Information Session
Contract Renewal
2025-2026 Year

PALS for Health

June 2025

Contact Information

Address: 515 Columbia Ave., Suite 320 Los Angeles, CA 90017

Main Number: 213-553-1818

Fax Number: 213-553-1876

Invoices/Paperwork: invoices@palsforhealth.org

Information: info@palsforhealth.org

Website: www.palsforhealth.org

Facebook: www.facebook.com/pals4health

Instagram: @pals4health

PALS for Health - Website

All forms available online at www.palsforhealth.org

PALS Corner

Password: Voices25

Effective: July 1, 2025

Password expires: July 1, 2026

Agency Forms

PALS for Health – Paperwork

Interpreters are expected to turn in the following in a timely manner:

Language Service Verification Form	Invoice for Payment	Parking (if applicable)

*Each Language Service Verification Form and Invoice for Payment is **ONE month per facility***

Interpreters are expected to call-in (213-553-1818) or email (info@palsforhealth.org) at the end of each appointment daily or by the end of the week

Mileage: Mileage reimbursement is at $0.70 roundtrip (if applicable)

Interpretation/Video Paperwork

- All Language Service Verification Form and Invoice for Payment must be filled out completely and correctly – this includes, but is not limited to:
  - Facility Name and Address (If applicable (i.e. Video))
  - Parking - written as “additional cost” (If applicable)
  - Mileage – written as “additional cost” (If applicable)
  - **Do not write** patient full name and medical record number
  - Consultant Full Legal Name
  - Consultant Address
  - Time spent on each appointment
  - Other information (if applicable) – meeting rescheduled, client failed to show, etc.

Translation/Telephone Paperwork

Translation:

- Once project is complete, PALS Staff will send an invoice to translator/typesetter and reviewer
- Consultant needs to create an Invoice for Payment page
- Invoice received from PALS staff and Invoice for Payment form need to be sent together to invoices@palsforhealth.org for payment to be processed

Telephonic Interpretation:

- **Consultants need to fill out a Verification Form** and create an Invoice for Payment as if it were a regular appointment
- **Minimum rate for telephonic interpretation is 15 minutes** (0.25)

Turning in Paperwork

- All Language Service Verification Form, Invoice for Payment & Translation Invoices, are to be turned-in in a timely manner.
- Within 25 days of service completion.
- Consultant must consider holiday and weekends days.
- All Language Service Verification Form and Invoice for Payment may be sent to:
  - Email to: **invoices@palsforhealth.org** & cc Stephanie at: **Stephaniel@palsforhealth.org**
  - Mail to: PALS for Health
    515 Columbia Ave., Suite 320
    Los Ángeles, CA 90017

Calculating Hours

How to calculate payments:

0-15 minutes = 0.25

16-30 minutes = 0.5

31-45 minutes = 0.75

45 minutes – 1 hour = 1

Example: Interpreted from 1pm - 2:10pm = 1.25 minutes

For API this would be 1.25 X $50 = $62.5

For Spanish this would be 1.25 X $45 = $56.25

Payments and Hours

All Language Service Verification Forms and Invoices for Payment are due within **25** days of services rendered

All Language Service Verification Forms **must have** provider signature

All Consultant forms that are turned in must be accurate and complete

All Consultant forms must be signed in **BLUE INK** and be legible

If missing/ incomplete forms are turned in after the deadline, consultant may only be paid 1 hour for the appointment time (regardless of the appointment length).

Out of courtesy, PALS may remind consultant of missing, incomplete or errors in forms, however it is not an obligation for PALS staff to do this

Payments and Hours

For Translation and Telephonic interpretation:

- Consultants must turn in all invoices within 25 days from the completion date, or payment may not be guaranteed

Interpretation/Video:

- Consultant **MUST** verbally call (213-553-1818) in or email (info@palsforhealth.org) to report the daily respective total interpretation hours, parking and mileage (if applicable) for each completed assignment for the day
  - **This does not substitute Consultants Verification Forms or Invoice for Payments**

Since July 1st, 2019:

- If Consultant fails to call in their hours daily or by the end of the week, and/or turns in paperwork past the 25 days:
  - 1st Offense – Verbal Warning
  - 2nd Offense – Placed on 30-day payment/billing cycle
    - Consultant instead of getting paid bi-weekly (every 2 weeks) will now be paid on a monthly basis or when PALS receives payment from client/vendor/facility

Consultant's Payments

All consultant payments will be mailed out to the current address on file

- Checks are mailed out bi-monthly at the end of the workday

Consultants are responsible in updating PALS regarding any name, address change, or bank information (direct deposit).

