



## Monterey County

### Board Order

168 West Alisal Street,  
1st Floor  
Salinas, CA 93901  
831.755.5066

**Agreement No.: A-12234**

Upon motion of Supervisor Salinas, seconded by Supervisor Armenta, and carried by those members present, the Board of Supervisors hereby:

Authorized the Purchasing Manager for Natividad Medical Center (NMC) to execute the Second Amendment to the Professional Services Agreement with Danny Tan DDS to provide dental services to NMC patients, extending the Agreement to June 30, 2013 and adding \$75,000 for Fiscal Year 2013 for a revised total Agreement amount not to exceed \$150,000 in the aggregate.

PASSED AND ADOPTED on this 19th day of June 2012, by the following vote, to-wit:

AYES: Supervisors Armenta, Calcagno, Salinas, Parker, and Potter

NOES: None

ABSENT: None

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 76 for the meeting on June 19, 2012.

Dated: June 27, 2012  
File Number: A 12-106

Gail T. Borkowski, Clerk of the Board of Supervisors  
County of Monterey, State of California

By *Danise Hancock*  
Deputy

## SECOND AMENDMENT TO PROFESSIONAL SERVICE AGREEMENT

THIS SECOND AMENDMENT TO PROFESSIONAL SERVICE AGREEMENT (the "**Amendment**") is made and entered into as of July 1, 2012, by and between COUNTY OF MONTEREY ("**County**") on behalf of NATIVIDAD MEDICAL CENTER ("**NMC**"), and DANNY TAN DDS ("**Contractor**") with respect to the following:

### RECITALS

- A. Contractor and NMC have entered into that certain Professional Service Agreement dated February 1, 2011, as amended on February 15, 2012 (collectively, the "**Agreement**") pursuant to which Contractor provides comprehensive dental services.
- B. NMC and Contractor desire to amend the Agreement to extend the term an additional twelve months to allow for existing services to continue and to increase the amount of the Agreement due to the term extension.

### AGREEMENT

IN CONSIDERATION of the foregoing recitals and the mutual promises and covenants contained herein, NMC and Contractor agree as follows:

1. **Defined Terms.** Capitalized terms not otherwise defined herein shall have the meaning ascribed to them in the Agreement.
2. **Amended Section 1. PAYMENTS BY NMC.** Section 1 of the Agreement is hereby deleted and replaced with the following: "NMC shall pay the Contractor in accordance with the payment provisions set forth in Exhibit A, subject to limitations set forth in this Agreement. The total amount payable by NMC to Contractor under this agreement shall not exceed the sum of One Hundred and Fifty Thousand Dollars (\$150,000) in the aggregate."
3. **Amended Section 2. TERM OF AGREEMENT.** Section 2 of the Agreement is hereby deleted and replaced with the following: "The term of this Agreement is from February 1, 2011 to June 30, 2013 unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no Force or effect until signed by both Contractor and NMC and with NMC signing last and Contractor may not commence work before NMC signs this Agreement."
4. **Counterparts.** This Amendment may be executed in one or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.
5. **Continuing Effect of Agreement.** Except as herein provided, all of the terms and conditions of the Agreement remain in full force and effect from the Effective Date of the Agreement.
6. **Reference.** After the date of this Amendment, any reference to the Agreement shall mean the Agreement as amended by this Amendment.

IN WITNESS WHEREOF, NMC and Contractor have executed this Amendment as of the day and year first written above.

**CONTRACTOR**

**DANNY TAN DDS**

Date: 5/10/, 2012

By: [Signature]  
Its \_\_\_\_\_

Tax I.D. No. \_\_\_\_\_

**NATIVIDAD MEDICAL CENTER**

By: [Signature]  
Contracts /Purchasing Manager

Purchase Order Number \_\_\_\_\_

Date: 7-1, 2012

By: [Signature]  
Natividad Medical Center Representative

Date: 5/11, 2012

APPROVED AS TO LEGAL FORM:  
CHARLES J. McKEE, County Counsel

[Signature]  
Stacy Saetta, Deputy County Counsel

Date: 5/17, 2012

Reviewed as to fiscal provisions

[Signature]  
Auditor-Controller  
County of Monterey

5-18-12

**RENEWAL AMENDMENT NO. 1  
FOR PROFESSIONAL SERVICE AGREEMENT  
BETWEEN Danny Tan DDS AND  
THE NATIVIDAD MEDICAL CENTER  
FOR  
Dental Services**

The parties to Professional Service Agreement, dated **February 1, 2011** between the County of Monterey, on behalf of Natividad Medical Center ("NMC"), and **Danny Tan DDS** (Contractor), hereby agree to amend their Agreement No. SC\*2517 on the following terms and conditions:

1. Contractor will continue to provide NMC with the same scope of service as stated in the original Agreement No SC\*2517.
2. This Amendment shall become effective on **February 15, 2012** and shall continue in full force until June 30, 2012.
3. The total amount payable by County to Contractor under Agreement No. SC\*2517 shall not exceed the total sum of \$75,000 for the period February 1, 2011 to June 30, 2012, the full term of the Agreement, and \$53,565 (an increase of \$20,000) for fiscal year 2011-2012.
4. All other terms and conditions of the Agreement shall continue in full force and effect.
5. A copy of this Amendment shall be attached to the original Agreement No. SC\*2517.

**IN WITNESS WHEREOF**, the parties hereto are in agreement with this Amendment and Professional Service Agreement on the basis set forth in this document and have executed this amendment on the day and year set forth herein.

**CONTRACTOR**

Signature

Danny Tan

Dated

2/2/12

Printed Name

Danny Tan, DDS

Title

DDS Owner

*\*\*\*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in and individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement.*

**NATIVIDAD MEDICAL CENTER**

Signature

[Signature]

Dated

2-24-12

Signature

[Signature]  
Purchasing Manager  
NMC - CEO

Dated

2/3/12

Approved as to Legal Form:

Charles J. McKee, County Counsel

By

[Signature]

Stacy Sacita, Deputy  
Attorneys for County and NMC

Reviewed as to fiscal provisions  
Auditor-Controller  
County of Monterey  
2-7-12

Dated: 2/7/12

**~~N~~atividad MEDICAL CENTER**  
**COUNTY OF MONTEREY AGREEMENT FOR PROFESSIONAL SERVICES**  
**(NOT TO EXCEED \$100,000)**

This Professional Services Agreement (hereinafter "Agreement") is made by and between Natividad Medical Center ("NMC"), a general acute care teaching hospital wholly owned and operated by the County of Monterey, which is a political subdivision of the State of California and **Danny Tan DDS** hereinafter "CONTRACTOR").

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

**SERVICES TO BE PROVIDED.** NMC hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in **Exhibit A** in conformity with the terms of the Agreement. The services are generally described as follows: **provide comprehensive dental services.**

1. **PAYMENTS BY NMC.** NMC shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibit A**, subject to the limitations set forth in this Agreement. The total amount payable by NMC to CONTRACTOR under this Agreement shall not exceed the sum of **\$55,000**.
2. **TERM OF AGREEMENT.** The term of this Agreement is from **February 1, 2011 to June 30, 2012** unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and NMC and with NMC signing last and CONTRACTOR may not commence work before NMC signs this Agreement.
3. **ADDITIONAL PROVISIONS/EXHIBITS.** The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

**Exhibit A:** Scope of Services/Payment Provisions  
**Exhibit B:** Fee Schedule  
**Exhibit C:** Insurance Justification

**4. PERFORMANCE STANDARDS.**

- 4.1. CONTRACTOR warrants that CONTRACTOR and Contractor's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and are not employees of NMC, or immediate family of an employee of NMC.
- 4.2. CONTRACTOR, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.

4.3. CONTRACTOR shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement. CONTRACTOR shall not use NMC premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

## **5. PAYMENT CONDITIONS.**

5.1. CONTRACTOR shall submit to the Contract Administrator an invoice on a form acceptable to NMC. If not otherwise specified, the CONTRACTOR may submit such invoice periodically or at the completion of services, but in any event, not later than 30 days after completion of services. The invoice shall set forth the amounts claimed by CONTRACTOR for the previous period, together with an itemized basis for Administrator or his or her designee shall certify the invoice, either in the requested amount or in such other amount as NMC approves in conformity with this Agreement, and shall promptly submit such invoice to the County Auditor-Controller for payment. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.

5.2. CONTRACTOR shall not receive reimbursement for travel expenses unless set forth in this Agreement.

## **6. TERMINATION.**

6.1. During the term of this Agreement, NMC may terminate the Agreement for any reason by giving written notice of termination to the CONTRACTOR at least thirty (30) days prior to the effective date of termination. Such notice shall set forth the effective date of termination. In the event of such termination, the amount payable under this Agreement shall be reduced in proportion to the services provided prior to the date of termination.

6.2. NMC may cancel and terminate this Agreement for good cause effective immediately upon written notice to Contractor. "Good cause" includes the failure of CONTRACTOR to perform the required services at the time and in the manner provided under this Agreement. If NMC terminates this Agreement for good cause, NMC may be relieved of the payment of any consideration to Contractor, and NMC may proceed with the work in any manner, which NMC deems proper. The cost to NMC shall be deducted from any sum due the CONTRACTOR under this Agreement.

7. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless, NMC and the County of Monterey (hereinafter "County"), its officers, agents and employees from any claim, liability, loss, injury or damage arising out of, or in connection with, performance of this Agreement by CONTRACTOR and/or its agent, employees or sub-contractors, excepting only loss, injury or damage caused by the negligence or willful misconduct of personnel employed by NMC. It is the intent of the parties to this Agreement to provide the broadest possible coverage for NMC. The CONTRACTOR shall reimburse NMC for all costs, attorneys' fees, expenses and liabilities incurred with respect to any litigation in which the CONTRACTOR is obligated to indemnify, defend and hold harmless NMC and the County under this Agreement.

## **8. INSURANCE.**

### **8.1. Evidence of Coverage:**

Prior to commencement of this Agreement, the CONTRACTOR shall provide a "Certificate of Insurance" certifying that coverage as required herein has been obtained. Individual endorsements

executed by the insurance carrier shall accompany the certificate. In addition, the CONTRACTOR upon request shall provide a certified copy of the policy or policies.

Executed by the insurance carrier shall accompany the certificate. In addition, the CONTRACTOR upon request shall provide a certified copy of the policy or policies.

This verification of coverage shall be sent to NMC's Contracts/Purchasing Department, unless otherwise directed. The CONTRACTOR shall not receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and NMC has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

8.2. Qualifying Insurers: All coverage's except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A-VII, according to the current Best's Key Rating Guide or a company of equal financial stability that is approved by NMC's Contracts/Purchasing Director.

8.3. Insurance Coverage Requirements: Without limiting Contractor's duty to indemnify, CONTRACTOR shall maintain in effect throughout the term of this Agreement a policy or policies of insurance with the following minimum limits of liability:

Commercial general liability insurance, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

☐ Exemption/Modification (Justification attached; subject to approval).

Business automobile liability insurance, covering all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit for Bodily Injury and Property Damage of not less than \$500,000 per occurrence.

☒ Exemption/Modification (Justification attached; subject to approval).

Workers' Compensation Insurance, If CONTRACTOR employs other in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer's Liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.

☐ Exemption/Modification (Justification attached; subject to approval).

Professional liability insurance, if required for the professional services being provided, (e.g., those persons authorized by a license to engage in a business or profession regulated by the California Business and Professions Code), in the amount of not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If professional liability insurance is written on a "claims-made" basis rather than an occurrence basis, the CONTRACTOR shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage ("tail coverage") with the same liability limits. Any such tail coverage shall continue for at least three years following the expiration or earlier termination of this Agreement.

☐ Exemption/Modification (Justification attached; subject to approval).

#### 8.4. Other Insurance Requirements:

All insurance required by this Agreement shall be with a company acceptable to NMC and issued and executed by an admitted insurer authorized to transact insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date CONTRACTOR completes its performance of services under this Agreement.

Each liability policy shall provide that NMC shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit, cancellation, or intended non-renewal thereof. Each policy shall provide coverage for CONTRACTOR and additional insured with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.

