

## DETAILS OF SERVICE AGREEMENT BETWEEN COMMUNIQUE AND CUSTOMER:

For the purpose of this agreement, "Customer" as referred to in this agreement, is defined as the agency or entity named at the bottom of this page and on page one. At Customer's request Communique will arrange interpreting, and Customers agrees to pay by due date printed on the invoice. Customer agrees to pay interest charges on late payments at the rate of 1.5% per month, which begins accruing 30 days from the due date printed on the invoice.

### REQUESTING INTERPRETING

Customer may request by:

- Calling the Communique office Monday-Friday 8:00 am to 4:00 pm (707) 546-6869
- Email the Scheduling office: [scheduling@communiqueinterpreting.com](mailto:scheduling@communiqueinterpreting.com)
- Faxing a request (for a form, call the office or go to [www.communiqueinterpreting.com](http://www.communiqueinterpreting.com)) (707) 546-1770
- Paging Communique: urgent requests after-hours only: (707) 546-6869 Press 0 (zero)

### To arrange for interpreting, please call with the following information:

1. Your name, phone number, and company name
2. Date of interpreting assignment
3. Start and end times
4. Address and room name or number where the interpreter will be working
5. Type of assignment (classroom lecture, meeting, medical appt, etc.)
6. Name of client needing interpreting services

Communique will call to confirm when an interpreter is scheduled.

### CUSTOMER APPROVAL OF REQUESTS

If a person other than the Customer or Customer's representative requests interpreting, Communique will call Customer for approval of payment for interpreting service unless a separate contract indicates such requests are allowable and paid for by Customer (i.e. some hospital contracts allow patients on their way to the ER to call Communique).

### TEAM INTERPRETING

Customer understands that most interpreting appointments over one hour necessitate a team of 2 or more interpreters for accuracy and for injury prevention reasons. Customer agrees to pay the applicable hourly fees and other costs per interpreter. Communique agrees to monitor the need for a team of interpreters, and will notify Customer when a team is needed. Should Customer misrepresent the length of the appointment, and it becomes unsafe physically for the interpreter to continue, the interpreter will stop work, notify Communique, and Customer will pay for the additional unreserved time at double the applicable rate.

### DEAF INTERPRETERS

Occasionally, Communique may assess and determine that a Deaf Interpreter, at additional hourly fees, is needed to interpret between a Deaf customer's non-standard Sign Language and American Sign Language. Communique will notify the Customer if a Deaf interpreter is needed and can provide additional information and literature upon Customer request.

### CANCELLATION POLICY

All Customer approved requests are subject to a 48-hour cancellation except daily, ongoing assignments which are subject to 2 weeks (10 business days) notification. When Customer cancels request or person needing interpreting does not show up giving Communique less than 48 hour notice of cancellation, Customer agrees to pay in full for the reserved interpreting and travel time. The definition of 48-hour notification as used in this Agreement is two full business days. A business day is Monday through Friday 8:00 am to 4:00 pm. Thus a cancellation made between Friday after 4:00 pm and the next Monday at 7:59 am, would not be posted until that Monday at 8:00 am. Holidays are not considered business days, thus a cancellation made on a holiday would post on the next business day at 8:00 am. Daily ongoing interpreting of 4 or more hours daily for 3 or more days a week are subject to a 10 business day cancellation or payment in full for the reserved time.

### TRAVEL

For all interpreting services requested at sites outside of Santa Rosa city limits, Customer agrees to pay applicable travel time fees listed on page one. A half hour minimum is applied to travel charges.

### MILEAGE

When interpreters travel over 30 miles total, in addition to travel time fees. Please call for current mileage rate.

Customer Signature

Date

Company Name



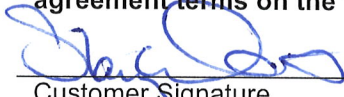
# communique

## SIGN LANGUAGE INTERPRETING

Our interpreting rates per interpreter are as follows: <b>1 HOUR MINIMUM</b> for Sonoma, Napa, Lake, Humboldt, Mendocino, Del Norte & Shasta Counties <i><b>Most appointments over one hour require two interpreters.</b></i>	<b>Minimum Charge</b> (up to one hour)	<b>Additional Time beyond one hour- billed in ½ hour increments</b>	<b>Travel Time</b>
<b>Weekday</b> (Monday thru Friday 8:00 AM TO 5:00 PM)	\$95	\$95/hour	\$60/hr
<b>Evenings</b> (Monday thru Friday 5:00 PM to 10:00 PM) and <b>Weekends</b>	\$100	\$100/hour	\$65/hr
<b>Late Evenings/Early Mornings</b> (Monday thru Friday 10:00 PM to 8:00 AM)	\$110	\$110/hour	\$75/hr
	<b>Two Hour Minimum</b>	<b>Additional Hours</b>	<b>Travel Time</b>
<b>Short Notice:</b> applied to any request with less than <u>2 business days notice</u> . (8:00-4:00) <u>2 hour minimum plus travel</u>	\$190	\$95	\$95/hr
<b>Holidays (Federal)</b> <u>2 Hour minimum</u>	\$220	\$110	\$85/hr
<b>Emergency:</b> applies to any request with less than <u>2 hours notice</u> . <u>2 hour minimum plus travel</u>	\$240	\$120	\$120/hr
<b>Travel Time:</b> applies to sites outside Santa Rosa city limits , Short Notice, and Emergencies	At above rates ↑		
<b>Mileage</b> (in addition to travel time) for any site requiring travel over 30 miles	Current IRS Rate		
<b>Legal Rates:</b> (trials, hearings, depositions, probation, attorney meetings, etc)	Call For Quote		

**Cancellations:** Customer agrees to pay in full for any interpreting canceled with less than 48-hours notice (2 full business days) before the scheduled time. Any calls made after 4:00 pm or on weekends or holidays will be considered an 8:00 am cancellation on the next business day. Daily, ongoing assignments require 2 weeks notice. See following page for details.

By signing below I am indicating that I have read and agreed to the above rates and policies and the service agreement terms on the following page.

  
 Customer Signature

3/2/16  
 Date

Stacy Watkins  
 Customer Name (print or type)

(707) 826-8633 x5127  
 Telephone number

(\* Open Door Community Health Centers  
 Company Name

swatkins@opendoorhealth.com  
 Customer Email address

(707) 826-8638  
 Fax Number

670 9th Street, Suite 203  
 Billing Address

Sandy Ritchie  
 AP (billing) Contact Person

707-826-8633  
 AP Telephone number

Arcata, CA 95521  
 City, State, Zip

sritchie@opendoorhealth.com  
 AP (billing) Email Address

707-822-2894  
 AP Fax number

(\* See attached location name list

330 College Avenue Santa Rosa, CA 95401  
 Voice & TTY 707-546-6869 Facsimile 707-546-1770  
[www.CommuniqueInterpreting.com](http://www.CommuniqueInterpreting.com)

**Open Door Community Health Centers**

Humboldt Open Door Clinic, Arcata, CA

NorthCountry Clinic, Arcata, CA

NorthCountry Prenatal Services, Arcata, CA (aka Perinatal Services of NorthCountry Clinic)

McKinleyville Community Health Center, McKinleyville, CA

Del Norte Community Health Center, Crescent City, CA

Willow Creek Community Health Center, Willow Creek, CA

Burre Dental Center, Eureka, CA

Eureka Community Health Center, Eureka, CA

Telehealth & Visiting Specialist Center, Eureka, CA

Mobile Health Services, Eureka, CA

Ferndale Community Health Center, Ferndale, CA

Fortuna Community Health Center, Fortuna, CA