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!