

UNITED CONCORDIA

Request/Refusal for Interpretive Services Form

Member Name: _____

Member's Primary Language: _____

Yes, I am requesting interpretive services.
Language(s): _____

I prefer to use my family or friend as an interpreter.

No, I do not require interpretive services.

N/A
Please explain:

Member Signature

Date

* Please place completed form in member's dental record.