- Consultant must complete a new W-9 to reflect those changes, and email the completed form to info@palsforhealth.org
  - Changes to name or address will take approximately 2 weeks to process, and will be reflected on the next pay period

No negotiations regarding rates, hours, mileage, etc.

Consultant's Payments

Missing or lost check will result in a $25.00 flat fee (each time) that will be deducted from the consultant's paycheck

Checks are issued approximately around the 7th and 22nd of every period

Turning in Paperwork

PALS staff sends out courtesy emails to consultants to remind consultants of when paperwork is due, however, this is not a given and is only out of courtesy

All paperwork (Verification Form and Invoice for Payment) is due **3 days prior to the 15th and 30th** of every month by 12 pm (noon)

Professional Etiquette

Arrive to appointment at least 10-15 minutes (Consecutive) and 15-20 minutes (Simultaneous) before the actual appointment time

If consultant is running late, please inform Provider as soon if possible and provide an ETA, you can inform PALS Staff after that.

Arriving early to an appointment is standard professional etiquette of consultant and no compensation is provided for this time

Consultant Cancellation

- If a consultant is no longer available for the appointment given, please notify PALS Staff ASAP by calling the office (213-553-1818) or emailing info@palsforhealth.org
- After hours and/or weekend, please email or call Mireya (mireyam@palsforhealth.org

  Cell: 909-731-6488)
- If the consultant can no longer take the appointment given, consultant must notify PALS Staff immediately, **not the day of**

Sick Leave

If consultant is feeling unwell or has lost his/her voice, consultant must notify PALS Staff the day prior to the appointment via phone call (213-553-1818) and email to info@palsforhealth.org as well as Mireya (mireyam@palsforhealth.org)

After hours and/or weekend, please email or call Mireya (mireyam@palsforhealth.org / Cell: 909-731-6488)

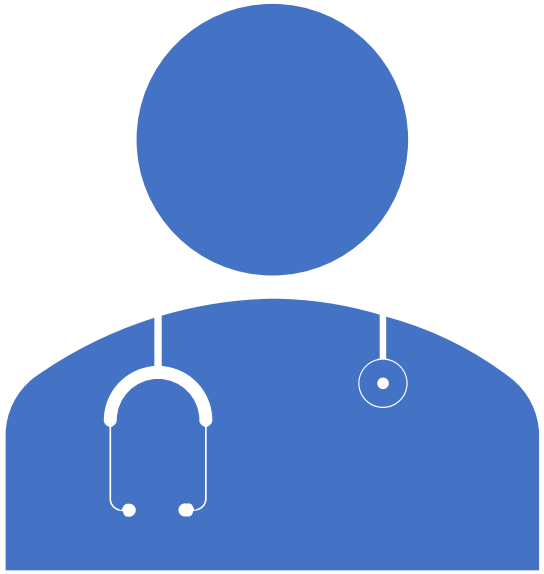
Consultants are not to inform PALS Staff of cancellation the day of the appointment

If consultant continually informs PALS Staff of any last-minute cancellation (less than 24 hours notice) and/or without enough notice for replacement:

1st incident, consultant will be given a warning

2nd incident, consultant will be given a two-week suspension

3rd incident, consultant may be removed from the PALS roster



PALS for Health Policy

- DO NOT engage in personal or business relationship with clients and/or providers
- Ex: contacting the patient/client/provider directly without PALS approval to remind them of appointment
- DO NOT stay with patient without the provider present
- Be transparent and interpret everything that is said
- DO NOT ask the provider/language department directly to leave early and/or request more appointments
- If consultant needs to leave early from an appointment, etc. all requests must be made to PALS Staff prior

Accepting/Rejecting Appointments

When PALS Staff contacts consultant with a request, consultant needs to let PALS Staff know if they are available or not within a timely matter

Consultants should NOT accept appointments if they are unsure of their schedule

Once consultant accepts assignment from PALS Staff, it is confirmed with client/vendor/facility

Acceptance of assignments over the phone or text is a confirmation of consultants' appointment

PALS for Health Policy

Translation Projects

- Due date- a penalty of 10% per day per consultant if project is turned in late or incomplete

