





Provider Language Access Services Request Form

Once complete, please email this form to ITC-MemberServices@lowaTotalCare.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.

Ongoing interpreter requests are only valid for three months. If appointments are still ongoing at the end of the three months, the health plan will need to receive a new request form to prevent interruption in ongoing interpretation services.

Type of Request*	□ In-person	□ Virtual		□ Telephone	
Language Requested					
If an in-person interpreter is not available, can a virtual interpreter be used for this request?	□Yes		□No		
Interpreter Gender Preference	□ Male	□ Fema	le	□ No Preference	
Number of Interpreters					
Interpretation Mode**	□ Consecutive	□ Si		Simultaneous	
Interpretation Type**	□ On-Site	□ Phone	Э	□ 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	☐ Medicaid (Iowa Total Care)	☐ Marke (Ambette	etplace r Health)	☐ Medicare (Wellcare)	
Name of On-Site Point of Contact					
On-Site Point of Contact Phone Number					

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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.

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