



Americans with Disabilities Act (ADA) Attestation

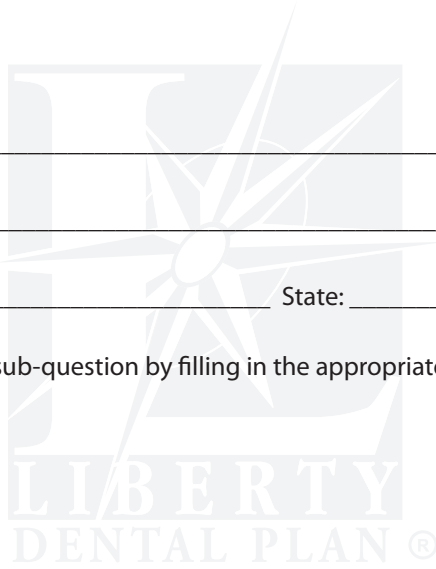
From (Practice Name): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Instructions: Please answer each question and sub-question by filling in the appropriate circle. Then mail the completed attestation and any related documentation to:

LIBERTY Dental Plan
 Attn: Professional Relations
 PO Box 26110
 Santa Ana, CA 92799-6110
Fax: 800-268-0154



If you are completing this form on behalf of a practice, please attach a listing of dentists at your office. If your practice has more than one location, please complete a form for each location and attach a listing of dentists for each location. Once submitted, please notify LIBERTY Dental Plan within 10 business days of any change to your answers below. Additional forms can be downloaded from the "Join Our Networks" page at <https://www.libertydentalplan.com/Providers/Join-Our-Network.aspx>.

1.	Does the office have at least one wheelchair-accessible path from an entrance to an exam room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																					
2.	Are examination tables and all equipment accessible to people with disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																					
3.	If parking is provided, are there spaces reserved for people with disabilities and pedestrian ramps at sidewalks and drop-offs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																					
4.	If parking is provided, are there an adequate number (see below) of accessible parking spaces (8 feet wide for a car and 5-foot access aisle)?																							
	<table border="1"> <tr> <th>Total spaces</th> <th>Accessible spaces</th> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>1-25</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>26-50</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>51-75</td> <td>3</td> <td></td> <td></td> </tr> <tr> <td>76-100</td> <td>4</td> <td></td> <td></td> </tr> </table>	Total spaces	Accessible spaces	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1-25	1			26-50	2			51-75	3			76-100	4					
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1-25	1																							
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51-75	3																							
76-100	4																							
5.	a. For a provider with a disability-accessible parking space, is there a path of travel from the disability-accessible parking space to the facility entrance that does not require the use of stairs? b. Is the path of travel stable, firm and slip resistant? c. Except for curb cuts, is the path at least 36 inches wide?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/> N/A																				
6.	a. Is there a method for persons using wheelchairs or requiring other mobility assistance to enter as freely as everyone else? b. Is that route of travel safe and accessible for everyone, including people with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> N/A																				
7.	Does the main exterior entrance door used by persons with mobility disabilities to access public spaces meet the following: a. 32 inches clear opening. b. 18 inches of clear wall space on the pull side of the door, next to the handle. c. The threshold edge is no greater than ¼-inch high; if beveled, no greater than ¾-inches high. d. The door handle is no higher than 48-inches high and can be operated with a closed fist.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No																					

(Continued)

8.	a. Are there ramps to permit access? If yes, complete the following four questions: b. Are the slopes of the ramp accessible for wheelchair access? c. Are the railings sturdy and high enough for wheelchair access? d. Is the width between railings wide enough to accommodate a wheelchair? e. Are the ramps nonslip and free from any obstruction (cracks)?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
9.	If there are stairs at the main entrance, is there also a ramp or lift or is there an alternative accessible entrance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Do any inaccessible entrances have signs indicating the location of the nearest accessible entrance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Can the accessible entrance be used independently and without assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Are doormats ½-inch high or less with beveled or secured edges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	Are waiting rooms and exam rooms accessible to people with disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Does the layout of the interior of the building allow people with disabilities to obtain materials and services without assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Do the interior doors comply with the criteria set forth for exterior doors (see question 7)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Are the accessible routes to all public spaces in the facility 31-inches wide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Is there a 5-foot circle or a T-shaped space for a disabled person using a wheelchair to reverse direction in public areas where services are rendered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Are all buttons or other controls in the hallway no higher than 42 inches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Do elevators in the facility meet the following standards: a. There are raised and Braille signs on both door jambs on every floor. b. The controls inside the cab have raised and Braille lettering. c. The call buttons in the hallway are not higher than 42 inches.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
20.	Are sign language interpreters and other auxiliary aids and services provided in appropriate circumstances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Is the public lavatory wheelchair-accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	With respect to the public restroom, do the accessible route, the exterior door and the interior stall doors comply with standards set forth for exterior doors (see question 7)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Is there at least one wheelchair-accessible stall in the public restroom that has an area of at least 5 feet by 5 feet clear of the door swing or is there at least one stall that is less accessible but provides greater access than a typical stall (either 36 by 69 inches or 48 by 69 inches)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	In the accessible stall of the public restroom, are there grab bars behind and on the side wall nearest the toilet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Is there one lavatory in the public restroom that meets the following standards: a. 30-inches wide by 48 inches; deep bar space in front. b. A maximum of 19 inches of the required depth may be under the lavatory. c. The lavatory rim is no higher than 34 inches. d. There are at least 29 inches from the floor to the bottom of the lavatory apron. e. The faucet can be operated with a closed fist. f. The soap dispenser and hand dryers are within reach and usable with one closed fist. g. The mirror is mounted with the bottom edge of the reflecting surface 40 inches from the floor or lower.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No

I hereby attest that I am a provider that occupies a physical site at which participants might possibly be physically present and that the answers provided are accurate. Or, I do hereby attest that I hold the authority to make these attestations.

Name	Date
Signature	