

# Interpreter Request Form



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

## \*Type of Interpreter

American Sign Language

Tactile (Sign language received by sense of touch with one or both hands)

Pidgin Signed English (PSE)

Signed English

Trilingual \_\_\_\_\_

Foreign Language

Spanish

Arabic

French

Other \_\_\_\_\_

Dialect: \_\_\_\_\_

## \*Interpreter Preference

No preference    Female<sup>1</sup>    Male<sup>1</sup>

The gender marked above is required<sup>2</sup>

Request a specific interpreter<sup>3</sup> — Name: \_\_\_\_\_

If a Member's preference is unavailable, mark any of the following options that may be an acceptable alternative<sup>4</sup>:

Video Remote Interpretation (VRI)

Over the Phone (OPI)/ Tele-language

## \*Caller Information

Caller type:    Member    Provider    Third Party

Caller name: \_\_\_\_\_

Callback number: \_\_\_\_\_

Complete this form on following page. 

*Coordinated Care of Washington, Inc., Wellcare, and Ambetter are affiliated products serving Medicaid, Medicare, and Health Insurance Marketplace members, in the State of Washington respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.*



## Interpreter Request Form, page 2

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### \*Individual Needing Interpreter

\*This person is a \_\_\_\_\_ Member.

\*Member ID: \_\_\_\_\_

\*Plan name or line of business: \_\_\_\_\_

\*Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### \*Appointment Details

\*Appointment date (month, day, year): \_\_\_\_\_

\*Appointment time: \_\_\_\_\_ AM PM \*Estimated duration \_\_\_\_\_

\*Time zone: Eastern Central Mountain Pacific

\*Appointment type \_\_\_\_\_

(Examples: annual physical, physical therapy, surgery, etc.)

If the appointment is for surgery, is the interpreter needed for an extended period? Yes No

\*Facility name (Name of hospital/clinic): \_\_\_\_\_

\*Appointment street address: \_\_\_\_\_

\*Appointment building/suite/room/floor: \_\_\_\_\_

\*City/State/ZIP: \_\_\_\_\_

Provider name (name of doctor/therapist): \_\_\_\_\_

Provider ID: \_\_\_\_\_

Onsite contact name: \_\_\_\_\_ Onsite phone: \_\_\_\_\_

**Please email the completed form to [InterpreterRequests@centene.com](mailto:InterpreterRequests@centene.com).**

Coordinated Care 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. Cancellations should be reported 72 hours before the appointment date.

*1 Coordinated Care makes every effort to provide an interpreter of the requested gender. An interpreter of a different gender will be provided if an interpreter of the preferred gender is not available.*

*2 Coordinated Care will attempt to provide the listed interpreter but does not guarantee availability for a specific interpreter.*

*3 Coordinated Care will attempt to provide the listed interpreter but does not guarantee availability for a specific interpreter.*

*4 Note: Having flexibility to use Video Remote Interpretation (VRI) helps expand the availability to secure an interpreter for ASL and/or rare language.*