

INTERPRETER

REQUEST



CareOregon

315 SW Fifth Avenue, Suite 900, Portland, Oregon 97204
503-416-4100 or 800-224-4840, 877-416-4161 (TTY/TDD)
www.careoregon.org

- Please fax this form to **503-416-3723** at least two working days before the appointment to schedule interpreter services.
- **For urgent requests (less than 48 hours notice), call Customer Service at 503-416-4100.**
- If you must cancel the interpreter, call 503-416-4100 at least 24 hours in advance.

Language Needed _____ Date of Request _____

Member's Name _____
Last First

Recipient ID# _____ Member's Phone # (____) _____

Date of Appt _____ Time _____ How long? _____

Provider's Name _____

Circle one: PCP / Specialist / Lab / Other

Provider's Address _____

Provider's Phone _____

Type of visit _____

Preferred gender of interpreter Female ____ Male ____ No preference ____

Request by _____ Phone # _____

Do you want confirmation that CareOregon received this fax? Yes ____ No ____

Do you want e-mail or fax confirmation of interpreter's name? Yes ____ No ____

E-mail _____ fax# _____

INTERNAL OFFICE USE

CareOregon Staff Name _____ Extension _____

Interpreter Company _____

Phone # _____ Fax # _____

Confirmed by and date _____

Name of Interpreter _____

Additional info or comments _____