

Delta Dental of California Dentist and Staff Language Capabilities Disclosure Form

The California Department of Managed Health Care has adopted new language assistance regulations (CCR 1300.67.04) that require providers and office staff to certify their non-English language proficiency. In order to ensure that there are appropriate levels of language proficiency at dental offices for those participating providers who list bilingual or multilingual capabilities in the provider directory, we ask you to please complete the form below. Proficiency in languages other than English includes 1) demonstrated conversational fluency with use of correct grammar and adequate vocabulary, 2) fluency in dental terminology and comprehension of language relating to dental care, 3) training to take or assist in gathering information for an accurate dental history, and 4) an ability to demonstrate cultural sensitivity.

Please return this form to Delta Dental-D12, Attn: Dentist Network Administration and Contracting, P.O. Box 537010, Sacramento, CA 95853-7010, or fax to 916-852-8995.

Print legal name of contracting dentist or facility, dental group, dental clinic or public entity:

First Name	Last Name	License Number
Practice/Facility Name	Facility ID (DeltaCare® USA only)	
Provider/Facility Tax ID Number	National Provider Identifier Number	
Office/Facility Address		
City	State	ZIP

For those who indicate a fluency in a non-English language for our online provider directory, please indicate dentist or staff, print his or her name, enter language capabilities* and sign in the corresponding box.

Name: <input type="checkbox"/> Dentist <input type="checkbox"/> Staff	Language(s) spoken other than English:	Signature:
Name: <input type="checkbox"/> Dentist <input type="checkbox"/> Staff	Language(s) spoken other than English:	Signature:
Name: <input type="checkbox"/> Dentist <input type="checkbox"/> Staff	Language(s) spoken other than English:	Signature:
Name: <input type="checkbox"/> Dentist <input type="checkbox"/> Staff	Language(s) spoken other than English:	Signature:

*If you need additional pages, please copy this form.