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: _____
Office Contact Person: _____

Member Information:
Member's Name: _____D.O.B:_____
Subscriber ID: _____
Communication Preference: (ASL, Signed English, tactile, etc.)
_____

Name of Specific Interpreter requested (if one): _____

Service Information:
Date of Service: _____
Time Start: _____ Time End: _____
Office Location: _____ Suite /Floor: _____
City: _____
Zip Code: _____
Nature of Visit: _____

Two weeks' notice is appreciated

Please fax or email the form to:
401-459-5112 or HealthOperations.SoRICMSupport@bcbsri.org