

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's first and last name	
Date of birth	
Member ID No.	
Address (street, city, state, ZIP)	
Email address	
Phone No.	

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 (onsite, video remote interpreting (VRI))																						
Select the language for interpretation services	<table border="0"> <tr> <td><input type="checkbox"/> Arabic</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Armenian</td> <td><input type="checkbox"/> Mien</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Punjabi</td> </tr> <tr> <td><input type="checkbox"/> Chinese Traditional</td> <td><input type="checkbox"/> Russian</td> </tr> <tr> <td><input type="checkbox"/> Chinese Simplified</td> <td><input type="checkbox"/> Spanish</td> </tr> <tr> <td><input type="checkbox"/> Farsi</td> <td><input type="checkbox"/> Tagalog</td> </tr> <tr> <td><input type="checkbox"/> Hindi</td> <td><input type="checkbox"/> Thai</td> </tr> <tr> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Sign language</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify):</td> <td></td> </tr> </table>	<input type="checkbox"/> Arabic	<input type="checkbox"/> Laotian	<input type="checkbox"/> Armenian	<input type="checkbox"/> Mien	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Chinese Traditional	<input type="checkbox"/> Russian	<input type="checkbox"/> Chinese Simplified	<input type="checkbox"/> Spanish	<input type="checkbox"/> Farsi	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Hindi	<input type="checkbox"/> Thai	<input type="checkbox"/> Hmong	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Sign language	<input type="checkbox"/> Korean		<input type="checkbox"/> Other (specify):	
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<input type="checkbox"/> Other (specify):																							
Impairment/disability	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Speech																						


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

Referred by	
Phone No.	
Address (street, city, state, ZIP)	
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.





Email is the quickest and most direct way to receive important information from Anthem Blue Cross.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form: <http://anthem.ly/signup-abc-ca>.