

Dear Doctor and Office Manager,

It is my pleasure to introduce to you the QCD of America Fee-for-Service Dental Program (QCD).

QCD has been a leading Dental and Vision Benefits Program since 1992. We serve over 1,000 employer groups with over 80,000 members in the United States. Our goal is to fill your open chair time with members from our local employer group clients and reduce your costs.

Highlights of the QCD program:

- Fee-for-Service Payment - Cash at time of service
- No paperwork and No free dentistry
- Over 9,000 private practice dentists in the United States
- Customized marketing program FREE per your request
- 99% retention of Affiliated Dentists since 1992

Please review the enclosed information at your convenience. I will follow up with you soon to answer any questions and make your office part of our team.

Have a great day!

Sincerely,

Ryan Harllee
Provider Relations Executive
972-726-0444 Ext. 240
ryan@QCDofAmerica.com

Open Chair Time?

QCD members fill it and pay cash at time of service!



The Future of Dental & Vision Benefits...Today!

- QCD is a fee-for-service program
- QCD is not a dental HMO plan
- QCD provides a 100% satisfaction guarantee to our affiliated dentist team

Advantages for your office

1. New patients for your office at no cost
 - QCD members are from employer groups
 - QCD members have jobs and money to spend at the dentist!
2. Fee-For-Service payment at time of service
 - No waiting for claims to be paid by an insurance company
 - We decrease your cost of doing business
3. Dentist controls the volume of patients
 - QCD compliments your full fee-for-service business
 - Change unused chair time into new profits for your practice!**
4. Dentist controls specialty care referrals
 - Keep the patients that make you money!

Attention Prospective Dentist

Please review this with the Fee Schedule

Complete New Patient Exam Example

ADA Code	Description	Rate
D0150	Comprehensive Oral Exam	\$18.00
D9999	Infection Control	\$8.00
D1110 or D1120	Prophylaxis	\$24.00
D0210	Intra x-ray, complete series	\$28.00
ESTIMATED INCOME		\$78.00+
<i>Additional Charges</i>		
* D4355	Full Mouth Debridement	\$70.00

*Panoramic and Bitewing/Single Film X rays:

80% of your usual charge

All charges are unbundled and you bill for all procedures!

Crown Example

ADA Code	Description	Rate
D2750	Crown-Porcelain to high noble metal	\$350.00
D2952	Cast Post & Core	\$75.00
D2970	Temporary Crown	\$40.00
D999	Infection Control	\$8.00
<i>Additional Charges</i>		
All Lab Work	80% of your fee - \$200.00 estimated	\$160.00
ESTIMATED INCOME		\$633.00 +
<i>Additional Cost for Gold</i>		
		100% of your usual charge

Affiliated General Dentist

Please charge for all services by code according to the QCD Member Fee Schedule

If a code is not listed, charge 80% of your usual fee.



The Future of Dental & Vision Benefits...Today!

Schedule of Program Fees

All charges are unbundled. You get paid for everything you do!

