

Medi-Cal Managed Care Medi-Cal Access Program L. A. Care Major Risk Medical Insurance Program

## Request/Refusal Form for Interpreter Services\*

Member's name:	
Primary language:	
Yes, I am requesting interpreter services.	
Language(s):	
☐ I prefer to use a family member or friend as an interpreter	r.
☐ I do not need interpreter services.	
☐ This form does not apply to this member. Please explain:	
Member's signature	Date

\* Provider please place in member's medical record.