

Interpreter Request Form



Instructions Request for Sign Language Interpreter

Providers can request communication support for members during medical encounters in the following ways:

- **Non-Urgent Requests:**

If a member requires a sign language or foreign language interpreter for a scheduled appointment, Member Services will coordinate this service through a local contracted vendor. In-person interpretation is preferred for non-urgent situations. Telephonic interpretation will be used only when an in-person interpreter for the requested language is unavailable in the area.

To request interpreter services, submit the completed Interpreter Request Form to InterpreterRequests@centene.com at least five (5) business days prior to the appointment.

Requests for interpreters cannot be made more than thirty (30) days in advance of the scheduled appointment.

- **Urgent Requests**

If interpretation is needed during an urgent encounter and bilingual staff are not available, providers should call Member Services directly. A representative will assist by connecting the provider to a telephonic interpreter as quickly as possible. Please email the completed form to InterpreterRequests@centene.com.

Interpreter Type

Please select one of the following: American Sign Language (ASL) interpreter or spoken language interpreter.

American Sign Language (ASL) Interpreter

Tactile - Signs received through touch, using one or both hands

Pidgin Signed English (PSE)

Signed Exact English

Trilingual (specify third language):

Other (specify):

Spoken Language Interpreter

Spanish

Arabic

French

Other:

Dialect:

Interpreter Preference

Preference of Interpreter

Female

Male

No Preference

Is the selection of an interpreter based on gender a matter of preference or a requirement?

Required (may limit availability of interpreters)

Preferred

Specific interpreter requested: Interpreter Name

If the member's preferred option is unavailable, can any of the following alternatives be offered?

Video Remote Interpretation

Over the Phone (OPI) / Tele-language

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Person Needing Interpreter

Person Needing Interpreter:

Member ID:

This person is a: ☐ Member ☐ Prospective Member ☐ Provider ☐ Associate

Phone Number:

Alternate Phone Number:

Email Address:

Appointment Details

Date:

Time:

Duration:

Alternate Date:

Alternate Time:

Alternate Duration:

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

If the appointment is for surgery, is the interpreter need for an extended period?

☐ Yes

☐ No

Duration:

Facility Name:

Appointment Street Address:

Appointment Building/Suite/Room/Floor:

City:

State:

Zip:

Provider Name:

Provider ID:

On-site Contact Name:

On-site Phone Number: