Letter of Agreement Fee Schedule Exception

This Letter of Agreement ("LOA") contains the terms and conditions by and between DenteMax, LLC ("DenteMax") and _______________________ herein after "Provider," under which a fee schedule exception shall be made for Provider by DenteMax.

Definitions: Standard Fee Schedule means the standard fee schedule offered to Providers contracted with DenteMax.

Fee Schedule Exception means the schedule offered to the Provider that is a party to this agreement, on an exception basis. The Fee Schedule Exception is considered to be a deviation from the fee schedule that would normally be assigned to the Provider under the standard fee assignment procedures.

Terms and Conditions:
Provider agrees that if a claim is submitted to a DenteMax administrative partner who is unable to pay a claim pursuant to the pricing of the Fee Schedule Exception, Provider will accept the DenteMax Standard Fee Schedule as payment in full subject to the terms and conditions contained in the DenteMax Provider Service Agreement.

Provider understands that the following DenteMax administrative partners are currently unable to process the Fee Schedule Exception and will remit claim payments to Provider according to the DenteMax Standard Fee Schedule.

AFSCME
UFCW Local 880

DenteMax will make a good faith effort to periodically identify and communicate changes to the list of administrative partners that are unable to process the Fee Schedule Exception.

Provider understands that the Fee Schedule Exception may be reverted to the DenteMax Standard Fee Schedule with sixty (60) days written notice to the Provider.

Provider agrees that this Fee Schedule Exception may not be assigned or transferred without the expressed written permission of DenteMax and that the terms and conditions contained herein are to be kept in confidence and not disclosed to any other person not directly affiliated by ownership to Provider.

In the event of a conflict between the terms and conditions of this agreement and the Provider Service Agreement, the terms and conditions of the Provider Service Agreement shall prevail.

For Provider by:

____________________________________________________    ______________________________________________________
(Provider Name)               (Provider Signature)
____________________________________________________    ______________________________________________________
(Title)                (Date)