Mileage: Document number of miles traveled to/from according to service type when applicable.

- **Submit time sheets for the consumers that are being billed for 5 hours or more during service month.** Time sheets should be emailed to ebilling@vmrc.net or faxed to (209)955-3623 and must include your vendor number with corresponding invoice number. *We reserve the right to request these documents at any time for auditing and/or payment purposes.*
- If you have any questions or concerns about the time authorized, please contact the consumer's service coordinator.

eBilling invoices are generated three times per month; posted on the 16th, 22nd and last day of month. Invoices/time sheets must be submitted no later than the 3rd of the month to be paid on the 10th. Invoices/time sheets submitted by the 10th of the month will be paid on the 15th. Invoices/time sheets received after the 10th will be processed the following month.

Please refer to our eBilling log in page for the POS Department Contact List for any questions or concerns regarding your monthly billing.

Valley Mountain Regional Center
 Interpreter/Translator Service Time Sheet

Vendor Name: _____ Vendor # _____ Month/Year of Service _____/20_____

Consumer Name: _____ UCI # _____

Date of Service:	Start Time:	End Time:
Type of Service: FM HV MD OTH TC	Verification Signature:	Total Time:
Explanation of Services Provided:		
Mileage To:	Mileage From:	Total Mileage:
Date of Service:	Start Time:	End Time:
Type of Service: FM HV MD OTH TC	Verification Signature:	Total Time:
Explanation of Services Provided:		
Mileage To:	Mileage From:	Total Mileage:

Service Type Key: **FM**- Form/Letter Explanation **HV**-Home Visit **MD**-Doctor Visit **OTH**-Other Service Provided **TC**-Telephone Call

Total Time Billed: _____

Total Mileage Billed: _____

Certification Statement: The provider agrees and shall certify under penalty of perjury that all claims for services provided to regional center consumer has been provided and that all information submitted to the regional center is accurate and complete.

Vendor Signature: _____

Date: _____