

# Linguava Interpreter Request Form



- Current Linguava Clients: Please fax this form to 503-954-1038 at least two working days before the appointment to schedule interpreter services.
- For urgent requests (less than 48 hours notice), call Scheduling at 503-265-8515 Option 1, and Option 1 again, or 800-716-1777.
- If you must cancel the interpreter, call 503-265-8515 Option 1, and Option 1 again at least 24 hours in advance.
- **Not a current Linguava Client? Call 503-265-8515 ext. 1005.**

**Language needed:** \_\_\_\_\_ **Date of request:** \_\_\_\_\_

**Customer ID/Cost code:** \_\_\_\_\_ **Department:** \_\_\_\_\_

## Member Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

Time: \_\_\_\_\_ How long?: \_\_\_\_\_ Insurance#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

## Provider Information

Provider name: \_\_\_\_\_

Provider address: \_\_\_\_\_

Choose one:  PCP  Specialist  Lab  Other \_\_\_\_\_

Provider phone: \_\_\_\_\_ Type of visit: \_\_\_\_\_

Preferred gender of interpreter:  Female  Male  No preference

Requested by: \_\_\_\_\_ Phone#: \_\_\_\_\_

Do you want confirmation that Linguava received this fax?  Yes  No

Do you want email or fax confirmation of interpreter's name?  Yes  No

Email: \_\_\_\_\_ Fax#: \_\_\_\_\_

## INTERNAL OFFICE USE

Linguava Staff name: \_\_\_\_\_ Extension: \_\_\_\_\_

Interpreter Company: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Confirmed by and date: \_\_\_\_\_

Name of Interpreter: \_\_\_\_\_

Additional info or comments: \_\_\_\_\_