

UnitedHealthcare Community Plan of Arizona Request for Virtual Onsite Interpreting Services

Use this form to schedule a LanguageLine Solutions® interpreter to join a video telehealth session between a care provider and a UnitedHealthcare Community Plan member.

Scheduling: Please submit your request two business days before the telehealth session. When possible, schedule interpreters for assignments Monday through Friday, 8 a.m. to 5 p.m.

Cancellations: Contact LanguageLine at least one full business day in advance to avoid a cancellation fee.

Last-Minute Requests: Requests placed with less than one full business day's notice are subject to premium rates.

Please submit your completed request to LanguageLine at onsiterequests@language.com.

Requesting Facility/Organization

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UnitedHealthcare Community Plan 237437 (AHCCCS Complete Care and Developmentally Disabled)

Client ID* 237438 (Long-Term Care)

Requestor's Name

Facility/Organization Address

Requestor's Phone

Email*

Telehealth Meeting Information

Date of Appointment

Appointment Start Time

Requested Language

Preferred Interpreter (if any)

Name of Live Secure Video
Conference Platform*

Link to Join Live Video Meeting*

Care Provider Holding the Meeting

Member's AHCCCS ID*

How long will the
interpreter be needed?

Preferred Interpreter
Gender (if any)

Type of Visit* Medical Visit
 Behavioral Health Visit

*Required information