

This Agreement (“Agreement”) is entered into between the undersigned dentist (“Participating Dentist”) and Jambert Dental, by and on behalf of itself and its subsidiaries and affiliates (“Jambert”).

General Provisions

A. Participating Dentist (General Dentist or Specialist) shall accept Covered Persons as new patients on the same basis as Participating Provider is accepting non-Covered Persons as new patients, Participating Dentist agrees to provide Dental services without discrimination against any Covered Persons on the basis of participation in the Dental Saving Plan, source of payment, age, sex, ethnicity, religion, sexual preference, health status or disability. A Participating Dental Specialist may only perform specialized procedures if they are board certified or board eligible to perform such procedures.

If a Participating Dentist performs oral surgery, such Participating Dentist agrees to obtain and maintain in full force and effect professional liability insurance, at its sole cost and expense, in coverage amounts of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate, or such higher amounts as may be required under applicable law.

B. Participating Dentist represents and warrants that he or she is licensed to practice dentistry pursuant to the laws where he or she is practicing dentistry, Participating Dentist also represents and warrants that his or her license to practice dentistry and DEA registration, if applicable, are not suspended or revoked Participating Dentist agrees that he or she will promptly notify Jambert in writing should either such license or registration be revoked, restricted, suspended or otherwise subject to disciplinary action by any government agency, Participating dentist authorizes Jambert to obtain information concerning my professional qualifications as well as to inquire within National Practitioner Data Bank about my practice.

C. For purposes of this Agreement, “Dental Services” means a dental service or supply for which a benefit may be payable under the terms of a Dental Saving Plan, “Dental Saving Plan” means a group or individual dental care program that is administrated by Jambert Dental as a “Dental Saving Plan” or “Discount for Services” Dental Plan and is not an insurance of any kind.

E. Participating Dentist acknowledges and agrees that to the extent of Jambert, in its sole discretion, elects to delegate any administrative activities or functions to Participating Dentist, Participating Dentist understands and agree that: (1) Participating Dentist may not delegate, transfer or assign any of Participating Dentist’s obligations under the Agreement and/or any separate delegation agreement without prior written consent; and (2) Participating Dentist must demonstrate, to Jambert satisfaction, Participating Dentist’s ability to perform the activities to be delegated and the parties will set out in writing: (i) the specific activities or functions to be delegated and performed by Participating Dentist; (ii) monitoring and oversight activities by Jambert including without limitation review and approval by Jambert or Dental Saving Plan of Participating Dentist’s credentialing process, as applicable, and audit of such process on an ongoing basis.

F. Participating Dentist agrees to comply with all applicable state and federal laws, rules and regulations, including HIPPA privacy agreement. All patients’ information belongs to the patient, the practice and the government only.

G. Participating Dentist shall comply with all applicable policies and procedures of Jambert Dental and Dental Saving Plans including, without limitation, written standards for the following; General Dentist agrees to accept as payment in full for Dental Services the amount shown in the attached assigned Fee Schedule. For all services not shown the participating dentist agrees to give 20% off of (the Usual and Customary or Reasonable and Customary fees.)

H. Every Year on January 1st, a new fee schedule for each plan Jambert “**316**”, Jambert “**Psalm**” and Jambert “**Exodus**”, will change. We will never decrease a service on our fee schedule. Each participating Dentist agrees to accept the new fees that are listed on our website. All Lab fees incurred on any procedure are the responsibility of the patient. When you participate, you are participating with all (3) three Jambert Dental Saving Plans.

J. Participating Dentist agrees to obtain and maintain in full force and effect professional liability insurance for itself and each Dentist providing Dental Services hereunder, at its sole cost and expense, in coverage amounts of not less than \$200,000 per occurrence and \$600,000 annual aggregate, or such higher amounts as may be required under applicable law. Participating Dentist shall maintain general and premises liability insurance, insuring against personal injury and death, workers’ compensation, fire and casualty insurance and all other policies of insurance required by federal, state and local law or ordinance. Upon Request, Participating Dentist shall provide to Jambert or Dental Saving Plan, a “Certificate of Insurance” evidencing such coverage and renewals thereof and shall notify within ten (10) days of receipt of notice of the revocation, cancellation, amendment or modification of any such policies, Participating Dentist shall notify Jambert and Dental Plan in writing within (72) seventy-two business hours of the receipt of verbal or written notice of a threatened or asserted claim, demand, action or complaint alleging medical/dental malpractice, or the initiation of an investigation or inquiry with respect to violation of any law, regulation, rule or administrative guideline pertaining to Participating Dentist.

