**Interpretation / Translation Support Services**

* **At MediKiosk, Translation and Interpretating Services** are always

available for **English / Japanese / Russian / Chinese / Mongolian / and Vietnamese** (Languages).

Other languages can be arranged upon request.

* **Non-face-to-face (e.g., telephone) interpretation** is also available.

Telephone Interpretation **Fees**: OO **KRW** (Korean WON) per **30 min**.

* The results of the medical screening examination can be translated (into your own language).

And the **Cost** is: OO **KRW** (Korean WON) per ~~~ **page(s)**. (**??**)

It may vary depending on the language.

**How to Apply:**

**1)** Download (or Use) the Application Form

**2)** After filling out the Application Form, send an e-mail to the person in charge (to the following e-mail address) 🡪 **( [info.medikiosk@gmail.com](mailto:info.medikiosk@gmail.com) )**

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| **\*\* < Notice >**   * **Interpretation**   **- Principle** of submitting an application no later than 7 days before the date of application for interpretation.  - (Directly) Check the difficulty of interpreting medical treatment, requested to describe detailed contents of the medical treatment.   * **Translation**   - Send the translation application form to the person in charge along with the documents that need to be translated. |

**Support Criteria:**

Within **5** days per patient, up to **3** times per week per institution.

(**3** times a week combined with **translation and interpretation**)

* Interpretation and Translation **FEE** Standard: Differentiated interpretation **FEE** by **upper/middle/lower** task difficulty

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| **Interpretation**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Category** | **Difficulty**  **of the Task** | **Interpretation Contents** | **Interpretation Fee** | **Standard** | | **Interpretation** | **Upper** | High-Value Patients,  Operating Room Interpretation, Patients with Severe Illness etc. | 120,000 KRW | **Maximum**  **5 Hrs. at**  **1 Time** | | **Middle** | Overhaul,  In-Depth Medical Care, etc. | 80,000 KRW | | **Lower** | Simple Care,  Health  Check-Up, etc. | 50,000 KRW | |
| **Translation**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Category** | **Difficulty**  **of the Task** | **Interpretation Contents** | **Interpretation**  **Fee** | **Standard** | | **Translation** |  | Medical certificate, consent form, etc.  Medical documents  (Marketing-related materials are **not** available) | 60,000 KRW | Amounts of up to **3** A4 size sheets at one time  (**\*\***20,000 KRW per **1** A4 size sheet) | |

**Application for Translation**

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| **Translation**  **Agency** | **Name**  **of the**  **Institution** |  | **Name**  **of the**  **Representative** |  |
| **Location** |  | **Phone #** |  |
| **The Person in Charge** | **Name:**  **Position:** | **Contact Information** |  |
| **Translation**  **Notes** | **Translated Languages** |  | **Amount Requested** |  |
| **Translation Deadline** | **\_\_\_\_\_. (Month) \_\_\_\_\_. (Date) 20\_\_\_\_\_. (Year)** | | |
| **Contents**  **of the**  **Translation Requested** |  | | |
| **As above, we apply for translation,**  **according to the treatment of foreign patients.**  **\_\_\_\_\_. (Month) \_\_\_\_\_. (Date) 20\_\_\_\_\_. (Year)**  **Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative’s Name**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)** | | | | |

**Application for Interpretation**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Interpretation**  **Agency** | **Name**  **of the**  **Institution** |  | | **Name**  **of the**  **Representative** | |  | |
| **Location** |  | | **Phone #** | |  | |
| **The Person**  **in Charge** | **Name:**  **Position:** | | **Contact Information** | |  | |
| **Foreign**  **Patient’s**  **Personal Information** | **Nationality** |  | | **Gender** | |  | |
| **Name** |  | | | | | |
| **The hospital where you were treated** |  | | **Areas of Treatment**  **(Department)** | |  | |
| **Difficulty**  **Level of**  **Medical Services**  **\*Differentiated Interpretation FEE according to difficulty level**  **→ Pls. be aware of detailed technical and difficulty settings** | **Upper** | **High-value patients, operating room interpreters, patients with serious illnesses, etc.** |  |  | | |
| **Middle** | **Detailed examination, in-depth medical treatment, psychiatric consultation, etc.** |  | **Describe the details of the Treatment** | | |
| **Lower** | **Simple medical treatment, health check-up,**  **simple inspection, etc.** |  |  | | |
| **Interpretation**  **Contents** | **Interpretation**  **Language** |  | | | **Number of People** | |  |
| **Interpretation**  **Day** | **\_\_\_\_\_. (Month) \_\_\_\_\_. (Date) 20 \_\_\_\_\_. (Year)** | | | | | |
| **Estimated**  **(Interpretation)**  **Time Required** | **\_\_\_\_\_**  **~ \_\_\_\_\_ (Total Time)** | | | | | |
| **As above, we apply for interpretation**  **for the treatment of foreign patients.**  **\_\_\_\_\_. (Month) \_\_\_\_\_. (Date) 20 \_\_\_\_\_. (Year)**  **Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative’s Name**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)** | | | | | | | |