Commercial general liability and automobile liability policies shall provide an endorsement naming the County of Monterey, its officers, agents, and employees as Additional insureds with respect to liability arising out of the Contractor's work, including ongoing and completed operations, and shall further provide that such insurance is primary insurance to any insurance or self-insurance maintained by the County and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the Contractor's insurance. The required endorsement from for Commercial General Liability Additional Insured is ISO Form CG 20 10 11-85 or CG 20 10 10 01 in tandem with CG 20 37 10 01 (2000). The required endorsement from for Automobile Additional Insured Endorsement is ISO Form CA 20 48 02 99.

Prior to the execution of this Agreement by NMC, CONTRACTOR shall file certificates of insurance with NMC's Contracts/Purchasing Department, showing that the CONTRACTOR has in effect the insurance required by this Agreement. The CONTRACTOR shall file a new or amended certificate of insurance within five calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

CONTRACTOR shall at all times during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by NMC, annual certificates to NMC's Contracts/Purchasing Department. If the certificate is not received by the expiration date, NMC shall notify CONTRACTOR and CONTRACTOR shall have five calendar days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by CONTRACTOR to maintain such insurance is a default of this Agreement, which entitles NMC, at its sole discretion, to terminate the Agreement immediately.

#### 9. **RECORDS AND CONFIDENTIALITY.**

- 9.1. Confidentiality, CONTRACTOR and its officers, employees, agents and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. CONTRACTOR shall not disclose any confidential records or other confidential information received from NMC or prepared in connection with the performance of this Agreement, unless NMC specifically permits CONTRACTOR to disclose such records or information. CONTRACTOR shall promptly transmit to NMC any and all requests for disclosure of any such

confidential records or information, CONTRACTOR shall not use any confidential information gained by CONTRACTOR in the performance of this Agreement except for the sole purpose of carrying out Contractor's obligations under this Agreement.

- 9.2. NMC Records. When this Agreement expires or terminates, CONTRACTOR shall return to NMC any NMC records which CONTRACTOR used or received from NMC to perform services under this Agreement.
- 9.3. Maintenance of Records. CONTRACTOR shall prepare, maintain, and preserve all reports and records that may be required by federal state, and County rules and regulations related to services performed under this Agreement. CONTRACTOR shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception, or other action relating to this Agreement is pending at the end of the three year period, then CONTRACTOR shall retain said records until such action is resolved.
- 9.4. Access to and Audit of Records. NMC shall have the right to examine, monitor and audit all records, documents, conditions, and activities of the CONTRACTOR and its subcontractors related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess of \$10,000, the parties to this Agreement may be subject, at the request of NMC or as part of any audit of NMC, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.
- 9.5. Royalties and Inventions. NMC shall have a royalty-free, exclusive and irrevocable license to reproduce, publish, and use, and authorize other to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of NMC.
- 10. NON-DISCRIMINATION**. During the performance of this Agreement, Contractor, and its subcontractors, shall not unlawfully discriminate against any person because of race, religious creed, color, sex, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age (over 40), or sexual orientation, either in Contractor's employment practices or in the furnishing of services to recipients. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. CONTRACTOR and any subcontractor shall, in the performance of this Agreement, full comply with all federal, state, and local laws and regulations which prohibit discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be prohibited discrimination.
- 11. COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANT**. If this Agreement has been or will be funded with monies received by NMC pursuant to a contract with the state or federal government in which NMC is the grantee, CONTRACTOR will comply with all the provisions of said contract, and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, NMC will deliver a copy of said contract to Contractor, at no cost to Contractor.
- 12. INDEPENDENT CONTRACTOR**. In the performance of work, duties, and obligations under this Agreement, CONTRACTOR is at all times acting and performing as an independent CONTRACTOR and not as an employee of NMC. No offer or obligation of permanent employment with NMC or particular County department or agency is intended in any manner, and CONTRACTOR shall not become entitled

by virtue of this Agreement to receive from NMC any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. CONTRACTOR shall be solely liable for an obligated to pay directly all applicable taxes, including federal and state income taxes and social security, arising out of Contractor's performance of this Agreement. In connection therewith, CONTRACTOR shall defend, indemnify, and hold NMC and the County of Monterey harmless from any and all liability, which NMC may incur because of Contractor's failure to pay such taxes.

**13. NOTICES.** Notices required under this Agreement shall be delivered personally or by first-class, postage per-paid mail to NMC and Contractor's contract administrators at the addresses listed below.

**FOR NATIVIDAD MEDICAL CENTER:**

Contracts/Purchasing Manager

Name

1441 Constitution Blvd. Salinas, CA. 93906

Address

831.755.4111

Phone

**FOR CONTRACTOR:**

Danny Tan DDS

Name and Title

324 Bush Street, Salinas, CA 93907

Address

831.449.9776

Phone

**14. MISCELLANEOUS PROVISIONS.**

14.1. Conflict of Interest. CONTRACTOR represents that it presently has no interest and agrees not to acquire any interest during the term of this Agreement, which would directly, or indirectly conflict in any manner or to any degree with the full and complete performance of the professional services required to be rendered under this Agreement.

14.2. Amendment. This Agreement may be amended or modified only by an instrument in writing signed by NMC and the Contractor.

14.3. Waiver. Any waiver of any terms and conditions of this Agreement must be in writing and signed by NMC and the Contractor. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.

14.4. Contractor. The term "Contractor" as used in this Agreement includes Contractor's officers, agents, and employees acting on Contractor's behalf in the performance of this Agreement.

14.5. Disputes. CONTRACTOR shall continue to perform under this Agreement during any dispute.

14.6. Assignment and Subcontracting. The CONTRACTOR shall not assign, sell, or otherwise transfer its interest or obligations in this Agreement without the prior written consent of NMC. None of the services covered by this Agreement shall be subcontracted without the prior written approval of

NMC. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.

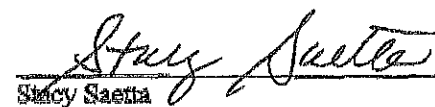
- 14.7. Successors and Assigns. This Agreement and the rights, privileges, duties, and obligations of NMC and CONTRACTOR under this Agreement, to the extent assignable or delegable, shall be binding upon and inure to the benefit of the parties and their respective successors, permitted assigns, and heirs.
- 14.8. Compliance with Applicable Law. The parties shall comply with all applicable federal, state, and local laws and regulations in performing this Agreement.
- 14.9. Headings. The headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- 14.10. Time is of the Essence. Time is of the essence in each and all of the provisions of this Agreement.
- 14.11. Governing Law. This Agreement shall be governed by and interpreted under the laws of the State of California.
- 14.12. Non-exclusive Agreement. This Agreement is non-exclusive and both NMC and CONTRACTOR expressly reserve the right to contract with other entities for the same or similar services.
- 14.13. Construction of Agreement. NMC and CONTRACTOR agree that each party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.
- 14.14. Counterparts. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.
- 14.15. Integration. This Agreement, including the exhibits, represents the entire Agreement between NMC and the CONTRACTOR with respect to the subject matter of this Agreement and shall supersede all prior negotiations. Representations, or agreements, either written or oral, between NMC and CONTRACTOR as of the effective date of this Agreement, which is the date that NMC signs the Agreement.
- 14.16. Interpretation of Conflicting Provisions. In the event of any conflict or inconsistency between the provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.
- 14.17. Master List. The Parties acknowledge and agree that this Agreement, together with any other contracts between Hospital and Contractor, will be included on the master list of physician contracts maintained by Hospital.

NATIVIDAD MEDICAL CENTERBy: 

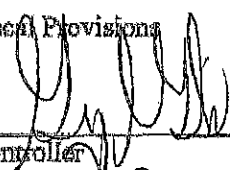
NMC Contracts/Purchasing Agent

Date: 2/14/11By: 

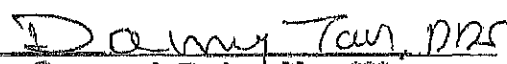
NMC CEO

Date: 2/4/11By: Stacy Saetta  
Deputy County CounselDate: 2/8/11

Approved as to Fiscal Provisions

By: 

Auditor/Controller

Date: 2-8-11CONTRACTOR  
Contractor's Business Name\*\*\*  
Signature of Chair, President, or Vice-PresidentOwner  
Name and TitleDate: 2/13/11

By: \_\_\_\_\_

(Signature of Secretary, Asst. Secretary, CFO, Treasurer  
or Asst. Treasurer)\_\_\_\_\_  
Name and Title

Date: \_\_\_\_\_

\*\*\*INSTRUCTIONS: IF CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. IF CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in and individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement.

Exhibit A

SCOPE OF SERVICES/PAYMENT PROVISIONS

~~February 1, 2011~~ June 30, 2012

Danny Tan DDS

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**I. CONTACT INFORMATION**

Contractor Name:

Danny Tan DDS

Mailing Address:

608 E. Boronda Rd Suite B  
Salinas, CA 93906

Contact Person:

**Serena Sy-Lazzaroni, Manager**  
NIDO Clinic  
Natividad Medical Center  
1441 Constitution Blvd, Bldg 760  
Salinas, CA 93906  
Phone: (831) 755-4148 Fax (831) 796-2831  
[sys@natividad.com](mailto:sys@natividad.com)

Dental referral and  
authorizations Contact:

Esther Benitez  
NIDO Clinic  
1441 Constitution Blvd, Bldg 760  
Salinas, CA 93906  
Phone (831) 796-1776 Fax (831) 796-2831  
[beniteze@natividad.com](mailto:beniteze@natividad.com)

Contract/Management Analyst

Jeanne-Ann Balza  
Medical Staff Office  
Natividad Medical Center  
1441 Constitution Blvd  
Salinas, CA 93906  
(831) 755-4194  
[balzaj@natividad.com](mailto:balzaj@natividad.com)

**II. PROGRAM DESCRIPTION OF RYAN WHITE MODERNIZATION ACT  
PARTS B and C –EARLY INTERVENTION SERVICES**

The Ryan White Modernization Act Early Intervention Services Program is intended to expand counseling, testing and referral services for persons at high risk for HIV infection in order to expand enrollment in culturally and linguistically appropriate HIV/AIDS medical treatment, with particular emphasis on the Latino community. EIS support will also enhance staff expertise, transportation assistance, mental health services, dental services, substance abuse treatment options, adherence counseling, and nutrition counseling. In addition, the project will

## Exhibit A

stabilize the continuum of care to patients with HIV by providing high quality comprehensive primary care and implementing an HIV Clinic-specific Continuous Quality Improvement program.

### **III. SCOPE OF WORK**

**Responsibilities of NMC:** NMC shall provide the CONTRACTOR with the following:

- All client information required to perform services
- Referrals for Dental services as appropriate and necessary
- Pre-authorizations for patients who qualify for dental services
- Updates and trainings as related to the care and management of HIV/AIDS (based on grant funding availability)
- Schedule of meetings for case conferences and team meetings

**Responsibilities of the CONTRACTOR:** The CONTRACTOR shall provide to NMC'S CMP/MCWP programs, services as determined by the NMC's Case managers or designee. The CONTRACTOR shall do the following:

- Provide quality, respectful dental services including but not limited to: dental screenings, x-rays, and treatments.
- Upon receiving referral, CONTRACTOR will contact the case manager or designee at NIDO Clinic within 24 hours (1 business day) to acknowledge receipt of the referral.
- Upon confirmation of referral, CONTRACTOR will contact client to schedule an appointment.
- Make every attempt to provide contracted services in a linguistically and culturally appropriate manner.
- Must use all forms of insurance and non-patient resources for dental services prior to requesting funds from NMC. Must provide proof that due diligence occurred prior to requesting funds.
- Provide NMC with a pre-authorization request with a description of services required, listed by urgency.
- Submit final invoice with NMC's financial portion clearly outlined, as well as a clear listing of dental services provided with dates.
- Notify NMC case manager or designee within 48 hours if unable to locate the patient for an appointment.
- Produce written case records or service summaries of the visit as requested by NMC.
- Keep accurate records and invoices for program audits, inspections, and billing requirements and provide these records and invoices to NMC upon request.
- Participate in CQM (Continuous Quality Management) efforts as requested by NMC for continuous quality improvement.
- Notify case manager or designee of any additional patient needs such as medical, food, DME (durable medical equipment), transportation, or any specific need for daily living.
- Continually obtain updates and information relating to HIV/AIDS to maintain the most up-to-date information on programs, treatments, and strategies

## **Exhibit A**

### **IV. CONTRACTOR REQUIREMENTS and STANDARDS**

- CONTRACTOR must hold a valid license issued from the State of California and any required business and professional licenses, board certifications and certificates as appropriate for services provided.
- CONTRACTOR must possess the expertise, staff and facilities to deliver the required services.
- The CONTRACTOR, its officers and employees possess all licenses required by law in performing such services.

### **V. SUSPECTED ABUSE REPORTING:**

All officers, employees and volunteers of CONTRACTOR agree to report to NMC any suspected incidents of abuse as required by law.

### **VI. PAYMENT PROVISIONS:**

NMC shall pay CONTRACTOR in accordance with Section 5, PAYMENT CONDITIONS. Fees shall be based on CONTRACTOR Fee Schedule, "Exhibit B" attached hereto. CONTRACTOR shall submit a claim for authorized services provided during the previous month no later than the 10<sup>th</sup> day of each month. The claim shall be submitted to:

NIDO Clinic  
Natividad Medical Center  
Attention: Serena Sy-Lazzaroni  
1441 Constitution Blvd Bldg 760  
Salinas, CA 93906  
Phone: (831) 755-4148  
Fax: (831) 796-2831

Claims shall be submitted on CONTRACTOR's invoice form and must reference:

- Clients full name
- The specific service that was provided : list of dental services
- Dates of service
- The fee for service rate minus 10% discount.

### **VII. FISCAL PROVISIONS**

Dental services are funded by the Ryan White Modernization Act Parts B & C grants. Continued funding for this contract is contingent upon the availability of grant funds. Should such funding be revoked or terminated, this contract may be reduced or terminated with little to no advanced notice.

# EXHIBIT B

Danny Tan, DDS

DATE 1/24/2011

## ACTIVE SERVICE CODES MASTER

| Service Code | ADA Code | Display Code | Description                           | Service Type                | Standard Fee | Time Units | Generate Recall | Status |
|--------------|----------|--------------|---------------------------------------|-----------------------------|--------------|------------|-----------------|--------|
| 00000        | 00130    | 00000        | Special #1 Exam                       | Adjunctive General Services | \$1.00       | 0          | No              | Active |
| 00120        | 00120    | PEXAM        | Periodic oral eval                    | Diagnostic                  | \$34.00      | 0          | No              | Active |
| 00130        | 00130    | 00130        | Emergency Oral Exam                   | Diagnostic                  | \$38.00      | 0          | No              | Active |
| 00140        | 00140    | LEXAM        | Limited Oral Evaluation               | Diagnostic                  | \$30.00      | 0          | No              | Active |
| 00148        | 00148    | 00148        | ORAL EVAL PT UNDER 3/PRIM CAREGIVER   | Diagnostic                  | \$0.00       | 1          | No              | Active |
| 00150        | 00150    | CEXAM        | Comprehensive oral                    | Diagnostic                  | \$45.00      | 0          | No              | Active |
| 00170        | 00170    |              | Re-evaluation                         | Diagnostic                  | \$0.00       | 0          | No              | Active |
| 00180        | 00180    | 00180        | COMPREHENSIVE PERIODONTAL EVALUATION  | Diagnostic                  | \$25.00      | 1          | No              | Active |
| 00210        | 00210    | FMX          | Full-mouth Xrays                      | Diagnostic                  | \$108.00     | 0          | No              | Active |
| 00220        | 00220    | PAX          | Single Film                           | Diagnostic                  | \$29.00      | 0          | No              | Active |
| 00230        | 00230    | PAX          | Additional Film(s)                    | Diagnostic                  | \$17.00      | 0          | No              | Active |
| 00240        | 00240    | OCX          | Occlusal Film                         | Diagnostic                  | \$28.00      | 0          | No              | Active |
| 00260        | 00260    | BOXRA        | Extraoral Xray                        | Diagnostic                  | \$7.00       | 0          | No              | Active |
| 00260        | 00260    | 00260        | Add'l Extraoral Xray                  | Diagnostic                  | \$12.00      | 0          | No              | Active |
| 00270        | 00270    | BWX 1        | 1 Bitewing Xray                       | Diagnostic                  | \$26.00      | 0          | No              | Active |
| 00272        | 00272    | BWX 2        | 2 Bitewing Xrays                      | Diagnostic                  | \$31.00      | 0          | No              | Active |
| 00273        | 00273    | 00273        | 3 Bitewing Xrays                      | Diagnostic                  | \$38.00      | 0          | No              | Active |
| 00274        | 00274    | BWX 4        | 4 Bitewing Xrays                      | Diagnostic                  | \$71.00      | 0          | No              | Active |
| 00460        | 00460    | PTEST        | Pulp Vitality Tests                   | Diagnostic                  | \$0.00       | 0          | No              | Active |
| 00470        | 00470    | OAST         | Study Models                          | Diagnostic                  | \$80.00      | 0          | No              | Active |
| 01110        | 01110    | PRO A        | Prophy Adult                          | Preventive                  | \$35.00      | 4          | No              | Active |
| 01120        | 01120    | PRO C        | Prophy Child                          | Preventive                  | \$74.00      | 0          | No              | Active |
| 01203        | 01203    | FL2 C        | Fluoride Child                        | Preventive                  | \$14.00      | 0          | No              | Active |
| 01204        | 01204    | FL2 A        | Fluoride - Adult                      | Preventive                  | \$14.00      | 0          | No              | Active |
| 01206        | 01206    | 01206        | TOP FLUOR VARNISH; APPL MOD/HIGH RISK | Preventive                  | \$13.00      | 1          | No              | Active |
| 01330        | 01330    | OHI          | Oral Hygiene Instruction              | Preventive                  | \$50.00      | 0          | No              | Active |
| 01361        | 01361    | SEAL         | Sealant-per Tooth                     | Preventive                  | \$45.00      | 0          | No              | Active |
| 01610        | 01610    | SPACE        | Space Maintainer                      | Preventive                  | \$227.00     | 0          | No              | Active |
| 01615        | 01615    | SPACE        | Space Maintainer                      | Preventive                  | \$280.00     | 0          | No              | Active |
| 01620        | 01620    | SPACE        | Space Maintainer                      | Preventive                  | \$200.00     | 0          | No              | Active |
| 01625        | 01625    | SPACE        | Space Maintainer                      | Preventive                  | \$210.00     | 0          | No              | Active |
| 01650        | 01650    | RECEM        | Replacement Space Maint               | Preventive                  | \$20.00      | 0          | No              | Active |
| 01663        | 01663    | 01663        | REMOVAL OF FIXED SPACE MAINTAINER     | Preventive                  | \$35.00      | 1          | No              | Active |
| 02140        | 02140    | AMAL         | FILLING 1 Surf Amalgam                | Restorative                 | \$114.00     | 0          | No              | Active |
| 02150        | 02150    | AMAL         | FILLING 2 Surf Amalgam                | Restorative                 | \$150.00     | 0          | No              | Active |
| 02160        | 02160    | AMAL         | FILLING 3 Surf Amalgam                | Restorative                 | \$173.00     | 0          | No              | Active |
| 02161        | 02161    | AMAL         | FILLING 4+ Surf Amalgam               | Restorative                 | \$220.00     | 0          | No              | Active |
| 02330        | 02330    | COM A        | FILLING 1 surf Composite Anterior     | Restorative                 | \$125.00     | 0          | No              | Active |
| 02331        | 02331    | COM A        | FILLING 2 surf Composite Anterior     | Restorative                 | \$142.00     | 0          | No              | Active |
| 02332        | 02332    | COM A        | FILLING 3 surf Composite Anterior     | Restorative                 | \$153.00     | 0          | No              | Active |
| 02333        | 02333    | COM A        | Anterior/Incisal Composite            | Restorative                 | \$300.00     | 0          | No              | Active |
| 02390        | 02390    | 02390        | RESIN-BASED COMPOSITE CROWN, ANTERIOR | Restorative                 | \$274.00     | 1          | No              | Active |
| 02391        | 02391    | COM P        | FILLING 1 surf Composite Posterior    | Restorative                 | \$145.00     | 0          | No              | Active |
| 02392        | 02392    | COM P        | FILLING 2 surf Composite Posterior    | Restorative                 | \$227.00     | 0          | No              | Active |
| 02393        | 02393    | COM P        | FILLING 3 surf Composite Posterior    | Restorative                 | \$260.00     | 0          | No              | Active |
| 02394        | 02394    | 02394        | FILLING 4+ surf Composite Posterior   | Restorative                 | \$300.00     | 1          | No              | Active |
| 02610        | 02610    | INLAY        | 1 Sur Gold Inlay                      | Restorative                 | \$351.00     | 0          | No              | Active |
| 02620        | 02620    | INLAY        | 2 Sur Gold Inlay                      | Restorative                 | \$400.00     | 0          | No              | Active |
| 02630        | 02630    | INLAY        | 3 Sur Gold Inlay                      | Restorative                 | \$425.00     | 0          | No              | Active |
| 02640        | 02640    | 02640        | Onlay                                 | Restorative                 | \$345.00     | 0          | No              | Active |
| 02642        | 02642    | 02642        | ONLAY - METALLIC - TWO SURFACES       | Restorative                 | \$425.00     | 1          | No              | Active |
| 02610        | 02610    | INLAY        | 1 Sur Porcelain Inlay                 | Restorative                 | \$0.00       | 0          | No              | Active |
| 02620        | 02620    | INLAY        | 2 Sur Porcelain Inlay                 | Restorative                 | \$0.00       | 0          | No              | Active |
| 02630        | 02630    | INLAY        | 3 Sur Porcelain Inlay                 | Restorative                 | \$0.00       | 0          | No              | Active |
| 02650        | 02650    | INLAY        | 1 Sur Composite Inlay                 | Restorative                 | \$530.00     | 0          | No              | Active |
| 02651        | 00651    | INLAY        | 2 Sur Composite Inlay                 | Restorative                 | \$530.00     | 0          | No              | Active |

