Producer Help Desk (Client ID: 93241)
Sign Language Interpreter Request Form

UnitedHealthcare

INSTRUCTIONS Only use this form when requesting a sign language interpreter for an in-person or virtual formal marketing/sales event or marketing sales appointment.

All fields must be completed. Missing or inaccurate information may delay the reservation of interpreter services.

CHECK ALL THAT APPLY

- ☐ Standard (14 or more calendar days from date interpreter is needed)
- ☐ **Urgent** (less than 14 calendar days from date interpreter is needed)
- ☐ A consumer/member **complaint** is associated with this request

AGENT INFORMATION			
Name	**Phone**	**Email**	
Writing Number (must match LOB below)	**Party ID**	**Channel**	**Region**

CONSMER INFORMATION			
Name	**Phone**	**MIRA Contact ID**	
Address	**City**	**ST**	**ZIP**

Language Requested	☐ American Sign Language (ASL) ☐ Other (Identify non-English language or type) _____

Interaction Type	☐ In-Person ☐ Virtual

EVENT/APPOINTMENT INFORMATION			
Type (Event or Appointment)	**Venue Name**	**Date**	**Time**
Address	**City**	**ST**	**Zip**

REQUESTOR INFORMATION			
Name	**Email**	**Phone**	**Client ID**
			93241

Line of Business: (Please select one)	☐ Medicare (GL - 20020-04000-403620-USASS800-77499) ☐ Individual & Family Plan (GL - 20020-02850-205144-USASS800-77499)

ADDITIONAL INFORMATION IMPORTANT TO THIS REQUEST

To submit your request: Email the completed form to nationwideonsite@propio.com.

The team will review and provide confirmation once an Interpreter has been confirmed. For any additional questions dial (316) 395-5643, follow the prompts, for UHG press 9 to reach a dedicated team member.