Face-to-Face Interpreter Request Form

Please fill out all fields.

Interpreter language required: ☐ American Sign Language ☐ Tactile ☐ Spanish ☐ Other language:	
Specify other language if member is trilingual:	
Member name:	Member phone number:
Anthem Blue Cross and Blue Shield Medicaid ID number:	Member preferred interpreter gender: ☐ Male ☐ Female ☐ No preference
Primary contact (submitter of request):	
Phone number:	Email address:
Date requested:	

Appointment 1 type:	Duration:
Appointment 1 date and time:	
Provider name:	Provider address:
Provider phone number:	

Appointment 2 type:	Duration:
Appointment 2 date and time:	
Provider name:	Provider address:
Provider phone number:	

Appointment 3 type:	Duration:
Appointment 3 date and time:	
Provider name:	Provider address:
Provider phone number:	

Additional information:

Please fax the completed form to: **1-855-270-9584** (must be received at least five business days prior to the appointment).

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

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