

Interpreter Service Request Form



Please fax or email **four business days** in advance for all spoken languages and **five business days** in advance for American Sign Language (ASL).
Please type or write legibly in blue or black ink.

Please complete the entire form or your request may not be processed. A tracking number will be sent to the Health Partner, if the fax/email is provided in the contact information field. The number is for reference and is not confirmation that an interpreter has been scheduled.

Today's Date:		Contact Phone #:	
Name of Person Requesting Service:			
Email or Fax # for Scheduling Confirmation:			
Member Information			
Member Name:		DOB:	
Parent/Legal Guardian:			
CareSource ID #:		Phone #:	
Language Requested		Alternative Language, if any:	
Additional Family Members <i>(Add family members only when the same interpreter can be used)</i>			
Member Name:		DOB:	CareSource ID #:
Member Name:		DOB:	CareSource ID #:
Appointment Information			
Date of Service:			
Appointment Reason:			
Time of Appointment:		Approx. Length of Appointment:	
Facility Name:		Office/Provider Name:	
Address 1:			
Address 2:			
City, State, Zip:			
Facility Phone #:			
Any Specific Directions:			

Email or fax completed forms for processing:
Email: InterpreterServices@caresource.com
Fax: 1-937-396-3720

In the event CareSource is unable to provide an onsite interpreter, over the phone interpretation services may be used as *backup only*:

Phone Interpretation Services: 1-800-200-7069

Access Code – *Provided when request is approved*