



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: _____

Email or fax completed forms for processing:

Email: Memberhelp@caresource.com

Fax: 1-937-226-6916

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