

## Delta Dental of California: DeltaVision® Program Eye-Care Professionals<sup>1</sup> 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 to their non-English language proficiency. In order to ensure that there are appropriate levels of language proficiency at eye-care 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 eye-care terminology and comprehension of language relating to eye-care, 3) training to take or assist in gathering information for an accurate eye-care history, and 4) an ability to demonstrate cultural sensitivity.

Please return this form to DeltaCare® USA: Attention Network Administration and Contracting NAC642, 12898 Towne Center Drive, Cerritos, CA 90703 or fax to (562) 467-6705.

Print Legal Name of Contracting Optometrist, Ophthalmologist, Eye-Care Clinic or Public Entity:

Facility Name: \_\_\_\_\_

Facility ID: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Facility Tax ID Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

If you need additional pages, please copy this form.

<sup>1</sup> An "eye-care professional" is defined as an optometrist or ophthalmologist.