

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.

Language Requested*			
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 checked="" type="checkbox"/> Medicaid		
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 de idiomas, ayudas y servicios auxiliares, material impreso en letra más grande, traducción oral y otros formatos alternativos. Para obtener esto, llame al 1-833-404-1061 (TTY: 711). | **可以免费为您提供语言协助服务、辅助用具和服务以及其他格式。如需获得这些服务，请致电** 1-833-404-1061 (TTY: 711)。