



Life Smiles Dental Care

Request/Refusal for Interpretation Services

California Language Assistance Program

California law requires that your insurance company provides interpretation services to help you speak with and understand your dentist and office staff.

Please fill out completely (check all that apply):

I need an interpreter

- Yes, I need an interpreter to speak to my dentist and/or office staff
- I prefer to speak the following language: _____

I do not need an interpreter

- I do not need or want an interpreter.
- I need an interpreter but I prefer to use my family, friend and/or dentist office staff as an interpreter.

By signing below, I confirm that I have been offered an over- the-phone interpreter to help me speak with and understand my dentist and/or office staff.

Patient Name (please print): _____

Patient Signature: _____

Date: _____