

## **Interpreter Request Form**

Getting the best interpreter starts at the booking stage. Consider all your needs and outline them in your request. The information provided below will assist us in allocating the most appropriate interpreter for your assignment.

## Important Notes:

- Please complete all **\*required information** on this form.
- 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.
- Please submit this completed form to <u>InterpreterRequests@centene.com</u>. Incomplete requests will NOT be fulfilled.

Today's Date:

\*Denotes Required Fields

*Type of Interpreter (Please select at least one type)					
American Sign Language					
Tactile (Sign language received by sense of touch with one or both hands)					
Signed English	Pidgin Signed English (PSE) or Conceptually Accurate Signed English (CASE)				
Trilingual (ASL along with 2 additional languages):					
Foreign Language					
Spanish	Haitian Creole	Chinese	Other:		
Dialect (If applicable):					

*Interpreter Preferences (Indicate preferences or requirements below, if any)				
Gender:				
Male	Female			
Preferred	Required	No Preference		
Interpreter Na	me:			
Preferred	Required	No Preference		
If the members'	selected preferences	or requirements are unavailable, can either of the		
following be provided?				
Video/Remote Interpretation		Over the Phone (OPI)/Tele-language		
No, neither option is suitable				

NOTE: Selecting any items as a requirement may significantly reduce the number of available interpreters.

*Point of Contact (Will receive all communication to coordinate the appointment)			
Name:			
Contact Phone#:			
Relation to Member:			
Member	Provider	Authorized Representative:	

Member or Authorized Representative Information				
*Name:	*Member ID#:			
*Primary Phone Number:	Alternate Phone Number:			
Email Address:				

Appointment Details						
*Appointment Date:		*Appointment Time: *Locati			*Location Time Zone:	
*Estimated Duration:		*Appointment Type (e.g. annual physical, physical therap			/sical, physical therapy,	
		surgery, etc.):				
If the appointment is for surgery, is the interpreter needed for an extended period?						
Yes	No	Estimated Duration:				
*Provider's Name:		*NPI or Centene ID#:			D#:	
*Facility/Office Name:						
*Street Address:						
*City:		*State: *Zip Co		*Zip Co	ode:	
*Preferred Onsite Contact:				*Onsite Phone Number:		umber:

## Additional Comments

Question or concerns? Please email: InterpreterRequests@centene.com