

FROM: Practice Name: _

AMERICANS WITH DISABILITIES ACT (ADA) ATTESTATION

| Address: | | | | | |
|--|---|--|----------------------------------|----------------------------|-------------|
| City: | State: | ZIP: | | | |
| Instructions: Please answer each question and location, mail the completed attestation and a | | ppropriate circle. | Then, based o | n your prac | tice |
| New York City, Nassau, Suffolk: EmblemHealth 55 Water Street New York, NY 10041 Attn: Physician Contracting, 7th Floor If you are completing this form on behalf of a practice has more than one location, please conce submitted, please notify EmblemHealth be downloaded from the "Join Our Networks" Note: If you do not see patients at the address N/A here, sign the form and mail it back. | omplete a form for each location has within 10 business days of any are page at www.emblemhealth. ss above (e.g., you're an inpatien | re 7 ring of practitioners at a and attach a listin r change to your a com. | ng of practitio nswers below. | ners for eac Additional | forms can |
| 1. Does the office have at least one wheelchair-acc | essible path from an entrance to an e | xam room? | ○Yes | ONo | O N/A |
| 2. Are examination tables and all equipment accessible to people with disabilities? | | ○Yes | ONo | ○ N/A | |
| 3. If parking is provided, are there spaces reserved for people with disabilities and pedestrian ramps at sidewalks and drop-offs? | | ○Yes | ONo | ○ N/A | |
| 4. If parking is provided, are there an adequate numb (8 feet wide for a car and 5-foot access aisle)? Total spaces 1-25 26-50 51-75 76-100 | per (see below) of accessible parking Accessible spaces 1 2 3 4 | spaces | ○Yes | ○No | ○ N/A |
| 5. a. For a provider with a disability-accessible parkidisability-accessible parking space to the facility | | | ○Yes | ○No | ○ N/A |
| b. Is the path of travel stable, firm and slip resistar | nt? | | ○Yes | \bigcirc No | ○ N/A |
| c. Except for curb cuts, is the path at least 36 inch | es wide? | | ○Yes | \bigcirc No | ○ N/A |
| 6. a. Is there a method for persons using wheelchair freely as everyone else? | s or requiring other mobility assistanc | e to enter as | ○Yes | ○No | ○ N/A |
| b. Is that route of travel safe and accessible for ev | veryone, including people with disabil | ties? | ○Yes | \bigcirc No | ○ N/A |
| 7. Does the main exterior entrance door used by permeet the following: | sons with mobility disabilities to acce | ss public spaces | | | |
| a. 32 inches clear opening. | | ○Yes | \bigcirc No | ○ N/A | |
| b. 18 inches of clear wall space on the pull side of the door, next to the handle. | | ○Yes | \bigcirc No | ○ N/A | |
| c. The threshold edge is no greater than ¼-inch hi | gh; if beveled, no greater than ¾-inch | es high. | ○Yes | \bigcirc No | ○ N/A |
| d. The door handle is no higher than 48-inches hig | h and can be operated with a closed | fist. | ○Yes | ○No | ○ N/A |
| | | | | | (Continued) |

| 8. a. Are there ramps to permit access? If yes , complete the following four questions: | | ONo | ○ N/A | | |
|---|----------------|------|-------|--|--|
| b. Are the slopes of the ramp accessible for wheelchair access? | | ○No | ○ N/A | | |
| c. Are the railings sturdy and high enough for wheelchair access? | | ○No | ○ N/A | | |
| d. Is the width between railings wide enough to accommodate a wheelchair? | ○Yes | ○No | ○ N/A | | |
| e. Are the ramps nonslip and free from any obstruction (cracks)? | | ○No | ○ N/A | | |
| 9. If there are stairs at the main entrance, is there also a ramp or lift or is there an alternative accessible entrance? | | ○ No | ○ N/A | | |
| 10. Do any inaccessible entrances have signs indicating the location of the nearest accessible entrance? | | ○ No | ○ N/A | | |
| 11. Can the accessible entrance be used independently and without assistance? | | ○ No | ○ N/A | | |
| 12. Are doormats ½-inch high or less with beveled or secured edges? | | ONo | ○ N/A | | |
| 13. Are waiting rooms and exam rooms accessible to people with disabilities? | | ○No | ○ N/A | | |
| 14. Does the layout of the interior of the building allow people with disabilities to obtain materials and services without assistance? | | ○No | ○ N/A | | |
| 15. Do the interior doors comply with the criteria set forth for exterior doors (see question 7)? | ○Yes | ○No | ○ N/A | | |
| 16. Are the accessible routes to all public spaces in the facility 31-inches wide? | ○Yes | ○No | ○ N/A | | |
| 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? | ○Yes | ○No | ○ N/A | | |
| 18. Are all buttons or other controls in the hallway no higher than 42 inches? | ○Yes | ○No | ○ N/A | | |
| 19. Do elevators in the facility meet the following standards: | | | | | |
| a. There are raised and Braille signs on both door jambs on every floor. | \bigcirc Yes | ○No | ○ N/A | | |
| b. The controls inside the cab have raised and Braille lettering. | ○Yes | ○No | ○ N/A | | |
| c. The call buttons in the hallway are not higher than 42 inches. | ○Yes | ○No | ○ N/A | | |
| 20. Are sign language interpreters and other auxiliary aids and services provided in appropriate circumstances? | | ○No | ○ N/A | | |
| 21. Is the public lavatory wheelchair-accessible? | | ○No | ○ N/A | | |
| 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)? | | ○No | ○ N/A | | |
| 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)? | ○Yes | ○No | ○ N/A | | |
| 24. In the accessible stall of the public restroom, are there grab bars behind and on the side wall nearest the toilet? | ○Yes | ○No | ○ N/A | | |
| 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. | ○Yes | ○No | ○ N/A | | |
| b. A maximum of 19 inches of the required depth may be under the lavatory. | ○Yes | ○No | ○ N/A | | |
| c. The lavatory rim is no higher than 34 inches. | \bigcirc Yes | ○No | ○ N/A | | |
| d. There are at least 29 inches from the floor to the bottom of the lavatory apron. | \bigcirc Yes | ○No | ○ N/A | | |
| e. The faucet can be operated with a closed fist. | ○Yes | ○No | ○ N/A | | |
| f. The soap dispenser and hand dryers are within reach and usable with one closed fist. | ○Yes | ○No | ○ N/A | | |
| g. The mirror is mounted with the bottom edge of the reflecting surface 40 inches from the floor or lower. | ○Yes | ○No | ○ N/A | | |
| 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: | |