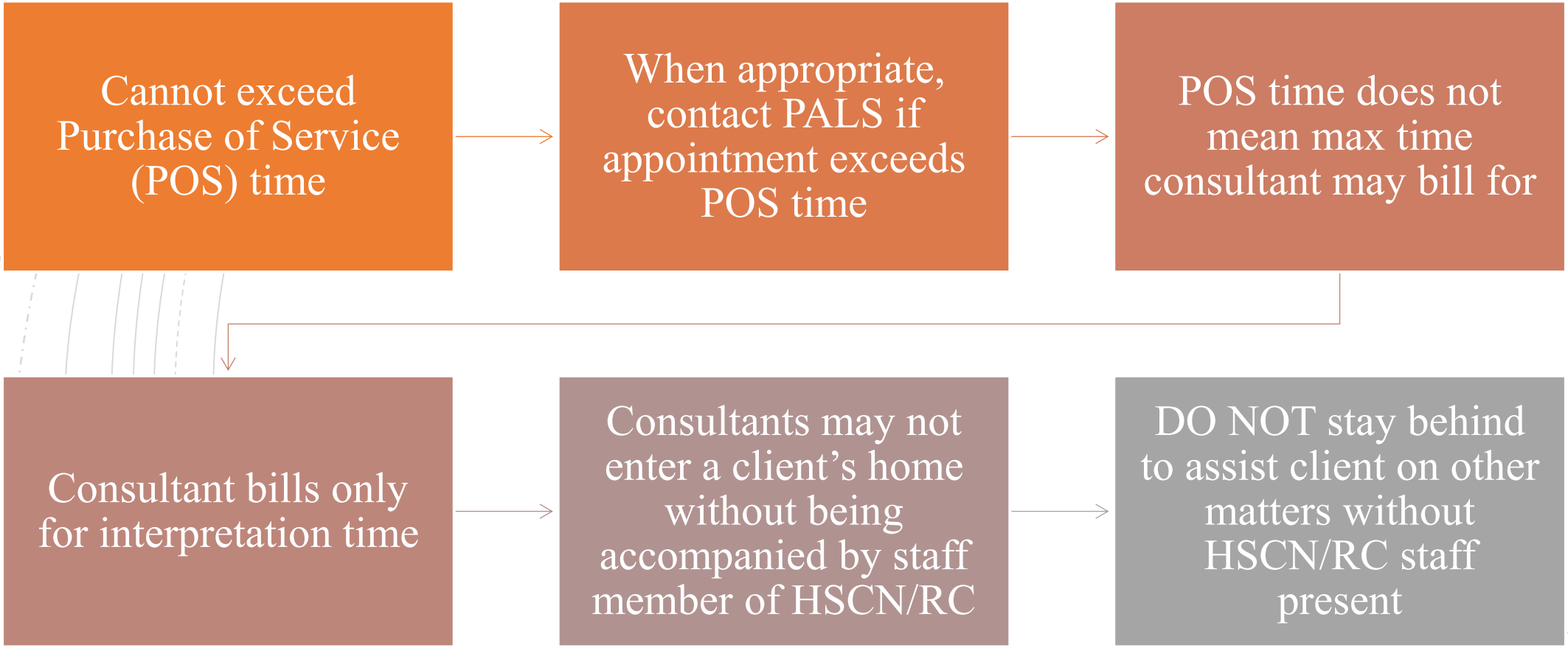
Interpretation/Video

- During a consecutive interpretation appointment, if provider ask the consultant to interpret SIMULTANOUSLY instead, please inform PALS staff immediately
- If consultant misses, is late, and/or gets banned from an appointment/facility:
  - 1st incident, consultant will be given a warning
  - 2nd incident, consultant will be given a two week suspension
  - 3rd incident, consultant will be removed from the PALS roster

Last Minute Cancellation

- All last-minute cancellations (less than 24 business hours notice). This includes;
  - Patient no show
  - Patient declines services
  - Rescheduled, etc.
- Interpreter will receive 1-hour last minute cancellation pay regardless of facility
- ***NEW: On site-last minute cancellations Only, Interpreter will receive 2-hours last minute cancellation pay***
- SI events- consultants will receive 2-hour last minute cancellation
- ***NEW Onsite cancellation policy for Cedars and CHLA. Request the interpreter to stay for those 2 pay hours and wait if the hospital will offer a replacement and can ONLY leave until one staff from language department advice, they are free to go home.***

Regional Centers (RC) and Huntington Senior Care Networks (HSCN)



CHLA and Cedars Sinai MC Policy

Always follow their respective policies for check-in/out.

Failure in checking-in/out with language department, may cause a delay in processing consultant paperwork

Arrive at least 10-15 minutes prior to scheduled appointment time to account for parking, change in appointment location, etc.