ACTIVE SERVICE CODES MASTER

| Service Code | ADA Code | Display Code | Description                              | Service Type | Standard Fee | Time Units | Generate Recall | Status |
|--------------|----------|--------------|------------------------------------------|--------------|--------------|------------|-----------------|--------|
| D2852        | D2852    | INLAY        | 3 Sur Composite Inlay                    | Restorative  | \$675.00     | 0          | No              | Active |
| D2710        | D2710    | RESOR        | Resin Crown                              | Restorative  | \$387.00     | 0          | No              | Active |
| D2712        | D2712    | D2712        | CROWN-3/4 RESIN COMPOSITE (INDIRECT)     | Restorative  | \$387.00     | 1          | No              | Active |
| D2740        | D2740    | PFO          | Porcelain Crown                          | Restorative  | \$700.00     | 0          | No              | Active |
| D2750        | D2750    | PFM          | Crown Porcelain fused to Gold            | Restorative  | \$700.00     | 0          | No              | Active |
| D2781        | D2781    | PFM          | CROWN Porcelain fused to base metal      | Restorative  | \$736.00     | 0          | No              | Active |
| D2782        | D2782    | PFM          | CROWN Porcelain fused to noble metal     | Restorative  | \$780.00     | 0          | No              | Active |
| D2780        | D2780    | D2780        | CROWN - 3/4 CAST HIGH NOBLE METAL        | Restorative  | \$681.00     | 1          | No              | Active |
| D2781        | D2781    | D2781        | CROWN - 3/4 CAST PRED. BASE METAL        | Restorative  | \$681.00     | 1          | No              | Active |
| D2782        | D2782    | D2782        | CROWN - 3/4 CAST NOBLE METAL             | Restorative  | \$681.00     | 1          | No              | Active |
| D2783        | D2783    | D2783        | CROWN - 3/4 PORCELAIN/CERAMIC            | Restorative  | \$0.00       | 1          | No              | Active |
| D2790        | D2790    | FGO          | Full Gold Crown                          | Restorative  | \$780.00     | 0          | No              | Active |
| D2791        | D2791    | FGO          | Metal Crown                              | Restorative  | \$568.00     | 0          | No              | Active |
| D2792        | D2792    | FGO          | Cast Noble Metal Crown                   | Restorative  | \$780.00     | 0          | No              | Active |
| D2794        | D2794    | D2794        | CROWN-TITANIUM                           | Restorative  | \$780.00     | 1          | No              | Active |
| D2799        | D2799    | D2799        | PROVISIONAL CROWN                        | Restorative  | \$0.00       | 1          | No              | Active |
| D2810        | D2810    | D2810        | 3/4 Gold Crown                           | Restorative  | \$388.00     | 0          | No              | Active |
| D2810        | D2810    | REC0M        | Recement Inlay                           | Restorative  | \$80.00      | 0          | No              | Active |
| D2816        | D2816    | D2816        | RECEMENT CAST OR PREFAB POST AND CORE    | Restorative  | \$80.00      | 1          | No              | Active |
| D2820        | D2820    | REC0M        | Recement Crown                           | Restorative  | \$80.00      | 0          | No              | Active |
| D2830        | D2830    | SSC          | Stainless Steel Crown-prim               | Restorative  | \$170.00     | 0          | No              | Active |
| D2831        | D2831    | SSC          | Stainless Steel Crown-perm               | Restorative  | \$283.00     | 0          | No              | Active |
| D2832        | D2832    | RESOR        | Prefabricated Resin Crown                | Restorative  | \$226.00     | 0          | No              | Active |
| D2833        | D2833    | SSC          | Prefab SS Crown with                     | Restorative  | \$226.00     | 0          | No              | Active |
| D2834        | D2834    | D2834        | PREFAB ESTH STAINLESS STEEL CROWN-PRIMAL | Restorative  | \$227.00     | 1          | No              | Active |
| D2940        | D2940    | IRM          | Sealative Filling                        | Restorative  | \$0.00       | 0          | No              | Active |
| D2980        | D2980    | BLDUP        | Crown Build-up                           | Restorative  | \$170.00     | 0          | No              | Active |
| D2981        | D2981    | FIN          | Pin Retention                            | Restorative  | \$48.00      | 0          | No              | Active |
| D2982        | D2982    | P & C        | Cast Post & Core                         | Restorative  | \$283.00     | 0          | No              | Active |
| D2983        | D2983    | D2983        | EACH ADD'L IND FAB POST - SAME TOOTH     | Restorative  | \$0.00       | 1          | No              | Active |
| D2984        | D2984    | P & C        | Prefabricated Post & Core                | Restorative  | \$281.00     | 0          | No              | Active |
| D2987        | D2987    | D2987        | EACH ADDITIONAL PREFAB. POST-SAME TOOTH  | Restorative  | \$0.00       | 1          | No              | Active |
| D2980        | D2980    | VENER        | Labial Veneer-ahlabide                   | Restorative  | \$283.00     | 0          | No              | Active |
| D2981        | D2981    | VENER        | Labial Veneer-laboratory                 | Restorative  | \$340.00     | 0          | No              | Active |
| D2982        | D2982    | VENER        | Porcelain Veneer-lab                     | Restorative  | \$780.00     | 0          | No              | Active |
| D2970        | D2970    | TEMPOR       | Temporary Crown                          | Restorative  | \$0.00       | 0          | No              | Active |
| D2971        | D2971    | D2971        | ADD PROCEDURE FOR NEW CROWN-EXIST DENT   | Restorative  | \$0.00       | 1          | No              | Active |
| D2976        | D2976    | D2976        | COPING                                   | Restorative  | \$0.00       | 1          | No              | Active |
| D2980        | D2980    | D2980        | Crown Repair                             | Restorative  | \$0.00       | 0          | No              | Active |
| D3110        | D3110    | PCAP         | Direct Pulp Cap                          | Endodontics  | \$88.00      | 0          | No              | Active |
| D3120        | D3120    | PCAP         | Indirect Pulp Cap                        | Endodontics  | \$88.00      | 0          | No              | Active |
| D3220        | D3220    | FULPO        | Therapeutic Pulpotomy                    | Endodontics  | \$119.00     | 0          | No              | Active |
| D3221        | D3221    | D3221        | GROSS PULPAL DEBRIDEMENT, PRIM. & PERM.  | Endodontics  | \$102.00     | 1          | No              | Active |
| D3310        | D3310    | RCT          | Root Canal - Anterior                    | Endodontics  | \$310.00     | 0          | No              | Active |
| D3320        | D3320    | RCT          | Root Canal - Bicuspid                    | Endodontics  | \$383.00     | 0          | No              | Active |
| D3330        | D3330    | RCT          | Root Canal - Molar                       | Endodontics  | \$780.00     | 0          | No              | Active |
| D3331        | D3331    | D3331        | TREAT. OF ROOT CANAL OBST. NON-SURG ACC. | Endodontics  | \$0.00       | 1          | No              | Active |
| D3332        | D3332    | D3332        | INCOMPLETE ENDO. THERAPY; INOP/FRACT YTH | Endodontics  | \$0.00       | 1          | No              | Active |
| D3333        | D3333    | D3333        | INTERNAL ROOT REPAIR OF PERI. DEFECTS    | Endodontics  | \$85.00      | 1          | No              | Active |
| D3350        | D3350    | D3350        | Apexification                            | Endodontics  | \$20.00      | 0          | No              | Active |
| D3410        | D3410    | API00        | Apicoectomy - Anterior                   | Endodontics  | \$400.00     | 0          | No              | Active |
| D3421        | D3421    | API00        | Apicoectomy-bicuspid                     | Endodontics  | \$227.00     | 0          | No              | Active |
| D3420        | D3420    | API00        | Apicoectomy-molar                        | Endodontics  | \$540.00     | 0          | No              | Active |
| D3480        | D3480    | RTAMP        | Root Amputation                          | Endodontics  | \$283.00     | 0          | No              | Active |
| D3480        | D3480    | ENIMP        | Endo Endosseous Implant                  | Endodontics  | \$228.00     | 0          | No              | Active |
| D3920        | D3920    | D3920        | Hemisection                              | Endodontics  | \$227.00     | 0          | No              | Active |

**ACTIVE SERVICE CODES MASTER**

| Service Code | ADA Code | Display | Description                               | Service Type                | Standard Fee | Time Units | Generate Recall | Status |
|--------------|----------|---------|-------------------------------------------|-----------------------------|--------------|------------|-----------------|--------|
| D4210        | D4210    | GINGI   | Gingivectomy Per Quad                     | Periodontics                | \$580.00     | 0          | No              | Active |
| D4211        | D4211    | GINGI   | Gingivectomy Per Tooth                    | Periodontics                | \$217.00     | 0          | No              | Active |
| D4220        | D4220    | D4220   | Gingival Curettage                        | Periodontics                | \$248.00     | 0          | No              | Active |
| D4230        | D4230    | D4230   | ANATOMICAL CROWN EXP - 4+ TEETH/QUAD      | Periodontics                | \$0.00       | 1          | No              | Active |
| D4231        | D4231    | D4231   | ANATOMICAL CROWN EXP - 1-3 TEETH/QUAD     | Periodontics                | \$0.00       | 1          | No              | Active |
| D4240        | D4240    | GFLAP   | Gingival Flap Procedure                   | Periodontics                | \$563.00     | 0          | No              | Active |
| D4241        | D4241    | D4241   | GING FLAP PROC INC ROOT PL 1-3 TTH/QUAD   | Periodontics                | \$332.00     | 1          | No              | Active |
| D4245        | D4245    | D4245   | APICALLY POSITIONED FLAP                  | Periodontics                | \$340.00     | 1          | No              | Active |
| D4249        | D4249    | LNQTH   | Crown Lengthening                         | Periodontics                | \$0.00       | 0          | No              | Active |
| D4280        | D4280    | D4280   | Mucogingival Surgery/quad                 | Periodontics                | \$508.00     | 0          | No              | Active |
| D4280        | D4280    | OSSEO   | Osteosurgery Per Quad                     | Periodontics                | \$580.00     | 0          | No              | Active |
| D4281        | D4281    | D4281   | OSSE SURG-ING FLAP ENTRY/CLOS 1-3TTH/QUAD | Periodontics                | \$400.00     | 1          | No              | Active |
| D4285        | D4285    | D4285   | BIO MAT-AID SOFT/OSSCUC TISSUE REGEN      | Periodontics                | \$0.00       | 1          | No              | Active |
| D4285        | D4285    | D4285   | SURGICAL REVISION PROCEDURE, PER TOOTH    | Periodontics                | \$0.00       | 1          | No              | Active |
| D4271        | D4271    | FREEG   | Free Soft Tissue Graft Proc               | Periodontics                | \$400.00     | 0          | No              | Active |
| D4274        | D4274    | WEDGE   | Distal wedge                              | Periodontics                | \$200.00     | 0          | No              | Active |
| D4275        | D4275    | D4275   | SOFT TISSUE ALLOGRAFT                     | Periodontics                | \$0.00       | 1          | No              | Active |
| D4276        | D4276    | D4276   | COMB CONNECTIVE TISSUE/DOUBLE PED GRAFT   | Periodontics                | \$0.00       | 1          | No              | Active |
| D4320        | D4320    | SPLINT  | Provisional Splinting                     | Periodontics                | \$0.00       | 0          | No              | Active |
| D4341        | D4341    | SRP     | Root Planing Per Quad                     | Periodontics                | \$179.00     | 0          | No              | Active |
| D4355        | D4355    | FMD     | Full Mouth Debridement                    | Periodontics                | \$85.00      | 0          | No              | Active |
| D4381        | D4381    | CHEMO   | Chemotherapy/Anti Agent                   | Periodontics                | \$0.00       | 0          | No              | Active |
| D4910        | D4910    | PERIO   | Periodontal Prophyl                       | Adjunctive General Services | \$87.00      | 0          | No              | Active |
| D8110        | D8110    | DENTR   | Full Upper Denture                        | Prosthodontics, Removable   | \$1,000.00   | 0          | No              | Active |
| D8120        | D8120    | DENTR   | Full Lower Denture                        | Prosthodontics, Removable   | \$1,000.00   | 0          | No              | Active |
| D8130        | D8130    | IDENT   | Upper Immediate Denture                   | Prosthodontics, Removable   | \$1,000.00   | 0          | No              | Active |
| D8140        | D8140    | IDENT   | Lower Immediate Denture                   | Prosthodontics, Removable   | \$1,000.00   | 0          | No              | Active |
| D8211        | D8211    | RPD     | Upper Acrylic Partial                     | Prosthodontics, Removable   | \$800.00     | 0          | No              | Active |
| D8212        | D8212    | RPD     | Lower Acrylic Partial                     | Prosthodontics, Removable   | \$800.00     | 0          | No              | Active |
| D8213        | D8213    | RPD     | Upper Metal Partial                       | Prosthodontics, Removable   | \$1,580.00   | 0          | No              | Active |
| D8214        | D8214    | RPD     | Lower Metal Partial                       | Prosthodontics, Removable   | \$1,580.00   | 0          | No              | Active |
| D8225        | D8225    | D8225   | MAXILLARY PARTIAL DENTURE - FLEX. BASE    | Prosthodontics, Removable   | \$800.00     | 1          | No              | Active |
| D8226        | D8226    | D8226   | MANDIBULAR PARTIAL DENTURE - FLEX. BASE   | Prosthodontics, Removable   | \$800.00     | 1          | No              | Active |
| D8281        | D8281    | D8281   | Removable Partial Denture                 | Prosthodontics, Removable   | \$188.00     | 0          | No              | Active |
| D8410        | D8410    | ADJOU   | Adjust Upper Denture                      | Prosthodontics, Removable   | \$90.00      | 0          | No              | Active |
| D8411        | D8411    | ADJOL   | Adjust Lower Denture                      | Prosthodontics, Removable   | \$90.00      | 0          | No              | Active |
| D8421        | D8421    | ADJUP   | Adjust Upper Partial                      | Prosthodontics, Removable   | \$90.00      | 0          | No              | Active |
| D8422        | D8422    | ADJLP   | Adjust Lower Partial                      | Prosthodontics, Removable   | \$90.00      | 0          | No              | Active |
| D8510        | D8510    | REPAR   | Repair Full Denture Base                  | Prosthodontics, Removable   | \$160.00     | 0          | No              | Active |
| D8520        | D8520    | REPLC   | Replace Teeth To Denture                  | Prosthodontics, Removable   | \$134.00     | 0          | No              | Active |
| D8610        | D8610    | REPAR   | Repair Roehn Saddle Or Base               | Prosthodontics, Removable   | \$183.00     | 0          | No              | Active |
| D8620        | D8620    | REPAR   | Repair Cast Framework                     | Prosthodontics, Removable   | \$0.00       | 0          | No              | Active |
| D8630        | D8630    | REPAR   | Repair Or Replace Clasp                   | Prosthodontics, Removable   | \$179.00     | 0          | No              | Active |
| D8640        | D8640    | REPLC   | Replace Broken Teeth                      | Prosthodontics, Removable   | \$134.00     | 0          | No              | Active |
| D8650        | D8650    | ADDTN   | Add Tooth To Partial                      | Prosthodontics, Removable   | \$130.00     | 0          | No              | Active |
| D8660        | D8660    | CLASP   | Add Clasp To Partial                      | Prosthodontics, Removable   | \$200.00     | 0          | No              | Active |
| D8670        | D8670    | D8670   | REPLACE ALL TTH/ACRY CAST MET FRAME(MAX)  | Prosthodontics, Removable   | \$0.00       | 1          | No              | Active |
| D8671        | D8671    | D8671   | REPLACE ALL TTH/ACRY CAST MET FRAME(MAN)  | Prosthodontics, Removable   | \$0.00       | 1          | No              | Active |
| D8710        | D8710    | REBAS   | Rebase Complete Upper Dent.               | Prosthodontics, Removable   | \$135.00     | 0          | No              | Active |
| D8711        | D8711    | REBAS   | Rebase Complete Lower Dent.               | Prosthodontics, Removable   | \$135.00     | 0          | No              | Active |
| D8720        | D8720    | REBAS   | Rebase Upper Partial Denture              | Prosthodontics, Removable   | \$135.00     | 0          | No              | Active |
| D8721        | D8721    | REBAS   | Rebase Lower Partial Denture              | Prosthodontics, Removable   | \$135.00     | 0          | No              | Active |
| D8730        | D8730    | RELIN   | Office Reline Upper Denture               | Prosthodontics, Removable   | \$130.00     | 0          | No              | Active |
| D8731        | D8731    | RELIN   | Office Reline Lower Denture               | Prosthodontics, Removable   | \$130.00     | 0          | No              | Active |
| D8740        | D8740    | RELIN   | Office Reline Upper Partial               | Prosthodontics, Removable   | \$150.00     | 0          | No              | Active |
| D8741        | D8741    | RELIN   | Office Reline Lower Partial               | Prosthodontics, Removable   | \$150.00     | 0          | No              | Active |