Term and Termination

A. The term of this agreement is one year and will auto renew every year on the same date. Participating Dentist can cancel participation in writing (30) days before the end of the term using the proper Jambert Dental Cancellation Form and fax, email or mail the letter to Jambert Dental. If Participating Dentist does comply, he/she/practice will not be able to cancel until following year. Jambert Dental reserves the right to cancel this agreement at any time. If this agreement is cancelled for any reason by any party, Participating Dentist agrees to honor fee schedule for any existing patients and or give patient (90) days written notice of the Dentist/Practice not participating in the Dental Saving Plan.

B. The parties are independent contractors, and nothing in this Agreement is intended to create nor shall it be construed to create any employment agency, joint venture or partnership relationship between the parties. Jambert shall have no dominion or control over Participating Dentist, the dentist-patient relationship, Participating Dentist's personnel or facilities, or Participating Dentist's services. It is agreed by Participating Dentist that Jambert Dental will oversee and monitor the performance of Participating Dentist on an ongoing basis and shall be accountable for Dental Services provided to enrolled patient.

C. If Participating Dentist is not an individual but rather is a professional association, limited liability company, corporation or other entity whose staff of dental health care professionals consists wholly or partially of employees or independent contractors, Participating Dentist represents, warrants and covenants that it has the unqualified authority to bind all such employees or contractors to the terms of this Agreement. Jambert and/or Dental Saving Plan reserve the right to limit practice of one or more individuals in the Participating Dentist's group that are found to be in breach of the terms of this Agreement.

K. Notwithstanding anything to the contrary in the Agreement, Participating Dentist agrees to provide Jambert Dental with yearly updates on how many referrals and money spent from referrals, if asked by Jambert Dental. We like to keep stats and we ask Participating Dentist to help us. We use these stats to better the plan for the Dentist and Patient. Our goal is "Satisfaction" for both the Dentist and Patient.

L. Participating Dentist and Jambert Dental may use each other's name, trademark and logo in positive advertising. The Participating Dentist Agrees to have his or her name, specialty, office address, office telephone number and office hours listed in the Jambert Dental Directory of Contracted Dentists.

M. Participating Dentist shall comply with Jambert credentialing and re-credentialing procedures and Dental Plan's quality improvement, utilization review, peer review, grievance and appeal, and coordination of benefit procedures, and any other reasonable policies that Dental Plans may implement.

N. The parties agree to keep the confidential and proprietary information or trade secrets of each other in trust and confidence and agree that such information shall be used for purposes contemplated in this Agreement. Without limiting the generality of the foregoing, it is agreed that all compensation arrangements between the parties and the identities of Covered Persons shall specifically be considered proprietary and confidential.

Hold Harmless

A. Participating Dentist hereby agrees to charge the patient only their co-pay for the services. Any services not listed on our "Fee Schedule", General Dentist agrees to give the patients a the discount associated with the plan.

Participating Dentist shall indemnify and hold harmless Jambert Dental (Gold Star Marketing), its director, officers, employees, subsidiaries, affiliates and Groups, covered Persons enrolled in Dental Saving Plan against any and all liabilities, demands, claims, suits, losses, damages, fines, judgements, costs, expenses and causes of action, including costs and reasonable attorneys' fees at all levels, arising out of or by reason of any damage or injury to persons or property suffered, or claimed to have been suffered, by any negligent act or omissions of Participating Dentist, its directors, officers, agents and employees.

Group Practices

If a group practice ("Group Practice") is a party to this Agreement:

1. The Group Practice assumes all the duties, obligations and responsibilities of Participating Dentist as described above.
2. The Group Practice shall require each Participating Dentist to comply with all duties, obligations and responsibilities of a Participating Dentist under this Agreement.
3. All payments for Dental Services provided to Covered Persons treated at the Group Practice shall be paid to the Group Practice. Jambert shall have no responsibility to any person associated with the Group Practice beyond paying the Group Practice the compensation provided by this Agreement.

Practice Information

Legal Name of Practice: _____ Date Opened: ____/____/____

Practice Address: _____ Suite _____

City _____ State _____ Zip _____

Website: http://www. _____

Office Email: _____

Office Phone: _____ Office Fax: _____ (Not in Directory)

Type of Office Solo Practice Group Practice Multi- Specialty Group

Practice Tax ID# _____ NPI # _____

State License # _____ DEA / CRE # _____

Credentialing Person Contact Name: _____ Position: _____

Telephone: _____ email: _____

Is your office accepting New Patients? _____ What is your age limitations? _____ to _____

Does someone in your office hold certification/license in one or more of the following

- Basic Life Support
- Neonatal Advanced Life SPT
- Adv Life Support In OB
- Pediatric Advanced Life SPT
- ADV Cardia Life SPT
- Adv Trauma Life Support
- CPR

Services Offered:

- AcceleDent
- Bite Plate
- Botox
- Cleanings
- Crown Lengthening
- Dentures
- Dentures - Instant Permanent
- Dentures - Valplast
- Endodontics Abscess
- Facial Infections
- Fluoride
- Implant
- Invisalign
- Local Anesthesia
- Mouth Guard for Sports
- Orthodontics/Braces
- Pendulum
- Porcelain Crown
- Post & Core
- Rapid Palatal Expander
- Routine Exams
- Sinus Wall Lift
- Soft Splint
- SRP
- Teeth Whitening - Trays
- Tongue Thrust Appliances
- Veneers
- Arestin
- Bonding
- Cerec Machine
- Cleft Lip Repair
- Dental Jewelry
- Dentures - Flexible Partials
- Dentures - Instant Temporary
- Diet
- Extractions
- Facial Injury
- Gingival Recession
- Implant - Dentures
- Lesion Removal & Biopsy
- Maxillofacial Prosthetics
- Nitrous Oxide Gas
- Oxygen
- Pet Dental Care
- Porcelain Fixed Bridges
- Pulp Capping
- Reverse Pull Headgear
- Sealants
- Sleep Apnea
- Space Maintainer
- Stainless Steel Crown
- Teeth Whitening - ZOOM!
- Tooth Coloring/White Fillings
- Vitamin Shots
- B12
- Bone Graph
- Cervical Headgear
- Cleft Palate Repair
- Dental Tattoo
- Dentures - Improve the fit
- Dentures - Snap On
- Emergency
- Extractions – Impacted Wisdom Teeth
- Fillings
- Gold Crown
- Implant - Mini
- Lip Bumper
- Mouth Guard
- Oral Cancer Screening
- Pediatric Dentistry
- Phase I Retainer
- Porcelain Inlay & Onlay
- Pulpectomy
- Root Canals
- Silver Crown
- Snap On
- Spacer
- Teeth Whitening - Laser
- Temporomandibular Disorder (TMJ/TMD)
- Traditional Retainer

Other Services not listed? _____

What type of payment do you except?

- Cash
- Mastercard
- American Express
- Debit Card
- Gift Card
- Money Order
- Checks
- iCare
- CareCredit
- In-House Financing
- Springstone

Do you offer any other payment method? **Yes/No** _____

What type of other Payments do you offer? _____

Accessibility:

- Handicap Access
- Mental/Physical Impairment
- American Sign Language
- Text Telephony
- Public Transportation
- Access by Cab
- Access by Private Bus