If consultant needs to leave early or has a pressing issue/appointment, consultant must notify PALS Staff first to seek approval to leave early

If provider ask to extend appointment or if appointment goes over scheduled appointment time, please inform PALS Staff (when appropriate) of overtime

CHLA Policy

For sick leave or tardiness: Consultant need to email the below CHLA staff to advice.

Mary Coreas: mcoreas@chla.usc.edu

Amani Zaki: azaki@chla.usc.edu

Martha Lomeli: malomeli@chla.usc.edu

Always Follow both procedures to Check-in/out:

In- Person at language department,.

Leaving a voicemail to their check in/out number

CHLA and Cedars Sinai MC Policy Continued

01

Lunch time may only be taken when facility has coverage and not when it is feasible for the consultant

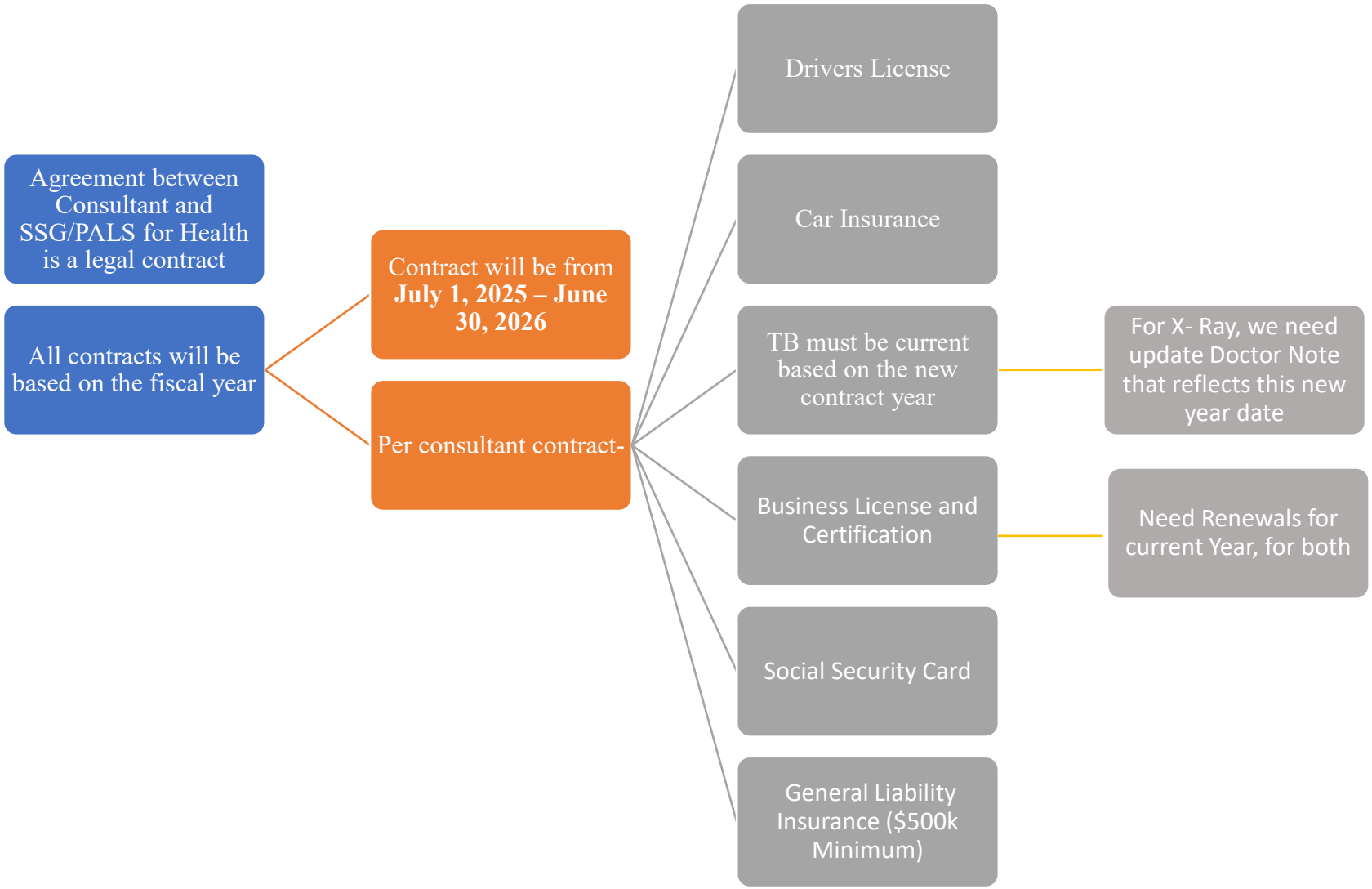
02

Consultants must stick to scheduled lunch break time of 30 minutes (unpaid) – Applicable to CHLA Only

