INTERPRETING SERVICE OF THE COMMONWEALTH, LLC P. O. Box 3832, West Somerset, Kentucky 42564 Phone: (606) 401-2328 Email: contact@iscky.net EIN: 47-1896323



SERVICE AGREEMENT

Thank you for considering our organization for your sign language interpreting needs. Scheduling is subject to availability and we reserve the right to refuse service to anyone. If you have any questions or concerns, please feel free to contact us at the address and phone number listed above.

Rates: Our rate includes a **two-hour_minimum** charge for services **plus** portal-to-portal travel time for locations more than 10 miles from the interpreter's home (and will be calculated in 15 minute increments). If multiple assignments are scheduled on the same day in the same area, portal charges will be split between the assignments. If available to stay beyond the two (2) hours booked, billing accrues in 15 minute increments thereafter. (Prices are subject to change. Last updated September 2014). For services to be paid by third party payors: if the third party fails to pay, the requesting/scheduling party will be responsible for payment.

\$55.00 per hour during business hours (Monday-Friday 8:00am-5:00pm)

\$60.00 per hour outside business hours (Monday-Friday 5:00pm-8:00am)

\$60.00 weekend daily rate (Saturday-Sunday 8:00am-5:00pm)

\$65.00 weekend nightly rate (Saturday-Sunday 5:00pm-8:00am)

The charge for mileage is waived, unless agreed upon before services are rendered. Nominal reimbursable expenses will be included on the invoices with the receipts attached. More significant expenses such as hotel, airfare, and rental cars, will be negotiated at time of request.

Coverage: Some assignments over one hour long require a team interpreter (these are mostly conference, class and training types of situations which require constant interpretation). Our agency can provide scheduling arrangements for team assignments. A full day of work will not be billed as a series of shorter assignments.

Cancellation and No-Show: Cancellations must be made 24 hours (1 business day) prior to the assignment to avoid a charge – **no exceptions.** Other offers of assignments are declined during the time booked for an assignment in order to honor our commitment to you, therefore it is necessary to bill for no-shows as well. Assignments that require travel outside of the interpreter's home area and may require additional planning, travel purchases, and hotel reservations. These assignments require a two week notice of cancellation and you may be billed for expenses already incurred.

Inclement Weather : Our agency makes every safe effort to honor its assignments. If inclement weather becomes an issue per weather watches/warnings on television /radio, communicate with us to negotiate an alternate plan and discuss any charges. Our agency makes every effort to respond and recalculate fairly.

Payment Terms: Invoices are mailed and payment is expected within 30 days from the invoice date. Late payments will be assessed a past due fee of 18% per annum added to the account monthly. Visa, Mastercard, Discover, American Express, PayPal and ACH transfers are accepted. A processing fee of 3% will be applied to credit card transactions. If credit card payments are received within 10 days of receipt of invoice, this fee will be waived.

Jurisdiction: Any controversy or claim arising out of or relating to this contract, or the breach thereof, or any disputes or failures to make timely payments of any amounts due and owing, shall be subject to the laws of the Commonwealth of Kentucky and jurisdiction shall be Pulaski County.

Helpful References:

| www.kbi.ky.gov | Kentucky Board of Interpreters (for a complete list of credentialed interpreters in Ky) |
|----------------|---|
| www.rid.org | Registry of Interpreters for the Deaf (for best practice information) |

Please complete the following for agreement to terms and conditions, return via fax to 855-621-0796 or email to contact@iscky.net

Organization Requesting Services:_____ Date:_____

Authorized Personnel Signature:_____

Printed Name:

Address: