

## Translators request form

Fax to: 1-888-642-4011

Member TennCare ID: \_\_\_\_\_

Member last name, first name: \_\_\_\_\_

Appointment date: \_\_\_\_\_

Appointment time: \_\_\_\_\_

Appointment location: \_\_\_\_\_

Physician name: \_\_\_\_\_

Vendor name: \_\_\_\_\_

Language requested: \_\_\_\_\_

Date of request: \_\_\_\_\_

Requester name: \_\_\_\_\_

Requester phone number: \_\_\_\_\_