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:

Calle 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!