



## Interpreter Service Request Form

Request Date: \_\_\_\_\_  
Name of person requesting service: \_\_\_\_\_  
Contact phone #: \_\_\_\_\_

### Member Information

Member Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Parent's name if member is a minor: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
CareSource ID#: \_\_\_\_\_  
Member's Language/Communication mode: \_\_\_\_\_

### Additional Family Members

Member Name: \_\_\_\_\_  
CareSource ID# & DOB: \_\_\_\_\_  
Member Name: \_\_\_\_\_  
CareSource ID# & DOB: \_\_\_\_\_

### Appointment Information

Date of service: \_\_\_\_\_  
Time of appointment: \_\_\_\_\_  
Approximate length of appointment: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Office/Provider Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2 (Suite #, Building#/name, etc.): \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Any specific directions: \_\_\_\_\_

Completed forms can be emailed or faxed for processing:

Email – [CareSourceMemberInquiry@CareSource.com](mailto:CareSourceMemberInquiry@CareSource.com)

Fax – (937) 226-6916

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