

Member Language Access Services Request Form

Once complete, please email this form to ITC-MemberServices@IowaTotalCare.com.

Please note: requests should be made at least seven (7) days before scheduled appointment to allow time to find interpreter(s) to meet member needs.

Ongoing interpreter requests are only valid for three months. If appointments are still ongoing at the end of the three months, the health plan will need to receive a new request form to prevent interruption in ongoing interpretation services.

Type of Request*	<input type="checkbox"/> In-person	<input type="checkbox"/> Virtual	<input type="checkbox"/> Telephone
Language Requested*			
If an in-person interpreter is not available, can a virtual interpreter be used for this request?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Interpreter Gender Preference	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Preference
Member Name*			
Member ID*			
Member Phone*			
Member Email			
Date of Appointment*			
Time of Appointment			
Estimated Duration			
Provider Name*			
Provider Office Address			
Provider Phone Number*			
Additional Location Information			
Type of Appointment Product	<input type="checkbox"/> Medicaid (Iowa Total Care)	<input type="checkbox"/> Marketplace (Ambetter Health)	<input type="checkbox"/> Medicare (Wellcare)
Comments			

* Fields are required to fulfill language services request.

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Language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats are available to you at no cost. To obtain this, please call 1-833-404-1061 (TTY: 711). | Usted tiene a su disposición, sin costo alguno, servicios de asistencia lingüística, ayudas y servicios auxiliares, material en letra grande, traducción oral y otros formatos alternativos. Para obtener estos servicios, llame al 1-833-404-1061 (TTY: 711). | 我们免费为您提供语言协助服务、辅助设施和服务,更大字体,口头翻译和其他替代格式。如需获得此服务,请致电 1-833-404-1061 (TTY: 711)。