**ACTIVE SERVICE CODES MASTER**

| Service Code | ADA Code | Display | Description                              | Service Type              | Standard Fee | Time Units | Generate Recall | Status |
|--------------|----------|---------|------------------------------------------|---------------------------|--------------|------------|-----------------|--------|
| D8760        | D8760    | RELIN   | Lab Refine Upper Denture                 | Prosthodontics, Removable | \$280.00     | 0          | No              | Active |
| D8761        | D8761    | RELIN   | Lab Refine Lower Denture                 | Prosthodontics, Removable | \$280.00     | 0          | No              | Active |
| D8760        | D8760    | RELIN   | Lab Refine Upper Partial                 | Prosthodontics, Removable | \$280.00     | 0          | No              | Active |
| D8761        | D8761    | RELIN   | Lab Refine Lower Partial                 | Prosthodontics, Removable | \$280.00     | 0          | No              | Active |
| D8820        | D8820    | FLUPR   | Upper Stayplate                          | Prosthodontics, Removable | \$453.00     | 0          | No              | Active |
| D8821        | D8821    | FLUPR   | Lower Stayplate                          | Prosthodontics, Removable | \$453.00     | 0          | No              | Active |
| D8880        | D8880    | TISSU   | Tissue Conditioning-upper                | Prosthodontics, Removable | \$120.00     | 0          | No              | Active |
| D8881        | D8881    | TISSU   | Tissue Conditioning-lower                | Prosthodontics, Removable | \$120.00     | 0          | No              | Active |
| D8887        | D8887    |         | REPLACEMENT OF REP PART OF SEMI-PREC OR  | Prosthodontics, Removable | \$0.00       | 1          | No              | Active |
| D8878        | D8878    | D8878   | MODIFICATION OF REMOVABLE PROSTHESIS     | Prosthodontics, Removable | \$0.00       | 1          | No              | Active |
| D8012        | D8012    | D8012   | SURG PLACE OF INT IMPL: ENDOSTEAL IMPL   | Implant Services          | \$0.00       | 1          | No              | Active |
| D8083        | D8083    | D8083   | IMPLANT/ABUT SUPP REM DENT-COMP EDENT AF | Implant Services          | \$0.00       | 1          | No              | Active |
| D8084        | D8084    | D8084   | IMPLANT/ABUT SUPP REM DENT-PART EDENT AR | Implant Services          | \$0.00       | 1          | No              | Active |
| D8085        | D8085    | D8085   | Implant Connecting Bar                   | Implant Services          | \$548.00     | 0          | No              | Active |
| D8086        | D8086    | D8086   | PREFABRICATED ABUTMENT-INCL. PLACEMENT   | Implant Services          | \$0.00       | 1          | No              | Active |
| D8087        | D8087    |         | Implant Abutment                         | Implant Services          | \$1,000.00   | 0          | No              | Active |
| D8088        | D8088    | IMPLT   | Implant Crown                            | Implant Services          | \$600.00     | 0          | No              | Active |
| D8089        | D8089    | D8089   | ABUT. SUPP. PORO. FUSED TO METAL CRN HNM | Implant Services          | \$0.00       | 1          | No              | Active |
| D8090        | D8090    | D8090   | ABUT. SUPP. PORO. FUSED TO METAL CRN PBM | Implant Services          | \$0.00       | 1          | No              | Active |
| D8091        | D8091    | D8091   | ABUT. SUPP. PORO. FUSED TO METAL CRN NM  | Implant Services          | \$0.00       | 1          | No              | Active |
| D8092        | D8092    | D8092   | ABUT. SUPP. CAST METAL CROWN (HNM)       | Implant Services          | \$0.00       | 1          | No              | Active |
| D8093        | D8093    | D8093   | ABUT. SUPP. CAST METAL CROWN (PBM)       | Implant Services          | \$0.00       | 1          | No              | Active |
| D8094        | D8094    | D8094   | ABUT. SUPP. CAST METAL CROWN (NM)        | Implant Services          | \$0.00       | 1          | No              | Active |
| D8095        | D8095    | D8095   | IMPLANT SUPP. PORO./CERAMIC CROWN        | Implant Services          | \$0.00       | 1          | No              | Active |
| D8096        | D8096    | D8096   | IMPL SUPP PORO FUSED TO METAL(T,TA,HNM)  | Implant Services          | \$0.00       | 1          | No              | Active |
| D8097        | D8097    | D8097   | IMPLANT SUPPORT, METAL CROWN (T,TA, HNM) | Implant Services          | \$0.00       | 1          | No              | Active |
| D8098        | D8098    | D8098   | ABUT. SUPP. RETAINER FOR PORO/CERAM FPD  | Implant Services          | \$0.00       | 1          | No              | Active |
| D8099        | D8099    | D8099   | ABUT. SUPP. RET. FOR PORO, FUSED MET FPD | Implant Services          | \$0.00       | 1          | No              | Active |
| D8070        | D8070    | D8070   | ABUT SUPP RET FOR PORO FUSED MET FPD PBM | Implant Services          | \$0.00       | 1          | No              | Active |
| D8071        | D8071    | D8071   | ABUT SUPP RET FOR PORO FUSED MET FPD HNM | Implant Services          | \$0.00       | 1          | No              | Active |
| D8072        | D8072    | D8072   | ABUT SUPP RET FOR CAST METAL FPD (HNM)   | Implant Services          | \$0.00       | 1          | No              | Active |
| D8073        | D8073    | D8073   | ABUT SUPP RET FOR CAST METAL FPD (PBM)   | Implant Services          | \$0.00       | 1          | No              | Active |
| D8074        | D8074    | D8074   | ABUT SUPP RET FOR CAST METAL FPD (NM)    | Implant Services          | \$0.00       | 1          | No              | Active |
| D8075        | D8075    | D8075   | IMPLANT SUPPORTED RETAINER FOR CERAM FP  | Implant Services          | \$0.00       | 1          | No              | Active |
| D8076        | D8076    | D8076   | IMP SUPP RET - PORO FUSED FPD(T,TA,HNM)  | Implant Services          | \$0.00       | 1          | No              | Active |
| D8077        | D8077    | D8077   | IMP SUPP RET - CAST METAL FPD(T,TA,HNM)  | Implant Services          | \$0.00       | 1          | No              | Active |
| D8078        | D8078    | D8078   | IMP/ABUT SUPP FIXED DENT-COMP EDENT AROH | Implant Services          | \$0.00       | 1          | No              | Active |
| D8079        | D8079    | D8079   | IMP/ABUT SUPP FIXED DENT-PART EDENT AROH | Implant Services          | \$0.00       | 1          | No              | Active |
| D8081        | D8081    | D8081   | REPLACE OF SEMI-PREC ATTACH OF IMPL PER  | Implant Services          | \$0.00       | 1          | No              | Active |
| D8092        | D8092    | D8092   | RECEMENT IMPL/ABUTMENT SUPPORTED CROWN   | Implant Services          | \$0.00       | 1          | No              | Active |
| D8093        | D8093    | D8093   | RECEMENT IMPL/ABUT SUPP FIXED PART DENT  | Implant Services          | \$0.00       | 1          | No              | Active |
| D8094        | D8094    | D8094   | ABUTMENT SUPPORTED CROWN-(TITANIUM)      | Implant Services          | \$0.00       | 1          | No              | Active |
| D8190        | D8190    | D8190   | RADIO/SURGICAL IMPLANT INDEX BY REPORT   | Implant Services          | \$0.00       | 1          | No              | Active |
| D8194        | D8194    | D8194   | ABUT SUPP RET CROWN FOR FPD(TITANIUM)    | Implant Services          | \$0.00       | 1          | No              | Active |
| D8206        | D8206    | D8206   | PONTIC-INDIRECT RESIN BASED COMPOSITE    | Implant Services          | \$0.00       | 1          | No              | Active |
| D8210        | D8210    | BRQ P   | Full Gold Pontic                         | Prosthodontics, Fixed     | \$780.00     | 0          | No              | Active |
| D8211        | D8211    | BRQ P   | Metal Pontic                             | Prosthodontics, Fixed     | \$660.00     | 0          | No              | Active |
| D8212        | D8212    | BRQ P   | Cast Noble Metal Pontic                  | Prosthodontics, Fixed     | \$738.00     | 0          | No              | Active |
| D8214        | D8214    | D8214   | PONTIC-TITANIUM                          | Prosthodontics, Fixed     | \$793.00     | 1          | No              | Active |
| D8240        | D8240    | PONTIC  | Porcelain Gold Pontic                    | Prosthodontics, Fixed     | \$780.00     | 0          | No              | Active |
| D8241        | D8241    | BRQ P   | Porcelain Metal Pontic                   | Prosthodontics, Fixed     | \$700.00     | 0          | No              | Active |
| D8242        | D8242    | BRQ P   | Porcelain Noble Metal Pontic             | Prosthodontics, Fixed     | \$738.00     | 0          | No              | Active |
| D8245        | D8245    | D8245   | PONTIC - PORCELAIN/CERAMIC               | Prosthodontics, Fixed     | \$0.00       | 1          | No              | Active |
| D8253        | D8253    | D8253   | PROVISIONAL PONTIC                       | Prosthodontics, Fixed     | \$0.00       | 1          | No              | Active |
| D8820        | D8820    | D8820   | 2 Sur Metallic Inlay                     | Prosthodontics, Fixed     | \$350.00     | 0          | No              | Active |
| D8830        | D8830    | D8830   | 3+sur Metallic Inlay                     | Prosthodontics, Fixed     | \$390.00     | 0          | No              | Active |

