Blue Cross Blue Shield of Rhode Island
500 Exchange Street, Providence, RI 02903-2699
(401) 459-1000 www.bcbsri.com

Sign Language Interpreter Request Form

State of RI Members Group # 01002826

Requestor Information:

Today's Date: _____

Provider's Full Name: _____

Phone number and extension: _____

Provider's Address: _____

City: _____ State: _____ Zip Code: _____

Office Contact Person: _____

Member Information:

Member's Name: _____D.O.B: _____

Subscriber ID: _____

Communication Preference: (ASL, Signed English, tactile) _____

Name of Specific Interpreter requested (if one): _____

Service Information:

Date of Service: _____

Time Start: _____ Time End: _____

Office Location: _____ Suite /Floor: _____

City: _____State: _____ Zip Code: _____

Nature of Visit: _____

Two weeks' notice is requested

Please fax or email Request Form to BCBSRI Care Management Support:
E-mail: HealthOperations_Support@bcbsri.org
Fax: 401-459-5804
Phone: 401-459-5086