



## Interpreter Service Request Form

Request Date: \_\_\_\_\_

Name of person requesting service: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

### **Member Information**

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents Name if member is a minor: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

CareSource ID: \_\_\_\_\_

Language/Communication Mode: \_\_\_\_\_

### **Additional Family Members**

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

CareSource ID: \_\_\_\_\_

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

CareSource ID: \_\_\_\_\_

### **Appointment Information**

Date of Service: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Approximate Length of Appointment: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Office/Provider Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2 (Suite #, Building#/name, etc.): \_\_\_\_\_

City State Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Any specific directions:

\_\_\_\_\_  
\_\_\_\_\_

Email or fax completed forms for processing:

Email: [Memberhelp@caresource.com](mailto:Memberhelp@caresource.com)

Fax: 1-937-226-6916; OPI (over phone interpretation) services: 1-888-681-1798; use access code 803.