**ACTIVE SERVICE CODES MASTER**

| Service Code | ADA Code | Display | Description                               | Service Type          | Standard Fee | Time Units | Generate Recall | Status |
|--------------|----------|---------|-------------------------------------------|-----------------------|--------------|------------|-----------------|--------|
| D6340        | D6340    | D6340   | Metallia Onlay                            | Prosthodontics, Fixed | \$49.00      | 0          | No              | Active |
| D6345        | D6345    | MDABU   | Maryland Bridge                           | Prosthodontics, Fixed | \$480.00     | 0          | No              | Active |
| D6346        | D6346    | D6346   | RETAINER-PORO/CER-RESIN BOND FIXED PROST  | Prosthodontics, Fixed | \$0.00       | 1          | No              | Active |
| D6600        | D6600    | D6600   | INLAY-PORCELAIN/CERAMIC, TWO SURFACES     | Prosthodontics, Fixed | \$0.00       | 1          | No              | Active |
| D6601        | D6601    | D6601   | INLAY-PORCELAIN/CERAMIC, THREE+ SURF      | Prosthodontics, Fixed | \$0.00       | 1          | No              | Active |
| D6602        | D6602    | D6602   | INLAY-CAST HIGH NOBLE METAL-TWO SURF      | Prosthodontics, Fixed | \$400.00     | 1          | No              | Active |
| D6603        | D6603    | D6603   | INLAY-CAST HIGH NOBLE METAL-THREE+ SURF   | Prosthodontics, Fixed | \$628.00     | 1          | No              | Active |
| D6604        | D6604    | D6604   | INLAY-CAST PREDOMINANT BASE METAL, 2 SURF | Prosthodontics, Fixed | \$400.00     | 1          | No              | Active |
| D6605        | D6605    | D6605   | INLAY-CAST PREDOMINANT BASE MET, 3+ SURF  | Prosthodontics, Fixed | \$626.00     | 1          | No              | Active |
| D6606        | D6606    | D6606   | INLAY-CAST NOBLE METAL, TWO SURF          | Prosthodontics, Fixed | \$400.00     | 1          | No              | Active |
| D6607        | D6607    | D6607   | INLAY-CAST NOBLE METAL, THREE+ SURF       | Prosthodontics, Fixed | \$628.00     | 1          | No              | Active |
| D6608        | D6608    | D6608   | ONLAY-PORCELAIN/CERAMIC, TWO SURF         | Prosthodontics, Fixed | \$0.00       | 1          | No              | Active |
| D6609        | D6609    | D6609   | ONLAY-PORCELAIN/CERAMIC, THREE+ SURF      | Prosthodontics, Fixed | \$0.00       | 1          | No              | Active |
| D6610        | D6610    | D6610   | ONLAY-CAST HIGH NOBLE METAL, TWO SURF     | Prosthodontics, Fixed | \$600.00     | 1          | No              | Active |
| D6611        | D6611    | D6611   | ONLAY-CAST HIGH NOBLE METAL, THREE+ SURF  | Prosthodontics, Fixed | \$806.00     | 1          | No              | Active |
| D6612        | D6612    | D6612   | ONLAY-CAST PREDOMINANT BASE METAL, 2 SURF | Prosthodontics, Fixed | \$606.00     | 1          | No              | Active |
| D6613        | D6613    | D6613   | ONLAY-CAST PREDOMINANT BASE MET 3+ SURF   | Prosthodontics, Fixed | \$806.00     | 1          | No              | Active |
| D6614        | D6614    | D6614   | ONLAY-CAST NOBLE METAL, TWO SURF          | Prosthodontics, Fixed | \$606.00     | 1          | No              | Active |
| D6615        | D6615    | D6615   | ONLAY-CAST NOBLE METAL, THREE+ SURF       | Prosthodontics, Fixed | \$806.00     | 1          | No              | Active |
| D6624        | D6624    | D6624   | INLAY-TITANIUM                            | Prosthodontics, Fixed | \$828.00     | 1          | No              | Active |
| D6634        | D6634    | D6634   | ONLAY-TITANIUM                            | Prosthodontics, Fixed | \$606.00     | 1          | No              | Active |
| D6710        | D6710    | D6710   | CROWN-INDIRECT RESIN BASED COMPOSITE      | Prosthodontics, Fixed | \$0.00       | 1          | No              | Active |
| D6740        | D6740    | D6740   | CROWN - PORCELAIN/CERAMIC                 | Prosthodontics, Fixed | \$0.00       | 1          | No              | Active |
| D6750        | D6750    | ABUT    | Porcelain Gold Crown                      | Prosthodontics, Fixed | \$700.00     | 0          | No              | Active |
| D6751        | D6751    | BRG A   | Porcelain Metal Crown                     | Prosthodontics, Fixed | \$600.00     | 0          | No              | Active |
| D6752        | D6752    | BRG A   | Porcelain Noble Metal Crown               | Prosthodontics, Fixed | \$700.00     | 0          | No              | Active |
| D6750        | D6750    | BRG A   | 3/4 Gold Crown                            | Prosthodontics, Fixed | \$600.00     | 0          | No              | Active |
| D6751        | D6751    | D6751   | CROWN - 3/4 CAST FRED, BASED METAL        | Prosthodontics, Fixed | \$900.00     | 1          | No              | Active |
| D6752        | D6752    | D6752   | CROWN - 3/4 CAST NOBLE METAL              | Prosthodontics, Fixed | \$575.00     | 1          | No              | Active |
| D6753        | D6753    | D6753   | CROWN - 3/4 PORCELAIN/CERAMIC             | Prosthodontics, Fixed | \$0.00       | 1          | No              | Active |
| D6750        | D6750    | ABUT    | Full Gold Crown                           | Prosthodontics, Fixed | \$900.00     | 0          | No              | Active |
| D6751        | D6751    | BRG A   | Metall Crown                              | Prosthodontics, Fixed | \$900.00     | 0          | No              | Active |
| D6752        | D6752    | BRG A   | Noble Metal Crown                         | Prosthodontics, Fixed | \$626.00     | 0          | No              | Active |
| D6753        | D6753    | D6753   | PROVISIONAL RETAINER CROWN                | Prosthodontics, Fixed | \$0.00       | 1          | No              | Active |
| D6754        | D6754    | D6754   | CROWN-TITANIUM                            | Prosthodontics, Fixed | \$650.00     | 1          | No              | Active |
| D6830        | D6830    | REDEM   | Replacement Bridge                        | Prosthodontics, Fixed | \$78.00      | 0          | No              | Active |
| D6840        | D6840    | BREAK   | Stress Breaker                            | Prosthodontics, Fixed | \$80.00      | 0          | No              | Active |
| D6850        | D6850    | ATTACH  | Prosthodontics Attachment                 | Prosthodontics, Fixed | \$0.00       | 0          | No              | Active |
| D6870        | D6870    | P & C   | Crest Post & Core In Addition             | Prosthodontics, Fixed | \$600.00     | 0          | No              | Active |
| D6872        | D6872    | P & C   | Prefab Post & Core In                     | Prosthodontics, Fixed | \$600.00     | 0          | No              | Active |
| D6873        | D6873    | BLDUP   | Retainer Crown Buildup                    | Prosthodontics, Fixed | \$153.00     | 0          | No              | Active |
| D6876        | D6876    | D6876   | EACH ADD'L INDIRECTLY FAB POST            | Prosthodontics, Fixed | \$0.00       | 1          | No              | Active |
| D6877        | D6877    | D6877   | EACH ADDITIONAL PREFAB POST, SAME TOOTH   | Prosthodontics, Fixed | \$0.00       | 1          | No              | Active |
| D6906        | D6906    | D6906   | PEDIATRIC PARTIAL DENTURE, FIXED          | Prosthodontics, Fixed | \$0.00       | 1          | No              | Active |
| D7111        | D7120    | EXTF    | Deciduous tooth ex                        | Oral Surgery          | \$65.00      | 0          | No              | Active |
| D7130        | D7130    | D7130   | Root Removal                              | Oral Surgery          | \$126.00     | 0          | No              | Active |
| D7140        | D7140    | EXT     | Single Extraction                         | Oral Surgery          | \$146.00     | 0          | No              | Active |
| D7210        | D7210    | S EXT   | Surgical Extraction Of                    | Oral Surgery          | \$189.00     | 0          | No              | Active |
| D7220        | D7220    | S EXT   | Remove Impacted Tooth                     | Oral Surgery          | \$283.00     | 0          | No              | Active |
| D7230        | D7230    | S EXT   | Removal Of Impacted Tooth                 | Oral Surgery          | \$312.00     | 0          | No              | Active |
| D7240        | D7240    | S EXT   | Remove Impacted Tooth                     | Oral Surgery          | \$323.00     | 0          | No              | Active |
| D7241        | D7241    | S EXT   | Removal Of Impacted Tooth                 | Oral Surgery          | \$0.00       | 0          | No              | Active |
| D7250        | D7250    | S EXT   | Surgical Removal Of Residual              | Oral Surgery          | \$227.00     | 0          | No              | Active |
| D7250        | D7250    | POTOL   | Antial Plaque Closure                     | Oral Surgery          | \$226.00     | 0          | No              | Active |
| D7251        | D7251    | D7251   | PRIMARY CLOSURE OF A SINUS PERFORATION    | Oral Surgery          | \$380.00     | 1          | No              | Active |
| D7272        | D7272    | TRNAP   | Tooth Transplantation                     | Oral Surgery          | \$114.00     | 0          | No              | Active |

