

Provider On-Site Interpreter Request Form

* Indicates required field. Please complete all required fields or the request will not be fulfilled.

*** Type of interpreter:**

Spoken Language Interpreter * Language: _____

- OR -

American Sign Language (ASL) Interpreter.

- Please indicate if the communication mode is anything other than ASL (e.g., PSE, Signed English, Oral, Tactile, etc.): _____

- If a trilingual interpreter is required, please indicate the third language: _____

Preference of Interpreter:

Female required (may limit availability of interpreters)

Female preferred, but not required

Male required (may limit availability of interpreters)

Male preferred, but not required

No preference

Person Needing Interpreter:

* Full Name: _____ * Member ID: _____

* This person is a: Member Prospective Member Associate

* Phone number: _____ Alternative phone number: _____

Email address: _____

Appointment Details:

* Date: _____ * Time: _____ * Estimated Duration: _____

* Appointment Type (e.g., annual physical, physical therapy, surgery): _____

* Facility Name (name of hospital/clinic): _____

Provider Name (name of the doctor/therapist): _____

Provider's ID / NPI Number: _____

* Appointment Street Address: _____

* Appointment Building/Suite/Room/Floor: _____ * City/State/Zip: _____

On-Site Contact Name: _____ On-Site Phone: _____

Additional location details (e.g., parking or other arrival information to assist the interpreter in arriving on site): _____

Please email the completed form to InterpreterRequests@centene.com.

We cannot guarantee an interpreter if the request is received less than 5 business days before the appointment. Requests for interpreters cannot be made more than 30 days in advance of the scheduled appointment.

Quality care is a team effort. Thank you for playing a starring role!