Intelligere™
Your language solutions partner

Case #: ______________________
Intelligere™ Internal Use Only

Request for Interpreting Services

Upon completion please fax to 952-922-8150.

Spoken Language

American Sign Language

Person Requesting Interpreter: ______________________

Company Name: ______________________

Phone: ____________ Fax: ____________ Email: ____________

Nature of the Appointment (Note: Detailed information is critical to uphold quality of care)
E.g., x-ray of the right hand due to injury

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Patient First Name: ____________ Patient Last Name: ____________

Patient Record #: ____________ Patient Date of Birth: ____________

Patient Phone Number: ____________

Language Requested: ____________ Time of Appointment: ____________ **AM** **PM**

Date of Appointment: ____________ Length of Appointment: ____________

Provider: ______________________

Department: ______________________

Interpreter Gender Preference: NA Female Male

Preferred Interpreter: ______________________

Location of Appointment: Hospital/Clinic Home Visit

Location Address:

____

BILL TO:

Health Insurance (Please CHECK if service should be billed to insurance):

BluePlus **HealthPartners** **Medica** **MHP** **SCHA** **UCare**

Other: ____________ Insurance ID #: ____________ Group #: ____________

No Fault Benefits: Auto Work Comp Claim #: ____________

Company Name: ______________________ DOI: ____________

Bill to Address: ______________________

Adjuster Name: ______________________

Adjuster Phone: ____________ Fax: ____________