

INTERPRETATION AND TRANSLATION SERVICES

For Health Care Providers

August 2018

Discounted rates are available to Cigna-participating health care providers for language assistance services such as telephonic interpretations, face-to-face interpretations, and written translations, with these three Cigna professional contracted vendors:

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| <p><u>CQfluency</u></p> <p>Written translation services</p> <p>Discount: 20%</p> <p>Website: CQfluency.com/Cigna/Providers</p> <p>Telephone: 1.201.487.8007</p> <p>Email: Cigna.providers@CQfluency.com</p> | <p><u>LanguageLine Solutions®</u></p> <p>Interpretation services over the telephone</p> <p>Discount: 50%</p> <p>Website: LanguageLine.com</p> <p>Telephone: 1.800.752.6096</p> <p>Download the LanguageLine Solutions Personal InterpreterSM mobile app* or create a Personal Interpreter Account.</p> <p>* To get the discount when using the mobile app, use the Cigna promo code: CignaCorporateRate5852.</p> |
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| <p><u>Interpreting Services International (ISI)</u></p> <p>Discount: 10%–12% Website: ISltrans.com Telephone: 1.818.753.9181</p> | |
| <p>Face-to-face interpreter services</p> <p>Contact: Elba Rojas Email: ERojas@ISltrans.com</p> <p>Include this information in your email:</p> <ul style="list-style-type: none"> • Subject line: Cigna HCP request for face-to-face interpreter services • Type of appointment (e.g., speech therapy, specialist visit, therapy session) • Language • Date of appointment • Time when interpreter is needed • Location • Purchase order number or project number • Health care provider office contact information (include name, address, and telephone number) • Billing information • Any other helpful information about your request | <p>Written translation services</p> <p>Contact: Anna Martorell Email: anna@isitrans.com</p> <p>Include this information in your email:</p> <ul style="list-style-type: none"> • Subject line: Cigna HCP request for translation services • Language combination (e.g., source language in English, target language in Spanish) • Final documents (a source file is preferred to a PDF) • Reference files, if applicable • Requested due date • Purchase order number or project number • Health care provider office contact information (include name, address, and telephone number) • Billing information • The attachment, document, or text to be translated • Any other helpful information about your request |

Together, all the way.™



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