03

If consultant is consistently late, leaves early, or cancels scheduled appointment, PALS Staff may remove consultant from any assignment from said facility

Independent Consultant Agreement/Contract



Consultant must provide the following annually or when it has expired:

- Valid CA Driver’s License (Interpreter Only)
- Current Car Insurance (Interpreter Only)
- Copy of Social Security Card
- Proof of negative TB annually (Interpreter Only)
- Business License
- Certification
- General Liability Insurance ($500k Minimum)

Independent Consultant Agreement/Contract – Continued

MISSING OR INCOMPLETE CONTRACTS **WILL NOT** BE ACCEPTED

ALL FORMS MUST BE SIGNED IN BLUE INK

ALL CONTRACT RENEWALS/DOCS ARE DUE **JUNE 20, 2025**

Liability Insurance Example

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/12/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	PHONE (A/C, No, Ext): (888) 202-3007	FAX (A/C, No):
	E-MAIL ADDRESS: contact@hiscox.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
your name and address	INSURER A : Hiscox Insurance Company Inc	10200
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			P104.612.997.1	03/13/2025	03/13/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ S/T Gen. Agg.
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y / N N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE: your signature

Liability Insurance Company

This company offers insurance; however, you can use your own or search for another one.

Next Contract Renewal will be in June 2026

Consultants Contract Renewal Must include:

Contract Extension Agreement 2025-2026	Addendum I-Fee Schedule	Current TB or Chest X-Ray	Copy of Car Insurance	Copy of ID/CDL	W9 (Only required if address has change)	Business License	Certification	Copy of Social Security Card (signed)	General Liability Insurance ($500k Minimum)

All forms must be complete, signed and dated in **BLUE INK**

Submit Documents

- All documents will be sent out via email in a Google form.
- Download and sign them with blue ink.
- Once sign, upload all documents to google form and sent back

❖ Please note **Google form will NOT allow you to email back if one document is missing**.

- **DO NOT EMAIL ME your documents individually**, I will only accept the documents via Google form. All individual emails will be disregard.

Filling out Contract Renewal

Contract Renewal

Please fill out the following information:

Line 1: Date that you are signing the form

Line 2: Your full legal name

Line 3: Your address that matches the W-9

Line 4: Date you signed last years contract

Line 5: Your full legal name

Line 6: Your signature in Blue Ink and the date

INDEPENDENT CONTRACTOR/CONSULTANT CONTRACT EXTENSION AGREEMENT

This CONTRACT EXTENSION AGREEMENT ("Extension") is executed on __Date that you are signing this form__ ("Effective Date"), by and between Special Service for Groups ("SSG"), located at 905 E. 8th Street, Los Angeles, CA 90021, and _____Your legal name_____, Language Service Expert ("Contractor/Consultant"), located at _____Your address that matches the W9_____ (collectively, the "Parties").
WHEREAS the Parties entered into an INDEPENDENT CONTRACTOR/CONSULTANT AGREEMENT (the "Original Contract") on _____Date you signed last years contract_____.

WHEREAS the Parties hereby agree to extend the terms of the Original Contract in accordance with the terms of the Original Contract as well as the terms provided herein.

In consideration of the mutual covenants contained herein, each of the Parties, SSG and __Your legal name_____ mutually covenant and agree as follows:

- The Original Contract, which is fully incorporated hereto as part of this extension will end on December 31, 2014.
- The Parties agree to extend the Original Contract for an additional period of one (1) year, which will begin on January 1, 2015 and will end on December 31, 2015, unless either Party elect to end the contract as provided in the Original Contract, Section III – Termination of Agreement.
- The Parties agree to incorporate and adopt SSG's Facilities Policies and Procedures ("Policies"), 2015 as part of the Extension and Original Contract.
- Section I – Scope of Services - of the Original Contract is hereby fully adopted and incorporated hereto, with the exception to Subsection 11 – Reports, as amended in the Policies, Section I (1) and (2) as follows:
    - **Language Service Verification Form** – To be used in lieu of the Consultant Statement Form as required by the Original Contract
    - **Invoice for Payment** – to receive payment for language services rendered, an Invoice for Payment must be submitted.

Questions?