

Interpreter Request Form

*Indicates required field. Please complete all required fields or the request will not be fulfilled.

***Type of Interpreter**

- | | |
|---|---|
| <input type="checkbox"/> American Sign Language
<input type="checkbox"/> Tactile - Sign language received by sense of touch with one or both hands.
<input type="checkbox"/> (PSE)
<input type="checkbox"/> Signed English
<input type="checkbox"/> Trilingual _____ | <input type="checkbox"/> Foreign Language
<input type="checkbox"/> Spanish
<input type="checkbox"/> Arabic
<input type="checkbox"/> French
<input type="checkbox"/> Other _____
Dialect: _____ |
|---|---|

***Interpreter Preference:**

- Female Male
 Preferred
 Required (may limit availability of interpreters)
 No Preference
 Interpreter Name: _____

***** if gender is a requirement this can significantly reduce the total amount of available interpreters *****

If the members preference is unavailable can any of the following be provided?

- Video Remote Interpretation Over the Phone (OPI)/ Tele-language

***Caller Information:** (or person completing form)

Caller Type (Member, Provider, Third Party): _____
 Caller Name: _____
 Callback number: _____

***Member Needing Interpreter:**

*Member ID: _____ LOB: **Medicaid – Apple Health Expansion**

Appointment Details:

*Appointment Date: _____ *Appointment Time: _____ *Time Zone: _____

*Estimated Duration _____

*Appointment Type (e.g., annual physical, physical therapy, surgery): _____

If the appointment is for surgery, is the interpreter needed for an extended period?

Yes No Duration: _____

*Facility Name (Name of Hospital/Clinic): _____

*Appointment Street Address: _____

*Appointment Building/Suite/Room/Floor: _____ *City/State/Zip: _____

Provider Name (Name of doctor/therapist): _____

Provider's NPI: _____

Onsite Contact Name: _____ On-site Phone: _____

Please email the completed form to InterpreterRequests@centene.com

We cannot guarantee an interpreter if the request is received less than 5 business days before the appointment. Requests for interpreters cannot be made more than 30 days in advance of the scheduled appointment. Quality care is a team effort. Thank you for playing a starring role!