

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)

Pidgin Signed English (PSE)

Signed English

Trilingual _____

Foreign Language

Spanish

Arabic

French

Other _____

Dialect: _____

*Interpreter Preference

No preference Female¹ Male¹

The gender marked above is required²

Request a specific interpreter³ — Name: _____

If a Member's preference is unavailable, mark any of the following options that may be an acceptable alternative⁴:

Video Remote Interpretation (VRI)

Over the Phone (OPI)/ Tele-language

*Caller Information

Caller type: Member Provider Third Party

Caller name: _____

Callback number: _____

Complete this form on following page. 

¹ Arkansas Total Care makes every effort to provide an interpreter of the requested gender. An interpreter of a different gender will be provided if an interpreter of the preferred gender is not available.

² Arkansas Total Care will attempt to provide the listed interpreter but does not guarantee availability for a specific interpreter.

³ Arkansas Total Care will attempt to provide the listed interpreter but does not guarantee availability for a specific interpreter.

⁴ Note: Having flexibility to use Video Remote Interpretation (VRI) helps expand the availability to secure an interpreter for ASL and/or rare language.



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***Individual Needing Interpreter**

*This person is a _____ Member.

*Member ID: _____

*Plan name or line of business: _____

*Phone number: _____ Alternate phone number: _____

Email address: _____

***Appointment Details**

*Appointment date (month, day, year): _____

*Appointment time: _____ AM PM *Estimated duration _____

*Time zone: Eastern Central Mountain Pacific

*Appointment type _____

(Examples: annual physical, physical therapy, surgery, etc.)

If the appointment is for surgery, is the interpreter needed for an extended period? Yes No

*Facility name (Name of hospital/clinic): _____

*Appointment street address: _____

*Appointment building/suite/room/floor: _____

*City/State/ZIP: _____

Provider name (name of doctor/therapist): _____

Provider ID: _____

Onsite contact name: _____ Onsite phone: _____

Please email the completed form to InterpreterRequests@centene.com.

Arkansas Total Care 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. Cancellations should be reported 72 hours before the appointment date.