



Interpreter Request Form

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

*Type of Interpreter

- ☐ American Sign Language
- ☐ Tactile - Sign language received by sense of **touch** with one or both hands.
 - ☐ (PSE)
 - ☐ Signed English
 - ☐ Trilingual _____
- ☐ Foreign Language
- ☐ Spanish
 - ☐ Arabic
 - ☐ French
 - ☐ Other _____
 - Dialect: _____

*Interpreter Preference:

- ☐ Female ☐ Male
- ☐ Preferred
- ☐ Required (may limit availability of interpreters)
- ☐ No Preference
- ☐ Interpreter Name: _____

*****Please understand if gender is a requirement this can significantly reduce the total amount of available interpreters*****

If the members preference is unavailable can any of the following be provided?

- ☐ Video Remote Interpretation ☐ Over the Phone (OPI)/ Tele-language

*Caller Information:

Caller Type (Member, Provider, Third Party): _____

Caller Name: _____

Callback number: _____

*Person Needing Interpreter:

*This person is a:

☐ WellCare/Centene Member ☐ Prospective Member ☐ WellCare/Centene Associate

*Caller Type: Member/Provider _____ *Name of Caller: _____

*WellCare Member/Provider ID: _____ *LOB: _____

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

*Phone Number: _____ Alternative Phone Number: _____

Email address: _____

Appointment Details:

*Appointment Date: _____ *Appointment Time: _____ *Time Zone: _____

*Estimated Duration _____

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

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

☐ Yes

☐ No

Duration: _____

*Facility Name (Name of Hospital/Clinic): _____

*Appointment Street Address: _____

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

Provider Name (Name of doctor/therapist): _____

Provider's Wellcare/Centene ID: _____

Onsite Contact Name: _____ On-site Phone: _____

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!