

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 in within 10 business days of any is" page at www.emblemhealth. iss above (e.g., you're an inpatien	re ing of practitioners at and attach a listing change to your a com.	ng of practitionswers 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	kam 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:	○Yes	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?	○Yes	○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)?	○Yes	○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?		○No	○ 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?	○Yes	○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.	○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?	○Yes	○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.	○Yes	○No	○ N/A		
d. There are at least 29 inches from the floor to the bottom of the lavatory apron.	○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:	