

## CULTURAL AND LINGUISTIC SERVICES In-Person Interpreter Request Form

**GCHP OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Tracking No.: \_\_\_\_\_

**REQUESTS FOR SERVICES REQUIRE 5-7 DAYS ADVANCE NOTICE.**

For emergency, same day or next day requests, please email [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org).

**PROVIDER INFORMATION**

Date Needed:	Start Time:	AM <input type="checkbox"/> PM <input type="checkbox"/>	End Time:	AM <input type="checkbox"/> PM <input type="checkbox"/>
Name of Requestor:			Phone Number:	
Provider Name:			Fax Number:	
Email (Interpreter confirmation will be emailed - Please PRINT CLEARLY):				

**MEMBER INFORMATION**

Member Name:	Medi-Cal ID Number (REQUIRED):	Date of Birth:
Primary Care Provider:		
Type of Appointment:		

**REFERRAL INFORMATION** *Please indicate if information is different from above.*

Provider Contact:			
<input type="checkbox"/> Out-of-Network Provider (Prior authorization is needed.)			
Name of Office:			
Assignment Address:	Dept/Floor/Suite	City	Zip
Cross Street:		Parking Location:	
Language Needed:		Special Instructions (e.g., name of specific interpreter, male, female):	

**Billing Information**

**Gold Coast Health Plan**

Attn: Cultural and Linguistic Services  
711 E. Daily Drive, Suite 106, Camarillo, CA 93010

Phone: 1-805-437-5500 Fax: 1-805-248-7481

Email: [CulturalLinguistics@goldchp.org](mailto:CulturalLinguistics@goldchp.org)

**ALL REQUESTS AND/OR CANCELATIONS MUST BE RECEIVED BY EMAIL OR FAX.**