

## DEMOGRAPHICS SURVEY FOR PARTICIPATING DENTAL OFFICES

**Office Name:** \_\_\_\_\_ **Office ID Number:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

LIBERTY Dental Plan is working to improve the collection of providers' race, ethnicity, and primary language. This is important because there are measurable differences between racial and ethnic groups in health care and want to ensure all member needs are met. One way to effectively address and reduce racial and ethnic disparities in health care is to collect and track provider data by race, ethnicity, and primary language. Completing this Demographic Survey is voluntary.

**Please complete the table below:**

Dentist Name:	Language(s) Spoken:	Ethnicity:	Race:
Dentist Name:	Language(s) Spoken:	Ethnicity:	Race:
Dentist Name:	Language(s) Spoken:	Ethnicity:	Race:
Dentist Name:	Language(s) Spoken:	Ethnicity:	Race:
Dentist Name:	Language(s) Spoken:	Ethnicity:	Race:

**Please indicate all languages spoken by non-clinical office staff:**

\*If you need additional space, please copy this form.

LIBERTY discourages the use of family members and friends as interpreters. Contact LIBERTY Dental's Member Services department for assistance from certified interpreters at no cost.