Interpreter Services Request

home state health

Please submit requests via FAX to: **1-866-390-4429**

REQUESTER'S CONTACT INFORMATION
Requested Date
Name
Phone # / Fax # (for Confirmations)

MEMBER'S CONTACT INFORMATION
Member's Name
Date of Birth
Parent's Name (If a minor)
Phone #
Medicaid ID #
Member's Language
Gender Preference for Interpreter: Male / Female / No Preference

APPOINTMENT INFORMATION
Date of Service & Time
Type of Appointment
Approx. Length of Appointment (at least 1 hour)
Facility Name
Provider's Name
Address 1
Address 2 (Ste # / Bldg # / Bldg Name / etc.)
City, State, Zip
Phone # / Fax #
Additional Instructions

Please submit all requests 2-3 business days in advance, unless it is an urgent request.

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homestatehealth.com