



Interpreter Services Request Form

At Alameda Alliance for Health (Alliance), we provide no-cost interpreter services including American Sign Language (ASL) for all Alliance covered services, 24 hours a day, 7 days a week. Please confirm your patient’s eligibility before requesting services. Please complete this form to request interpreter services.

INSTRUCTIONS

- 1. Please print clearly, or type in the fields below, and return by fax to **1.855.891.9167**.
2. Forms must be submitted by fax at least **five (5) working days** prior to the appointment date. For ASL, **five (5) working days** is recommended, but not required.

For questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

SECTION 1: PATIENT INFORMATION
Last Name: _____ First Name: _____
Alliance Member ID #: _____ Date Of Birth (MM/DD/YYYY): _____
Home Phone Number: _____ Cell Phone Number: _____

SECTION 2: INTERPRETER SERVICE TYPE (CHECK ONLY ONE TYPE OF SERVICE)
[] Telephone Interpreting By Appointment [] In-Person Interpreting
[] Video Interpreting By Appointment (if available at clinic location)
Language: _____ Special Requests (optional): _____

SECTION 3: APPOINTMENT DETAILS
For in-person appointments, please include address information.
For prescheduled video or telephonic appointments, please provide call-in information and/or link.
Date (MM/DD/YYYY): _____ Start Time: _____ Duration: _____
Provider Name: _____ Provider Specialty: _____
Address (include dept./floor/suite): _____
City: _____ State: _____ Zip Code: _____
Call-In Information/Link: _____
Please complete if requesting an in-person interpreter:
What is the nature of the request?
[] Complex course of therapy or procedure including life-threatening diagnosis (Examples: cancer, chemotherapy, transplants, etc.)
[] Highly sensitive issues (Examples: sexual assault/abuse or end-of life)
[] Other condition (please include justification): _____

SECTION 4: REQUESTOR INFORMATION
Name: _____ Email: _____
Phone Number: _____ Fax: _____ Date: _____

Telephonic interpreter services are available for Alliance members at anytime, 24 hours a day, 7 days a week without an appointment at **1.510.809.3986**.

To view and download this form, please visit www.alamedaalliance.org/providers/provider-forms.