



Cultural and Linguistic Services Interpreter Request Form



Please complete this form to request interpreting Services for an Alliance member. You can also request an interpreter by calling the **Alliance Health Education Line at 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.

Requesting Provider

Date of request:	Facility Name:
Contact Person:	Phone:
Email:	Fax:
<input type="checkbox"/> American Sign Language (ASL)	
<input type="checkbox"/> Non-ASL, specify foreign language:	
<input type="checkbox"/> Virtual Remote Interpreting (VRI), specify ASL or foreign language: For VRI, provide login information/link for interpreter to access:	
<input type="checkbox"/> Indigenous Language, specify name of town, district, and state, if possible:	

Note: To ensure we match an accurate indigenous interpreter, a phone call will be made to the patient when requesting for an indigenous language.

Patient Information

Name:	Alliance ID:	DOB:
Phone:	Message Phone:	

Appointment Information

Appointment Date:	Time:	
Type of Appointment:		
Length of Appointment:	Physician Name:	
Facility Name:		
Facility Address:		
City:	State:	ZIP:

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

Please fax this completed form to 831-430-5850