ACTIVE SERVICE CODES MASTER

| Service Code | ADA Code | Display | Description                               | Service Type | Standard Fee | Time Units | General Regain | Status |
|--------------|----------|---------|-------------------------------------------|--------------|--------------|------------|----------------|--------|
| D7280        | D7280    | S EXP   | Surg Exposure Of Impacted                 | Oral Surgery | \$227.00     | 0          | No             | Active |
| D7281        | D7281    | S EXP   | Surg Exposure Of Impacted                 | Oral Surgery | \$210.00     | 0          | No             | Active |
| D7282        | D7282    | D7282   | MOBIL ERUPT/MALPOSITION TOOTH AID ERUPT   | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7283        | D7283    | D7283   | PLACEMENT OF IMPACT TTH DEVICE TO ERUPT   | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7285        | D7285    | BIOPB   | Biopsy Of Oral Tissue-hard                | Oral Surgery | \$67.00      | 0          | No             | Active |
| D7286        | D7286    | BIOP    | Biopsy Of Oral Tissue-soft                | Oral Surgery | \$67.00      | 0          | No             | Active |
| D7287        | D7287    | D7287   | EXFOLIATIVE CYTOLOGY SAMPLE COLLECTION    | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7288        | D7288    | D7288   | BRUSH BIOPSY-TRANSEPIHELIAL COLLECTION    | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7289        | D7289    | D7289   | SURG PLACE SCREW RET PLATE REQ SURG FLAP  | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7293        | D7293    | D7293   | SURG PLACE TEMP ANCH DEV REQ SURG FLAP    | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7294        | D7294    | D7294   | SURG PLACE TEMP ANCH DEV W/O SURG FLAP    | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7310        | D7310    | ALVEO   | Alveoloplasty W/Wh                        | Oral Surgery | \$148.00     | 0          | No             | Active |
| D7311        | D7311    | D7311   | ALVEOLOPLASTY IN CON W/EXTRACT 1-8/QUAD   | Oral Surgery | \$88.00      | 1          | No             | Active |
| D7320        | D7320    | ALVEO   | Alveoloplasty (odontulous)                | Oral Surgery | \$167.00     | 0          | No             | Active |
| D7321        | D7321    | D7321   | ALVEOLOPLASTY WITHOUT EXTRACT 1 TO 8/QUAD | Oral Surgery | \$84.00      | 1          | No             | Active |
| D7340        | D7340    | VESTP   | Vestibuloplasty                           | Oral Surgery | \$84.00      | 0          | No             | Active |
| D7360        | D7360    | VESTP   | Vestibuloplasty-Ridge Exten.              | Oral Surgery | \$88.00      | 0          | No             | Active |
| D7411        | D7411    | D7411   | EXCISION OF BENIGN LESION > 1.25 CM       | Oral Surgery | \$330.00     | 1          | No             | Active |
| D7412        | D7412    | D7412   | EXCISION OF BENIGN LESION, COMPLICATED    | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7413        | D7413    | D7413   | EXCISION OF MALIGNANT LESION <= 1.25 CM   | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7414        | D7414    | D7414   | EXCISION OF MALIGNANT LESION > 1.25 CM    | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7416        | D7416    | D7416   | EXCISION OF MALIGNANT LESION-COMPLICATE   | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7428        | D7428    | D7428   | Remove Gingival Tissue                    | Oral Surgery | \$0.00       | 0          | No             | Active |
| D7430        | D7430    | D7430   | Excise Benign Tumor-Small                 | Oral Surgery | \$198.00     | 0          | No             | Active |
| D7431        | D7431    | D7431   | Excise Benign Tumor-Large                 | Oral Surgery | \$198.00     | 0          | No             | Active |
| D7480        | D7480    | ODONT   | Remove Odontogenic Cyst                   | Oral Surgery | \$76.00      | 0          | No             | Active |
| D7481        | D7481    | ODONT   | Remove Odontogenic Cyst                   | Oral Surgery | \$76.00      | 0          | No             | Active |
| D7486        | D7486    | NOODON  | Remove Nonodontogenic                     | Oral Surgery | \$76.00      | 0          | No             | Active |
| D7461        | D7461    | NOODON  | Remove Nonodontogenic                     | Oral Surgery | \$76.00      | 0          | No             | Active |
| D7470        | D7470    | D7470   | Removal of Exostosis                      | Oral Surgery | \$228.00     | 0          | No             | Active |
| D7471        | D7471    | D7471   | REMOVAL OF EXOSTOSIS - PER SITE           | Oral Surgery | \$228.00     | 1          | No             | Active |
| D7472        | D7472    | D7472   | REMOVAL OF TORUS PALATINUS                | Oral Surgery | \$350.00     | 1          | No             | Active |
| D7473        | D7473    | D7473   | REMOVAL OF TORUS MANDIBULARIS             | Oral Surgery | \$350.00     | 1          | No             | Active |
| D7485        | D7485    | D7485   | SURGICAL REDUCTION OF OSSCULUS TUBEROSITY | Oral Surgery | \$330.00     | 1          | No             | Active |
| D7810        | D7810    | I & D   | Incise & Drain Abscess                    | Oral Surgery | \$100.00     | 0          | No             | Active |
| D7811        | D7811    | D7811   | INCISION AND DRAIN OF ABSCESS-INT-COMP    | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7820        | D7820    | I & D   | Incise & Drain Abscess                    | Oral Surgery | \$26.00      | 0          | No             | Active |
| D7821        | D7821    | D7821   | INCISION AND DRAIN OF ABSCESS-EXT-COMP    | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7880        | D7880    | D7880   | Removal Foreign Body-                     | Oral Surgery | \$128.00     | 0          | No             | Active |
| D7840        | D7840    | D7840   | Remove Foreign Body -                     | Oral Surgery | \$84.00      | 0          | No             | Active |
| D7880        | D7880    | D7880   | Saguestrectomy                            | Oral Surgery | \$23.00      | 0          | No             | Active |
| D7860        | D7860    | D7860   | Maxillary Sinusotomy                      | Oral Surgery | \$84.00      | 0          | No             | Active |
| D7870        | D7870    | D7870   | Stabilize Tooth                           | Oral Surgery | \$548.00     | 0          | No             | Active |
| D7871        | D7871    | D7871   | ALVEOLUS-OPEN REDUCT- ING STAB OF TEETH   | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7771        | D7771    | D7771   | ALVEOLUS-CLOSE REDUCT STABIL OF TEETH     | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7871        | D7871    | D7871   | NON-ARTHRORHOSCOPIC LYSIS AND LAVAGE      | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7881        | D7881    | D7881   | SINUS AUGMENT W/ONE OR MORE SUBST.        | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7883        | D7883    | D7883   | BONE REPLACE GRAFT FOR RIDGE PRESER/SITE  | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7883        | D7883    | D7883   | FRENULOPLASTY                             | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7872        | D7872    | D7872   | SURGICAL REDUCTION OF FIBROUS TUBEROSITY  | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7887        | D7887    | D7887   | APPLIANCE REMOVAL                         | Oral Surgery | \$0.00       | 1          | No             | Active |
| D7888        | D7888    | D7888   | INTRACRAL PLACE FIX DEV NOT WITH FRACT    | Oral Surgery | \$0.00       | 1          | No             | Active |
| D8881        | D8881    | D8881   | REPAIR OF ORTHODONTIC APPLIANCE           | Orthodontics | \$0.00       | 1          | No             | Active |
| D8882        | D8882    | D8882   | REPLACEMENT OF LOST OR BROKEN RETAINER    | Orthodontics | \$0.00       | 1          | No             | Active |
| D8883        | D8883    | D8883   | REBOND, RECENT OR REPAIR OF FIX RETAINER  | Orthodontics | \$0.00       | 1          | No             | Active |
| D8780        | D8780    | D8780   | Ortho Retainer Remo                       | Orthodontics | \$228.00     | 0          | No             | Active |

ACTIVE SERVICE CODES MASTER

| Service Code | ADA Code | Display | Description                              | Service Type                | Standard Fee | Time Units | General Recall | Status |
|--------------|----------|---------|------------------------------------------|-----------------------------|--------------|------------|----------------|--------|
| D0110        | D0110    | PALTX   | Emergency Treatment                      | Adjunctive General Services | \$90.00      | 0          | No             | Active |
| D0241        | D0241    | D0241   | INTRAVENOUS SED/ANALG-FIRST 30 MINUTES   | Adjunctive General Services | \$0.00       | 1          | No             | Active |
| D0242        | D0242    | D0242   | INTRAVENOUS SED/ANALG-BA. ADD. 15 MIN.   | Adjunctive General Services | \$0.00       | 1          | No             | Active |
| D0244        | D0244    | D0244   | NON-INTRAVENOUS CONSCIOUS SEDATION       | Adjunctive General Services | \$0.00       | 1          | No             | Active |
| D0430        | D0430    | VISIT   | Office Visit                             | Adjunctive General Services | \$88.00      | 0          | No             | Active |
| D0440        | D0440    | AFTER   | After Hours Visit                        | Adjunctive General Services | \$100.00     | 0          | No             | Active |
| D0450        | D0450    | D0450   | CASE PRESENT-CET/EXT TREATMENT PLANNING  | Adjunctive General Services | \$0.00       | 1          | No             | Active |
| D0830        | D0830    |         | Peri-dax or performed                    | Periodontics                | \$10.00      | 1          | No             | Active |
| D0910        | D0910    |         | SootherX                                 | Periodontics                | \$80.00      | 1          | No             | Active |
| D0911        | D0911    | D0911   | APP DESSENSITIZING RESIN-CERV/ROOT SURF. | Adjunctive General Services | \$0.00       | 1          | No             | Active |
| D0940        | D0940    | OCCGD   | Occlusal Guard                           | Adjunctive General Services | \$188.00     | 0          | No             | Active |
| D0942        | D0942    | D0942   | REPAIR AND/OR RELINE OF OCCLUSAL GUARD   | Adjunctive General Services | \$0.00       | 1          | No             | Active |
| D0981        | D0981    | OCCADJ  | Occlusal Adjustment-limited              | Adjunctive General Services | \$111.00     | 0          | No             | Active |
| D0982        | D0982    | OCCADJ  | Occlusal Adjustment-complete             | Adjunctive General Services | \$227.00     | 0          | No             | Active |
| D0971        | D0971    | D0971   | ORONTOPLASTY 1-2 TEETH; INCL. REM ENAM   | Adjunctive General Services | \$0.00       | 1          | No             | Active |
| D0972        | D0972    | D0972   | EXTERNAL BLEACHING - PER ARCH            | Adjunctive General Services | \$0.00       | 1          | No             | Active |
| D0973        | D0973    | D0973   | EXTERNAL BLEACHING - PER TOOTH           | Adjunctive General Services | \$180.00     | 1          | No             | Active |
| D0974        | D0974    | D0974   | INTERNAL BLEACHING - PER TOOTH           | Adjunctive General Services | \$150.00     | 1          | No             | Active |
| D0999        | D0999    |         | MISC CHARGES                             | Adjunctive General Services | \$0.00       | 1          | No             | Active |

Total Services: 355

## BUSINESS ASSOCIATE AGREEMENT

This Agreement, hereinafter referred to as "Agreement", is made effective July 1, 2009 by and between the County of Monterey, a political subdivision of the State of California, on behalf of Natividad Medical Center, hereinafter referred to as "Covered Entity", and Danny Tan DDS hereinafter referred to as "Business Associate", (individually, a "Party" and collectively, the "Parties").

### WITNESSETH:

WHEREAS, Sections 261 through 264 of the Federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, known as "the Administrative Simplification provisions," direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and integrity of health information; and

WHEREAS, pursuant to the Administrative Simplification provisions, the Secretary of Health and Human Services has issued regulations modifying 45 CFR Parts 160 and 164 (the "HIPAA Privacy Rule"); and

WHEREAS, the State of California has enacted statutes designed to safeguard patient privacy including, without limitation, the Confidentiality of Medical Information Act ("CMIA"), California Civil Code, § 56 *et seq.*, Senate Bill 541, enacted September 30, 2008, and Assembly Bill 211, enacted September 30, 2008; and

WHEREAS, the parties acknowledge that California law may include provisions more stringent and more protective of the confidentiality of health information than the provisions of HIPAA; and

WHEREAS, the Parties wish to enter into or have entered into an arrangement whereby Business Associate will provide certain services to Covered Entity, hereby referred to as the "Service Agreement" and, pursuant to such arrangement, Business Associate may be considered a "business associate" of Covered Entity as defined in the HIPAA Privacy Rule and under California law; and

WHEREAS, Business Associate may have access to Protected Health Information (as defined below) in fulfilling its responsibilities under such arrangement;

THEREFORE, in consideration of the Parties' continuing obligations under the Service Agreement, compliance with the HIPAA Privacy Rule, compliance with California law, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree to the provisions of this Agreement in order to address the requirements of the HIPAA Privacy Rule and California law and to protect the interests of both Parties.

### I. DEFINITIONS

Except as otherwise defined herein, any and all capitalized terms in this Section shall have the definitions set forth in the HIPAA Privacy Rule. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of the HIPAA Privacy Rule, as amended, the HIPAA Privacy Rule shall control. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of CMIA or other California law, California law shall control. Where provisions of this Agreement are different than those mandated in the HIPAA Privacy Rule and California law, but nonetheless are permitted by the HIPAA Privacy Rule and California law, the provisions of this Agreement shall control.

The term "Protected Health Information" means individually identifiable health information including, without limitation, all information, data, documentation, and materials, including without limitation, demographic,

medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

Business Associate acknowledges and agrees that all Protected Health Information that is created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording, and electronic display by Covered Entity or its operating units to Business Associate or is created or received by Business Associate on Covered Entity's behalf shall be subject to this Agreement.

## II. CONFIDENTIALITY REQUIREMENTS

(a) Business Associate agrees:

(i) to access, use, or disclose only Protected Health Information solely: (1) for meeting its obligations as set forth in any agreements between the Parties evidencing their business relationship or (2) as required by applicable law, rule or regulation, or by accrediting or credentialing organization to whom Covered Entity is required to disclose such information or as otherwise permitted under this Agreement, the Service Agreement (if consistent with this Agreement the HIPAA Privacy Rule, and California law), the HIPAA Privacy Rule, or California law and (3) as would be permitted by the HIPAA Privacy Rule and California law if such use or disclosure were made by Covered Entity;

(ii) at termination of this Agreement, the Service Agreement (or any similar documentation of the business relationship of the Parties), or upon request of Covered Entity, whichever occurs first, if feasible, Business Associate will return or destroy all Protected Health Information received from or created or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form and retain no copies of such information, or if such return or destruction is not feasible, Business Associate will extend the protections of this Agreement to the information and limit further access, uses, and disclosures to those purposes that make the return or destruction of the information not feasible; and

(iii) to ensure that its agents, including a subcontractor, to whom it provides Protected Health Information received from or created by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply to Business Associate with respect to such information. In addition, Business Associate agrees to take reasonable steps to ensure that its employees' actions or omissions do not cause Business Associate to breach the terms of this Agreement.

(b) Notwithstanding the prohibitions set forth in this Agreement, Business Associate may use and disclose Protected Health Information as follows:

(i) if necessary, for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided that as to any such disclosure, the following requirements are met:

(A) the disclosure is required by law; or

(B) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially and accessed, used, or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached, within five calendar days of discovering said breach of confidentiality;

(ii) for data aggregation services, if to be provided by Business Associate for the health care operations of Covered Entity pursuant to any agreements between the Parties evidencing their business relationship. For purposes of this Agreement, data aggregation services means the combining of Protected Health Information by Business Associate with the protected health information received by

Business Associate in its capacity as a business associate of another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.

