



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#:		

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 cancelation notices to: 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.

*25-hour cancelation policy on appointments two hours or less; 49-hour cancelation on appointments lasting longer than two hours.
Cancelations must be made during business hours, Monday-Friday 8:30 a.m. - 5 p.m., weekends and holidays NOT included.