

Cultural and Linguistic Referral Form

California | Anthem Blue Cross | Medi-Cal Managed Care

Instructions

For members with vision, hearing, or speech impairments, do not send medical records. Email the completed form to CACulturalLinguisticServicesInbox@anthem.com.

Member information

Member first and last name	
Date of birth	
Member ID number	
Address (street, city, state, ZIP code)	
Email address	
Phone number	

Cultural and linguistic requests

Date of referral	Click or tap to enter a date.
Interpretation services	<input type="checkbox"/> Telephonic <input type="checkbox"/> Face-to-face (on-site, video-remote interpreting (VRI))
Select the language for interpretation services	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese traditional <input type="checkbox"/> Chinese simplified <input type="checkbox"/> Farsi <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other (specify): </div> <div style="width: 50%;"> <input type="checkbox"/> Laotian <input type="checkbox"/> Mien <input type="checkbox"/> Punjabi <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Sign language </div> </div>
Impairment/disability	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech

Translation services	<input type="checkbox"/> Braille	<input type="checkbox"/> Audio recordings
	<input type="checkbox"/> Audio	<input type="checkbox"/> Screen-reader software
	<input type="checkbox"/> Data CD	<input type="checkbox"/> Other
	<input type="checkbox"/> Assistive listening devices	<input type="checkbox"/> Large print

Provider referral information

Referred by	
Phone Number	
Address (street, city, state, ZIP code)	
Provider special instructions/comments	
<Enter if any>	

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.