

**INTERPRETER
REQUEST
FORM**



- Please fax this form to 503-297-1703 **at least two working days** before the appointment to schedule interpreter services.
- For urgent requests (less than 48 hours notice), call Customer Service at 503-297-2707 or 800-297-2707
- If you must cancel the interpreter, call 503-297-2707 at least **24 hours in advance.**

Language Needed _____ Date of Request _____

Member's Name _____
Last First

Member's Date Of Birth **(Required)** _____

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

Date of Appointment _____ Time _____ How Long? _____

Billing Who? (FamilyCare , Care Oregon etc.) _____

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 Passport to Languages 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

PTL Staff name _____ Extension _____

Phone # _____ Fax # _____

Confirmed by and date _____

Name of Interpreter _____

Additional info or comments _____
