



Request/Refusal of Interpreter Services

You have the right to interpreter services at no cost to you. A professional interpreter helps you and your provider talk when your provider does not speak your language. You should not use family, friends, or minors to interpret.

Patient name: _____

Preferred spoken language: _____

I am requesting an interpreter.

Language: _____

No, I do not want to use an interpreter.

No, I do not want an interpreter and prefer to use my family or friend to interpret.

Patient signature

Date

Please place this form in the patient's medical record.
Request/Refusal - English

Los Angeles County members: For more help and resources, visit blueshieldca.com/promise/medical.
You can also call Customer Service at (800) 605-2556 (TTY: 711), 8 a.m. to 6 p.m. PT, Monday through Friday.

San Diego County members: For more help and resources, visit blueshieldca.com/promise/medical.
You can also call Customer Service at (855) 699-5557 (TTY: 711), 8 a.m. to 6 p.m. PT, Monday through Friday.

3840 Kilroy Airport Way, Long Beach, CA 90806