

GCHP OFFICE USE ONLY

Date Received: _____

Date Completed: _____

Tracking No.: _____

SIGN LANGUAGE INTERPRETER REQUEST FORM

REQUESTS FOR SERVICES REQUIRE 5-7 DAY ADVANCE NOTICE.
EMERGENCY, SAME DAY, OR NEXT DAY Services require pre-approval by Gold Coast Health Plan.

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:	
Agency Name:			Fax Number:	
Email (Interpreter confirmation will be emailed - Please PRINT CLEARLY):				

ASSIGNMENT INFORMATION

Member Name:	Medi-Cal ID Number (REQUIRED):	Date of Birth:		
Provider Contact:				
<input type="checkbox"/> Out-of-Network Provider (Prior authorization is needed.)				
Assignment Address:	Dept/Floor/Suite	City	Zip	
Cross Street:			Parking Location:	
Type of Assignment (Medical Appointment: OB/GYN, urology, surgery, etc):	Doctor:			
Special Instructions (e.g., name of specific interpreter, male, female):				
On-site Contact Person:	DIRECT Phone/Cell#:			



LIFESIGNS
SINCE 1986

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

Send all request and/or cancellation notices to: LIFESIGNS and Gold Coast Health Plan

ALL CANCELATIONS MUST BE RECEIVED VIA FAX OR EMAIL ONLY

Using original FAXED request, write CANCELED diagonally across page and FAX IMMEDIATELY AND CALL GCHP.

LIFESIGNS Fax: 1-888-227-5021 Email: lifesigns@lifesignsinc.org

*25-hour cancellation policy on appointments two hours or less; 49-hour cancellation on appointments lasting longer than two hours. Cancellations must be made during business hours, Monday-Friday 8:30 a.m. - 5 p.m., weekends and holidays NOT included. If cancellation is not made within the specified amount of time, the customer will be billed for the total amount of time requested. Assignments more than two hours in duration will be scheduled and charged for two interpreters (TEAM INTERPRETING).

EMERGENCY RATE APPLIES TO ALL SERVICES REQUESTED 72 HOURS (3 DAYS) OR LESS FROM DATE NEEDED