



California Language Capability Form

Aetna Dental of California Inc. is asking for your assistance in fulfilling the requirements set forth in the Department of Managed Health Care's Language Assistance Program ("LAP") regulations (Section 1300.67.04 of the California Code Regulations, Title 28). The language capability form will confirm that you and/or your office staff are bilingual and fluent in the languages other than English.

To ensure that patients will have accurate information on dentist language capability, please fill out the information below for each dentist in your practice who speaks a language other than English and fax it to **West Dental Network Support at 1-818-932-6562**. Please be sure to **SIGN** this document. **This document will not be valid without a signature.** The language information for your practice will appear in our printed provider directories and in DocFind[®], our online directory at www.aetna.com.

Note: If you need to report language capabilities for more than three dentists, you may complete another form. Please be sure to show the practice name on the additional form so we can be sure to update the correct records.

A. Practice information

1. Name	
2. Specialty	
3. Address (<i>street, city, state, ZIP</i>)	
4. Telephone number (<i>include area code</i>)	5. Fax number (<i>include area code</i>)

B. Dentist information

1. Name	Language(s) fluently spoken by dentist. English,
2. Name	Language(s) fluently spoken by dentist. English,
3. Name	Language(s) fluently spoken by dentist. English,

C. Authorization

I certify that the information in this document and any attached document is true and correct.	
Provider / Offices Staff Signature (<i>first & last names please</i>)	Date

Thank you for your prompt response!