(c) Business Associate will implement appropriate safeguards to prevent access to, use of, or disclosure of Protected Health Information other than as permitted in this Agreement. The Secretary of Health and Human Services shall have the right to audit Business Associate's records and practices related to use and disclosure of Protected Health Information to ensure Covered Entity's compliance with the terms of the HIPAA Privacy Rule. Business Associate shall report to Covered Entity any access, use, or disclosure of Protected Health Information which is not in compliance with the terms of this Agreement of which it becomes aware within five calendar days of discovering such improper access, use, or disclosure. In addition, Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use, disclosure, or access of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

### III. AVAILABILITY OF PHI

Business Associate agrees to make available Protected Health Information to the extent and in the manner required by Section 164.524 of the HIPAA Privacy Rule. Business Associate agrees to make Protected Health Information available for amendment and incorporate any amendments to Protected Health Information in accordance with the requirements of Section 164.526 of the HIPAA Privacy Rule. In addition, Business Associate agrees to make Protected Health Information available for purposes of accounting of disclosures, as required by Section 164.528 of the HIPAA Privacy Rule.

### IV. TERMINATION

Notwithstanding anything in this Agreement to the contrary, Covered Entity shall have the right to terminate this Agreement and the Service Agreement immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement. If Covered Entity reasonably believes that Business Associate will violate a material term of this Agreement and, where practicable, Covered Entity gives written notice to Business Associate of such belief within a reasonable time after forming such belief, and Business Associate fails to provide adequate written assurances to Covered Entity that it will not breach the cited term of this Agreement within a reasonable period of time given the specific circumstances, but in any event, before the threatened breach is to occur, then Covered Entity shall have the right to terminate this Agreement and the Service Agreement, immediately, and seek injunctive and/or declaratory relief in a court of law having jurisdiction over Business Associate.

### V. MISCELLANEOUS

Except as expressly stated herein, in the HIPAA Privacy Rule, or under California law, the parties to this Agreement do not intend to create any rights in any third parties. The obligations of Business Associate under this Section shall survive the expiration, termination, or cancellation of this Agreement, the Service Agreement and/or the business relationship of the parties, and shall continue to bind Business Associate, its agents, employees, contractors, successors, and assigns as set forth herein.

This Agreement may be amended or modified only in a writing signed by the Parties. No Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party. None of the provisions of this Agreement are intended to create, nor will they be deemed to create, any relationship between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Agreement and any other agreements between the Parties evidencing their business relationship. This Agreement will be governed by the laws of the State of California. No change, waiver or

discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

The parties agree that, in the event that any documentation of the parties, pursuant to which Business Associate provides services to Covered Entity contains provisions relating to the use or disclosure of Protected Health Information which are more restrictive than the provisions of this Agreement, the provisions of the more restrictive documentation will control. The provisions of this Agreement are intended to establish the minimum requirements regarding Business Associate's use and disclosure of Protected Health Information.

In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect. In addition, in the event a party believes in good faith that any provision of this Agreement fails to comply with the then-current requirements of the HIPAA Privacy Rule or California law, such party shall notify the other party in writing. For a period of up to thirty days, the parties shall attempt in good faith to address such concern and amend the terms of this Agreement, if necessary to bring it into compliance. If, at the conclusion of such thirty-day period, a party believes in good faith that the Agreement still fails to comply with the HIPAA Privacy Rule or California law, then either party has the right to terminate this Agreement and the Service Agreement upon written notice to the other party. Neither party may terminate this Agreement without simultaneously terminating the Service Agreement, unless the parties mutually agree in writing to modify this Agreement or immediately replace it with a new Business Associate Agreement that fully complies with the HIPAA Privacy Rule and California law.

Business Associate acknowledges that Natividad Medical Center (NMC) has established a Corporate Compliance Program, and under this program NMC has developed a Code of Conduct Manual to provide guidance in the ethical and legal performance of our professional services. Business Associate further agrees to abide by all principles stated in the Code of Conduct while conducting business with Natividad Medical Center. A copy of the Code of Conduct & Principles of Compliance is available upon request.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year written above.

COVERED ENTITY:

BUSINESS ASSOCIATE:

By: \_\_\_\_\_

By: Dan

Title: \_\_\_\_\_

Title: Owner

Date: \_\_\_\_\_

Date: 5/7/09

**EXHIBIT C**

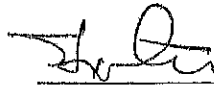
**INSURANCE JUSTIFICATION**

**CONTRACTOR:** Danny Tan DDS

**Automobile Liability Insurance Endorsement**

**Business Justification:**

The contractor does not provide services on the NMC Campus and does not drive on County Property in order to meet the requirements of the Agreement. NMC Administration requests that Automobile Liability requirement and the Additional Insured Endorsement be waived for the contractor.



Harry Weis  
Chief Executive Officer

2/4/11

Date

## Commercial Certificate of Insurance



FARMERS

## Agency

Name • Mars Rocamora Jr  
 & • 2020 N Main St Ste C  
 Address • Salinas, CA 93906-6700  
 • 831-449-2100

Issue Date (MM/DD/YY) 09/05/2012

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 96 Dist. 21 Agent 309

## Companies Providing Coverage:

## Insured

Name • DANNY TAN DDS  
 & • 608 E BORONDA RD STE B  
 Address • SALINAS, CA 93906

Company A Truck Insurance Exchange  
 Letter  
 Company B Farmers Insurance Exchange  
 Letter  
 Company C Mid-Century Insurance Company  
 Letter  
 Company D

## Coverages

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

| Co. Ltr. | Type of Insurance                              | Policy Number | Policy Effective Date (MM/DD/YY) | Policy Expiration Date (MM/DD/YY) | Policy Limits                    |              |
|----------|------------------------------------------------|---------------|----------------------------------|-----------------------------------|----------------------------------|--------------|
| C        | General Liability                              | 604846752     | 08/23/2012                       | 08/23/2013                        | General Aggregate                | \$ 4,000,000 |
|          | ✕ Commercial General Liability                 |               |                                  |                                   | Products-Comp/OPS Aggregate      | \$ 2,000,000 |
|          | ✕ Occurrence Version                           |               |                                  |                                   | Personal & Advertising Injury    | \$ 2,000,000 |
|          | Contractual - Incidental Only                  |               |                                  |                                   | Each Occurrence                  | \$ 2,000,000 |
|          | Owners & Contractors Prot.                     |               |                                  |                                   | Vice Damage (Any one fire)       | \$ 75,000    |
|          |                                                |               |                                  |                                   | Medical Expense (Any one person) | \$ 5,000     |
|          | Automobile Liability                           |               |                                  |                                   | Combined Single Limit            | \$           |
|          | All Owned Commercial Autos                     |               |                                  |                                   | Bodily Injury (Per person)       | \$           |
|          | Scheduled Autos                                |               |                                  |                                   | Bodily Injury (Per accident)     | \$           |
|          | Hired Autos                                    |               |                                  |                                   | Property Damage                  | \$           |
|          | Non-Owned Autos                                |               |                                  |                                   | Garage Aggregate                 | \$           |
|          | Garage Liability                               |               |                                  |                                   |                                  |              |
|          | Umbrella Liability                             |               |                                  |                                   | Limit                            | \$           |
|          | Workers' Compensation and Employers' Liability |               |                                  |                                   | Statutory                        |              |
|          |                                                |               |                                  |                                   | Each Accident                    | \$           |
|          |                                                |               |                                  |                                   | Disease - Each Employee          | \$           |
|          |                                                |               |                                  |                                   | Disease - Policy Limit           | \$           |

Description of Operations/Vehicles/Restrictions/Special Items:  
 608 E BORONDA RD STE B, SALINAS, CA 93906

## Certificate Holder

Name • COUNTY OF MONTEREY  
 & • CONTRACTS/PURCHASING DIVISION  
 Address • 168 W ALISAL ST, 3RD FLOOR  
 • SALINAS, CA 93901

## Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**E0002**

1<sup>st</sup> Edition

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS LIABILITY COVERAGE FORM  
BUSINESSOWNERS COMMON POLICY CONDITIONS**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**604846752 project: all aspects of general denistry**

|                                                                                                                 |                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Name Of Additional Insured Person(s)<br/>Or Organization(s):</b>                                             | County of Monterey<br>Contracts/Purchasing Division<br>168 W Alisal St 3 <sup>rd</sup> floor<br>Salinas CA 93901 |
| <b>Location Of Covered Operation(s):</b>                                                                        | 608 E Boronda Road Ste B<br>Salinas CA 93906                                                                     |
| <b>Effective Date Of Endorsement:</b>                                                                           | 08-23-2012                                                                                                       |
| If no entry appears above, information required to complete this endorsement will be shown in the Declarations. |                                                                                                                  |

The BUSINESSOWNERS LIABILITY COVERAGE FORM is amended as follows:

- A. With respect to the additional insured described in paragraph B. of this endorsement, the following exclusions are added to paragraph 1. Applicable To Business Liability Coverage under Section B. Exclusions:**

This insurance does not apply to:

1. "Bodily injury" or "property damage" for which the additional insured(s) is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the additional insured(s) would have in the absence of the contract or agreement.
2. "Bodily injury" or "property damage" occurring after:
  - a. Your ongoing operations at the location of covered operations other than service maintenance or repairs performed by you or on your behalf have been completed; or
  - b. The portion of your ongoing operation out of which the "bodily injury" or "property damage" arises has been put to its intended use by any person or organization.

But in no event shall this insurance apply to "bodily injury" or "property damage" arising out of your operations that were completed prior to the effective date of this endorsement.

3. "Bodily injury" or "property damage" arising out of any act or omission of the additional insured(s) or any of its "employees", agents or contractors other than you, except for general supervision by the additional insured(s) of your ongoing operations performed by that additional insured.
4. "Property damage" to:

- a. Property owned, used or occupied by or rented to the additional insured(s);
  - b. Property in the care custody or control of the additional insured(s) or over which the additional insured(s) exercise physical control; or
  - c. Any work including materials, parts or equipment furnished in connection with such work which is performed for the additional insured by you.
- B. Section C. Who Is An Insured** is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only to the extent that the additional insured(s) is held liable for "bodily injury" or "property damage" caused in whole or in part by:
1. Your ongoing operations performed for such person or organization at the location designated above;
  2. The acts or omissions of your subcontractors acting on "your" behalf on the scheduled project in the performance of your ongoing operations for the additional insured(s) which start and are completed within the effective period of this endorsement; or
  3. The acts or omissions of such additional insured(s) in connection with its general supervision of such operations.
- C. With respect to this endorsement, "wrap up policy"** means an Owner or Contractor Controlled Insurance Program providing one or a series of policies designed to cover a specific construction project that insures all of the persons and entities working on such project.

The **BUSINESSOWNERS COMMON POLICY CONDITIONS** are amended as follows:

*With respect to the additional insured described in paragraph D. of this endorsement, Section H. Other Insurance is replaced by the following:*

**H. Other Insurance**

**1. Primary and Non Contributory Insurance**

The coverage provided to an additional insured under this endorsement shall be primary and non contributory **ONLY** to any insurance issued directly to the additional insured if:

- a. The Named Insured agreed in a written contract or written agreement to provide the additional insured coverage on a primary and non contributory basis;
- b. Such written contract or written agreement referenced in a. above was executed prior to the issuance of this endorsement;
- c. The additional insured designated herein has a policy with an Other Insurance provision making this policy excess; and
- d. There is no "wrap up policy" in effect for the work performed at the location designated in the Schedule of this endorsement.

**2. Excess Insurance**

If there is other valid and collectable insurance available to the additional insured(s) as an additional insured under other policies covering the work performed at the location designated and described in the schedule of this endorsement, this insurance will be excess over those policies.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

POLICY NUMBER: 604846752

BUSINESSOWNERS  
BP 04 48 01 97**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****ADDITIONAL INSURED – DESIGNATED PERSON  
OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS POLICY

**SCHEDULE\*****Name Of Person Or Organization:** COUNTY OF MONTEREY CONTRACTS/PURCHASING DIVISION

\* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

The following is added to Paragraph C. Who Is An Insured in the Businessowners Liability Coverage Form:

4. Any person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of your ongoing operations or premises owned by or rented to you.