

Provider 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.

Language Requested			
Interpreter Gender Preference	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Preference
Number of Interpreters			
Interpretation Mode**	<input type="checkbox"/> Consecutive		<input type="checkbox"/> Simultaneous
Interpretation Type**	<input type="checkbox"/> On-Site	<input type="checkbox"/> Phone	<input type="checkbox"/> Virtual
Date of Appointment*			
Time of Appointment			
Estimated Duration			
Location of Interpretation			
Additional Information About Location			
Member Name			
Member ID			
Requested By (Provider Name)			
Provider NPI			
Type of Appointment Product	<input checked="" type="checkbox"/> Medicaid		
Name of On-Site Point of Contact			
On-Site Point of Contact Phone Number			
Comments			

** Consecutive: Interpreter will wait for provider to finish before interpreting to member.
 Simultaneous: Interpreter will begin interpreting to member while provider is speaking.

** On-Site: Interpreter at location of appointment.
 Phone: Interpreter vocalizes over phone to member.
 Virtual: Interpreter available over web-based video conferencing tools.