



Interpreter Service Request Form

Please fax or email **three 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.

State:			
Today's Date:		Contact Phone #:	
Name of Person Requesting Service:			
Email or Fax # for Scheduling Confirmation:			
Member Information			
Member Name:		Date of Birth (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/Phone #:		Office/Provider Name:	
Over the Phone – OPI -Yes <input type="checkbox"/>	Over the Phone - CareSource will provide a phone number with an access code once this form is received so the member can receive services.		
Video Remote – VRI – Yes <input type="checkbox"/>	Video Remote - If you would like an interpreter to join your meeting, please add the link below. If the member is in person and will be using video at the office, we will send website information with login so you can connect instantly on your device.		
Video Remote Link – Zoom, Google, Teams etc.			

Email or Fax Completed Forms for Processing

Email: InterpreterServices@CareSource.com Fax: 1-937-396-3720

NV-MED-P-4756418

**CareSource requires hospitals, emergency rooms and skilled nursing facilities, at their own expense, to offer sign and other language interpreters for members who are hearing impaired, do not speak English or have limited English-speaking proficiency. This includes providers that perform in-office surgeries. These services should be available at no cost to the member.*