Languages Spoken

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="radio"/> English | <input type="radio"/> Spanish | <input type="radio"/> Abkhazian | <input type="radio"/> Afan (Oromo) |
| <input type="radio"/> Afar | <input type="radio"/> Afrikanns | <input type="radio"/> Albanian | <input type="radio"/> Amharic |
| <input type="radio"/> Arabic | <input type="radio"/> Armenian | <input type="radio"/> Assamese | <input type="radio"/> Bashkir |
| <input type="radio"/> Bengali; Bangla | <input type="radio"/> Bhutani | <input type="radio"/> Bihari | <input type="radio"/> Bislama |
| <input type="radio"/> Breton | <input type="radio"/> Bulgarian | <input type="radio"/> Burmese | <input type="radio"/> Byelorussian |
| <input type="radio"/> Cambodian | <input type="radio"/> Catalan | <input type="radio"/> Chinese | <input type="radio"/> Corsican |
| <input type="radio"/> Croatian | <input type="radio"/> Czech | <input type="radio"/> Danish | <input type="radio"/> Dutch |
| <input type="radio"/> English | <input type="radio"/> Esperanto | <input type="radio"/> Esperanto | <input type="radio"/> Estonian |
| <input type="radio"/> Faroese | <input type="radio"/> Fiji | <input type="radio"/> Finnish | <input type="radio"/> French |
| <input type="radio"/> Frisian | <input type="radio"/> Galican | <input type="radio"/> Georgian | <input type="radio"/> German |
| <input type="radio"/> Greek | <input type="radio"/> Greenlandic | <input type="radio"/> Guarani | <input type="radio"/> Gujarati |
| <input type="radio"/> Hausa | <input type="radio"/> Hebrew | <input type="radio"/> Hindi | <input type="radio"/> Hungarian |
| <input type="radio"/> Icelandic | <input type="radio"/> Indonesian | <input type="radio"/> Interlingua | <input type="radio"/> Interlingue |
| <input type="radio"/> Inuktitut | <input type="radio"/> Inupiak | <input type="radio"/> Irish | <input type="radio"/> Italian |
| <input type="radio"/> Japanese | <input type="radio"/> Javanese | <input type="radio"/> Kannada | <input type="radio"/> Kashmiri |
| <input type="radio"/> Kazakh | <input type="radio"/> Kinyarwanda | <input type="radio"/> Kirghiz | <input type="radio"/> Korean |
| <input type="radio"/> Kurdish | <input type="radio"/> Kurundi | <input type="radio"/> Laothian | <input type="radio"/> Latin |
| <input type="radio"/> Latvian;Lettish | <input type="radio"/> Lingala | <input type="radio"/> Lithuanian | <input type="radio"/> Macedonian |
| <input type="radio"/> Malagasy | <input type="radio"/> Malay | <input type="radio"/> Malayalam | <input type="radio"/> Maltese |
| <input type="radio"/> Maori | <input type="radio"/> Marathi | <input type="radio"/> Moldavian | <input type="radio"/> Mongolian |
| <input type="radio"/> Nauru | <input type="radio"/> Nepali | <input type="radio"/> Norwegian | <input type="radio"/> Occitan |
| <input type="radio"/> Orlya | <input type="radio"/> Pashto; Pushto | <input type="radio"/> Persian (Farsi) | <input type="radio"/> Polish |
| <input type="radio"/> Portuguese | <input type="radio"/> Punjabi | <input type="radio"/> Queschua | <input type="radio"/> Rhaeto - Romance |
| <input type="radio"/> Romanian | <input type="radio"/> Russian | <input type="radio"/> Samoan | <input type="radio"/> Sangho |
| <input type="radio"/> Sanskirt | <input type="radio"/> Scot Gaelic | <input type="radio"/> Servian | <input type="radio"/> Servo-Croatian |
| <input type="radio"/> Sesotho | <input type="radio"/> Shona | <input type="radio"/> Sign Language | <input type="radio"/> Singhalese |
| <input type="radio"/> Siswati | <input type="radio"/> Slovenian | <input type="radio"/> Somali | <input type="radio"/> Sundanese |
| <input type="radio"/> Swahili | <input type="radio"/> Swedish | <input type="radio"/> Tagalog | <input type="radio"/> Tajik |
| <input type="radio"/> Tamil | <input type="radio"/> Tatar | <input type="radio"/> Telugu | <input type="radio"/> Thai |
| <input type="radio"/> Tibetan | <input type="radio"/> Tigrinya | <input type="radio"/> Tonga | <input type="radio"/> Tsonga |
| <input type="radio"/> Turkish | <input type="radio"/> Turkmen | <input type="radio"/> Twi | <input type="radio"/> Ukrainian |
| <input type="radio"/> Ulgur | <input type="radio"/> Urdu | <input type="radio"/> Uzbek | <input type="radio"/> Vietnamese |
| <input type="radio"/> Volapuk | <input type="radio"/> Welsh | <input type="radio"/> Wolof | <input type="radio"/> Xhosa |
| <input type="radio"/> Yiddish | <input type="radio"/> Yoruba | <input type="radio"/> Zerbaijani | <input type="radio"/> Zerbaijani |
| <input type="radio"/> Zhuang | <input type="radio"/> Zulu | | |

Dentist Information:

Dentist #1 Name: _____ DDS/DMD _____

DOB: _____ Specialty: _____

Tax ID# _____ NPI # _____

State License # _____ DEA / CRE # _____

Dentistry School Graduated: _____ Year Graduated _____

Military Experience

- Active Reserves Retired Worked with the Military/VA
-

Dentist #2 Name: _____ DDS/DMD _____
DOB: _____ Specialty: _____
Tax ID# _____ NPI # _____
State License # _____ DEA / CRE # _____
Dentistry School Graduated: _____ Year Graduated _____
Military Experience
 Active Reserves Retired Worked with the Military/VA

Dentist #3 Name: _____ DDS/DMD _____
DOB: _____ Specialty: _____
Tax ID# _____ NPI # _____
State License # _____ DEA / CRE # _____
Dentistry School Graduated: _____ Year Graduated _____
Military Experience
 Active Reserves Retired Worked with the Military/VA

Dentist #4 Name: _____ DDS/DMD _____
DOB: _____ Specialty: _____
Tax ID# _____ NPI # _____
State License # _____ DEA / CRE # _____
Dentistry School Graduated: _____ Year Graduated _____
Military Experience
 Active Reserves Retired Worked with the Military/VA

Dentist #5 Name: _____ DDS/DMD _____
DOB: _____ Specialty: _____
Tax ID# _____ NPI # _____
State License # _____ DEA / CRE # _____
Dentistry School Graduated: _____ Year Graduated _____
Military Experience
 Active Reserves Retired Worked with the Military/VA

By signing below, you have the authority to agree on enrolling into Jambert Dental Saving Plan. If there are any changes please, email us at jambertdental.com. Once this document has been emailed or faxed in your agreement, you will receive email confirmation.

Credentialing Name: _____ Date: _____