

**DOMINION DENTAL SERVICES, INC.  
AND DOMINION DENTAL SERVICES USA, INC.**

**MARYLAND ORTHODONTIC PROVIDER AGREEMENT**

This Agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), by and between \_\_\_\_\_ (hereinafter referred to as ORTHODONTIST) who is qualified and appropriately licensed to practice Dentistry in the state of Maryland, and Dominion Dental Services, Inc. and Dominion Dental Services USA, Inc both Virginia Corporation (hereinafter referred to collectively as a PLAN). Whenever mentioned herein, the term ORTHODONTIST shall include all employees of ORTHODONTIST, all partners, dental associates, and all staff personnel under his direct supervision and/or control. The provisions of this Agreement are to be construed according to the laws of the State of Maryland. In the event of any inconsistency between this Agreement and the terms of any coverage contract, the terms of such coverage contract shall control.

**WITNESSETH**

- A.** PLAN has organized a Dental Plan Organization under Virginia Code Title 38.2-Chapter 61 to provide various individuals, health plans and groups with a wide range of dental care services to Subscribers and their eligible dependents participating in the PLAN.
- B.** Each of the Subscribers has entered into contracts with the PLAN by the terms of which contracts the PLAN has agreed to provide such Subscribers with dental care in exchange for periodic payments (hereinafter referred to as subscription dues) by such Subscribers.

It is specifically understood by the parties hereto that the said contracts contain varying provisions, and also that they may be modified prospectively from time to time. Now, therefore, in consideration of the mutual covenants herein contained and for other good and valuable consideration, it is agreed as follows:

**AGREEMENT**

- 1. RENDITION OF CARE:** ORTHODONTIST agrees to render all necessary orthodontic service to each of the Subscribers covered by the PLAN, during his regular office hours, subject to prior appointments; provided, however that ORTHODONTIST shall have the right within the framework of professional ethics to reject any patient seeking his professional services. If ORTHODONTIST rejects any Subscriber patient, that patient will have the right to choose another participating ORTHODONTIST. In such case, copies of all dental records will be transferred on request of Subscriber to the new participating ORTHODONTIST. Any fund transfer associated with unusual circumstances will be subject to review and determination by the Board of Directors of Dominion Dental Services, Inc.
- 2. ELIGIBILITY:** All determinations as to the eligibility of any person for benefits under this Agreement, or the standing of any person with respect to membership in any Group entitled to benefits under this Agreement, shall be determined by the Group and the PLAN before the ORTHODONTIST renders any dental services.
- 3. SERVICES NOT COVERED - FEES DUE DIRECTLY FROM SUBSCRIBER:** It is specifically understood and agreed that cases will arise where ORTHODONTIST will perform dental services for Subscribers which are not covered by the contract then in force; or which, under such contract, are required to be paid by the Subscriber personally, in whole or in part. In such cases, ORTHODONTIST agrees to look solely to the Subscriber for payment of such services. Payment for such services shall be billed by ORTHODONTIST, at a rate not to exceed the amount(s) set forth in the attached schedule, less any amount paid by the group or such other insurance or other benefits covering said patient. If such services are not listed on the attached schedule, then ORTHODONTIST shall charge not in excess of his usual and customary fee therefor. Experimental procedures listed on the attached schedules under "Plan Limitations", refer to procedures that are not recognized by the American Dental Association in their Current Dental Terminology.
- 4. HOLD HARMLESS CLAUSE:** ORTHODONTIST agrees that in no event, including, but not limited to nonpayment by PLAN, PLAN insolvency or breach of this agreement, shall ORTHODONTIST bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against Subscribers or persons other than the PLAN for services provided pursuant to this agreement. This provision shall not prohibit collection of any applicable copayments billed in accordance with the terms of the PLAN'S Group Dental Membership Agreement.

ORTHODONTIST further agrees that (1) this provision shall survive the termination of this agreement regardless of the cause giving rise to such termination and shall be construed to be for the benefit of the PLAN'S Subscribers and that (2) this provision supersedes any oral or written agreement to the contrary now existing or hereafter entered into between ORTHODONTIST and the Subscriber or persons acting on the Subscribers behalf.

Any modifications, additions or deletions to the provisions of this hold harmless clause shall become effective on a date no earlier than 30 days after the Maryland Insurance Administration has received written notice of such proposed changes.

