

Service Agreement for Medical Interpreter Services

Date: [Insert Date]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

Subject: Service Agreement

Dear [Client Name],

This service agreement outlines the terms and conditions for the medical interpreter services provided by [Interpreter's Name/Company Name] to [Client Name].

1. Services Provided

[Interpreter's Name/Company Name] agrees to provide medical interpretation services for the following:

- Medical appointments
- Hospital visits
- Telehealth consultations
- Other related services as requested

2. Fees

The fees for services will be as follows:

- Hourly Rate: [Insert Rate]
- Minimum Charge: [Insert Minimum Charge]
- Cancellation Policy: [Insert Policy]

3. Term of Agreement

This agreement will commence on [Insert Start Date] and will continue until either party provides [Insert Notice Period] notice to terminate the agreement.

4. Confidentiality

Both parties agree to maintain confidentiality regarding patient information and any other proprietary information shared during the duration of this agreement.

5. Acceptance

By signing below, both parties agree to the terms outlined in this service agreement.

[Interpreter's Name/Company Name] - Signature

Date: _____

[Client Name] - Signature

Date: _____