

Face-to-Face Interpreter Request Form

Cultural and Linguistic Services



Please complete this form to request face-to-face interpreting services for an Alliance member. You can also request an interpreter by calling the **Alliance Health Education Line at 1-800-700-3874, ext. 5580.** Allow 5-7 business days for all American Sign Language (ASL) and 7-10 business days for all non-ASL requests prior to appointment. Non-ASL requests will require supporting medical documentation to establish eligibility.

Requesting Provider

Date of Request:	Facility Name:
Contact Person:	Phone:
E-mail:	Fax:
ASL: Yes No , Specify Language (if, non-ASL):	

Patient Information

Request for face-to-face service for the following member:

Name:	ID#:	D.O.B.:
Member's Phone Number:	Message Phone:	

Appointment Information

Date of Appointment:	Time:
Type of Appointment:	
Length of Appointment:	
Physician's Name:	Facility Name:
Facility Address:	
City:	State: Zip Code:

FOR ALLIANCE STAFF ONLY

Confirmation Information

<input type="checkbox"/> Approve	Company:	Interpreter's Name:
<input type="checkbox"/> Denied		
<input type="checkbox"/> Cancel Request	Date Submitted:	Submitted By:
	Reason:	

All cancellations or changes must be submitted with a **minimum of 48 hours prior** to a confirmed appointment. Please submit a separate request for each appointment.

FAX COMPLETED FORM TO (831) 430-5850

For all questions, please call the Alliance Health Education Line at (800) 700-3874 ext. 5580