

Report Experiences with Language Assistance for Medical Care!

Please send this form to Beth Shapiro, Community Legal Services,
at bshapiro@clsphila.org or 215.227.6486 (fax)

Date of Incident: _____ Patient's Language (including sign language): _____

Name of Health Care Provider Involved (Please include provider's name; name of facility, clinic, hospital, managed care organization, etc.; and address/location):

Patient's Health Insurance:

- Medicaid Managed Care Plan _____ Medicaid Fee for Service
 MEDICARE Managed Care Plan _____ MEDICARE (Original)
 MEDICARE Part D Plan No Insurance Other _____

Check All That Apply: No problems getting competent language assistance.

- | | |
|--|--|
| <input type="checkbox"/> Provider did not use telephone interpreter service. | <input type="checkbox"/> Provider refused to arrange for interpreter. |
| <input type="checkbox"/> Provider wanted friend/family to interpret. | <input type="checkbox"/> Provider did not have translated standard forms (e.g., HIPAA notice). |
| <input type="checkbox"/> Patient's appointment cancelled/rescheduled because interpreter/bilingual staff was unavailable. | <input type="checkbox"/> Patient's appointment delayed because interpreter or bilingual staff was unavailable. |
| <input type="checkbox"/> Managed Care Organization refused to provide interpreter for medical appointment. | <input type="checkbox"/> Managed Care Organization provided interpreter only after intervention and/or advocacy. |
| <input type="checkbox"/> Managed Care Organization sent notice in English. (Please specify type of notice)
<input type="checkbox"/> Termination <input type="checkbox"/> Denial <input type="checkbox"/> Complaint/
Grievance Info | <input type="checkbox"/> Medicaid Fee for Service sent notice in English. (Please specify type of notice)
<input type="checkbox"/> Termination <input type="checkbox"/> Denial <input type="checkbox"/> Other |

If the LEP person gives permission to be contacted about language access experiences (in his/her language), please provide:

Name: _____ Phone No.: _____ Alternate Phone No.: _____

Your Name: _____ Email Address: _____

Your Organization: _____ Phone No.: _____