- 5. SUBSTITUTES - SPECIALISTS:** When ORTHODONTIST is on vacation or is to be absent for any extended period, he shall provide a substitute participating ORTHODONTIST. ORTHODONTIST is responsible for arranging payment mechanism with substitute participating ORTHODONTIST. In the event a Specialist is required for treatment of Subscriber, ORTHODONTIST shall arrange for the services of such Specialist. If the particular procedure is covered by the PLAN, Subscriber will be responsible for payment of the fee listed under "Member Copayment" on their appropriate schedule. If the particular procedure is not covered by the PLAN, Subscriber will be responsible directly to the Specialist for the full fee for services charge of that Specialist.
- 6. CHANGE IN TERMS AND BENEFITS:** It is specifically understood that the benefits, terms and conditions of the various agreements between the Subscribers, the PLAN, and the ORTHODONTIST may be changed from time to time during the term of the Agreement. PLAN agrees to notify ORTHODONTIST in writing of the nature and extent of such changes. Unless within thirty (30) days after receipt of such notifications, ORTHODONTIST notifies PLAN in writing that he declines to provide dental services to the Subscribers involved in accordance with the new agreements, ORTHODONTIST agrees to continue to perform dental services under the modified agreements, and this Agreement shall be deemed amended accordingly. Notwithstanding anything to the contrary herein, in the event that ORTHODONTIST and PLAN agree for ORTHODONTIST'S participation in other plans, ORTHODONTIST shall not be required to, and has the right hereunder to elect not to, serve on a provider panel for workers' compensation services.
- 7. DURATION OF AGREEMENT:** This agreement shall continue in effect for a minimum of one (1) year following the initial effective date of agreement, and thereafter until terminated by either party, effective (90) days after written notice of intention to terminate is sent by registered or certified mail. Ninety (90) day notification is only applicable for reasons unrelated to fraud, patient abuse, incompetence or loss of license status. Such termination shall have no effect upon the rights and obligations of the parties arising out of any transaction occurring prior to the effective date of such termination and any continuing obligations after termination as set forth herein. In the event of termination of this agreement, ORTHODONTIST shall continue to provide dental services for the greater of 90 days or to complete any procedures in progress as if the agreement continued to be in force.

- 8. **STANDARD OF CARE:** ORTHODONTIST agrees that he shall perform his obligations under this Agreement in accordance with high standards of competence, care and concern for the welfare and needs of the Subscribers, and in accordance with the “principles of ethics of the American Dental Association” and the Dental Laws of his/her respective state. ORTHODONTIST will cooperate with the PLAN Quality Assurance Program, Grievance Procedure, in maintaining medical histories, financial and utilization of services data, and other records pertaining to Subscribers as shall be requested by the PLAN. It is understood that the records of Subscribers shall be treated as confidential so as to comply with all federal and state laws and regulations regarding the confidentiality of patient records.
- 9. **NON-EXCLUSIVE:** This agreement is not exclusive in any respect, and PLAN is entitled to enter into similar contracts with other Orthodontists. ORTHODONTIST is entitled to enter into similar contracts with other parties, or with other groups not represented by PLAN, and to maintain his private practice.
- 10. **ORTHODONTIST-PATIENT RELATIONSHIP:** ORTHODONTIST shall maintain the appropriate Orthodontist-Patient relationship with Subscribers to the PLAN, and shall be solely responsible to the patient for dental advice and treatment. It is expressly agreed between the parties that ORTHODONTIST is an independent contractor and that neither Subscriber nor PLAN shall have any Dominion or control over ORTHODONTIST’S practice, the Orthodontist-Patient relationship, his personnel or facilities.
- 11. **MALPRACTICE:** ORTHODONTIST agrees to carry Malpractice Insurance in an amount not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate; and ORTHODONTIST shall provide PLAN and/or Group covered hereunder with a “Certificate of Insurance” providing for 10 days notice of cancellation, as evidence of compliance with this paragraph.
- 12. **NOTICE TO SUBSCRIBER ON TERMINATION OF AGREEMENT:** In the event that this Agreement is terminated by either party, in accordance with the procedure set forth herein, ORTHODONTIST agrees that at the time the Subscriber seeks an appointment he will notify each Subscriber, prior to giving service, that the contract is no longer in effect. In the event such notice is not given to the Subscriber, ORTHODONTIST agrees to accept payment for his services at a rate no more than that set forth in the appropriate schedule attached hereto.
- 13. **ASSIGNABILITY OF AGREEMENT:** This Agreement, being intended to secure the personal services of ORTHODONTIST and ORTHODONTISTS associated with ORTHODONTIST shall not be assigned or transferred, without the written consent of PLAN.
- 14. **INDEMNIFICATION:** The PLAN shall not be liable for any act or omission by ORTHODONTIST. In connection with or arising solely out of the negligent performance of dental services by ORTHODONTIST, ORTHODONTIST agrees to defend, indemnify and hold the PLAN harmless from any claims, demands, liabilities, damages, or judgements against PLAN and its agents.
- 15. **DENTAL RECORDS:** At PLAN’S request from time to time, ORTHODONTIST shall make available to PLAN or PLAN’S designee copies of dental records of Subscribers for review and/or copying. ORTHODONTIST agrees to obtain all proper releases from Subscribers needed under applicable federal and state law to comply with this request. PLAN agrees, and will require designee of PLAN to agree, not to disclose any patient identifying information obtained from the dental records of Subscribers. ORTHODONTIST shall retain all dental, financial, accounting, administrative and claim records of Subscribers for at least ten (10) years.

IN WITNESS WHEREOF, the parties hereto have affixed their signatures in duplicate this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ (year), at \_\_\_\_\_, (City/State).

ORTHODONTIST X \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ATTACHMENTS: Orthodontic Fee Schedule

DOMINION DENTAL SERVICES, INC. AND DOMINION DENTAL SERVICES USA, INC.

BY: \_\_\_\_\_

251 18<sup>th</sup> Street South, Suite 900

Arlington, Virginia 22202