QCD OF AMERICA® Procedure Number	QCD OF AMERICA® Member Fee	QCD OF AMERICA® Procedure Number	QCD OF AMERICA® Member Fee
DIAGNOSTIC DENTISTRY		D3330 ROOT CANAL, MOLAR.....	\$259.00
D0120 PERIODICAL ORAL EXAMINATION	\$9.00	D3920 HEMISECTION.....	\$65.00
D0140 LIMITED ORAL EXAMINATION, PROBLEM FOCUSED	\$12.00	A specific root canal treatment or retreatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.	
D0150 COMPREHENSIVE ORAL EXAMINATION	\$18.00	PERIODONTICS	
D0210 INTRAORAL-X-RAY COMPLETE SERIES.....	\$28.00	D4210 GINGIVECTOMY/GINGIVOPLASTY – PER QUADRANT	\$180.00
D0460 PULP VITALITY TEST	\$15.00	D4211 GINGIVECTOMY/GINGIVOPLASTY – PER TOOTH.....	\$50.00
D9999 ASEPSIS FEE (INFECTION CONTROL).....	\$8.00	D4240 GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING – PER QUADRANT.....	\$200.00
ALL BITEWING / SINGLE FILM X-RAYS	20% DISCOUNT	D4260 OSSEOUS SURGERY – PER QUADRANT (INCLUDING FLAP ENTRY AND CLOSURE).....	\$260.00
PREVENTATIVE DENTISTRY		D4341 PERIODONTAL SCALING AND ROOT PLANING – (PER QUADRANT).....	\$75.00
D1110 PROPHYLAXIS – ADULT	\$24.00	D4355 FULL MOUTH DEBRIDEMENT.....	\$70.00
D1120 PROPHYLAXIS – CHILD	\$24.00	D4910 PERIODONTAL MAINTENANCE PROCEDURES FOLLOWING ACTIVE THERAPY	\$30.00
D1203 APPLICATION TOPICAL FLUORIDE – CHILD	\$5.00	A specific periodontal treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.	
D1204 APPLICATION TOPICAL FLUORIDE – ADULT	\$5.00	PROSTHODONTICS – REMOVABLE (LAB FEES ADDITIONAL COST)	
D1351 SEALANT – PER TOOTH.....	\$14.00	D5110 COMPLETE UPPER DENTURE (INCLUDING SIX MONTHS POST CARE)	\$400.00
D1510 SPACE MAINTAINER – FIXED UNILATERAL	\$60.00	D5120 COMPLETE LOWER DENTURE (INCLUDING SIX MONTHS POST CARE).....	\$400.00
D1515 SPACE MAINTAINER – FIXED BILATERAL.....	\$75.00	D5130 IMMEDIATE UPPER	\$420.00
A specific preventative treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.		D5140 IMMEDIATE LOWER.....	\$420.00
COSMETIC		D5211 UPPER PARTIAL DENTURE – RESIN BASE.....	\$250.00
ALL COSMETIC DENTISTRY	20% DISCOUNT	D5212 LOWER PARTIAL DENTURE – RESIN BASE.....	\$250.00
RESTORATIVE DENTISTRY		D5213 UPPER PARTIAL – PREDOMINANTLY CAST BASE.....	\$400.00
D2140 AMALGAM – 1 SURFACE, PERMANENT.....	\$28.00	D5214 LOWER PARTIAL – PREDOMINANTLY CAST BASE.....	\$400.00
D2150 AMALGAM – 2 SURFACES, PERMANENT.....	\$36.00	D5410 ADJUST COMPLETE DENTURE.....	\$15.00
D2160 AMALGAM – 3 SURFACES, PERMANENT.....	\$46.00	D5510 REPAIR BROKEN COMPLETE DENTURE BASE.....	\$40.00
D2161 AMALGAM – 4 OR MORE SURFACES, PERMANENT.....	\$56.00	D5610 REPAIR RESIN DENTURE BASE.....	\$35.00
D2330 COMPOSITE RESIN – 1 SURFACE, ANTERIOR.....	\$38.00	D5630 REPAIR OR REPLACE BROKEN CLASP	\$45.00
D2331 COMPOSITE RESIN – 2 SURFACES, ANTERIOR.....	\$46.00	D5640 REPLACE BROKEN TEETH – PER TOOTH	\$30.00
D2332 COMPOSITE RESIN – 3 SURFACES, ANTERIOR.....	\$56.00	D5650 ADD TOOTH TO EXISTING PARTIAL DENTURE.....	\$45.00
D2335 COMPOSITE RESIN – 4 OR MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR.....	\$66.00	D5660 ADD CLASP TO EXISTING PARTIAL DENTURE.....	\$65.00
D2391 COMPOSITE RESIN – 1 SURFACE, POSTERIOR.....	\$50.00	D5730 RELINE COMPLETE UPPER (CHAIRSIDE).....	\$75.00
D2392 COMPOSITE RESIN – 2 SURFACES, POSTERIOR.....	\$65.00	D5731 RELINE COMPLETE LOWER (CHAIRSIDE).....	\$75.00
D2393 COMPOSITE RESIN – 3 SURFACES, POSTERIOR.....	\$85.00	D5740 RELINE UPPER PARTIAL (CHAIRSIDE).....	\$75.00
D2394 COMPOSITE RESIN – 4 OR MORE SURFACES, POSTERIOR.....	\$95.00	D5741 RELINE LOWER PARTIAL (CHAIRSIDE).....	\$75.00
D2750 CROWN-PORCELAIN TO HIGH NOBLE METAL (GOLD AND LAB FEES ADDITIONAL).....	\$350.00	D5810 TEMPORARY COMPLETE DENTURE UPPER.....	\$200.00
D2751 CROWN-PORCELAIN TO BASE METAL (LAB FEES ADDITIONAL).....	\$320.00	D5811 TEMPORARY COMPLETE DENTURE LOWER.....	\$200.00
D2920 RECEMENT CROWN	\$20.00	D5820 TEMPORARY PARTIAL – STAY PLATE UPPER	\$180.00
D2931 PREFABRICATED STAINLESS STEEL CROWN.....	\$48.00	D5821 TEMPORARY PARTIAL – STAY PLATE LOWER	\$180.00
D2940 SEDATIVE FILLING	\$16.00		
D2950 CORE BUILDUP, INCLUDING ANY PINS	\$55.00		
D2951 PIN RETENTION – PER TOOTH.....	\$20.00		
D2952 CAST POST AND CORE IN ADDITION TO CROWN.....	\$75.00		
D2953 EACH ADDITIONAL CAST POST SAME TOOTH.....	\$40.00		
D2954 PREFAB POST / CORE IN ADDITION TO CROWN.....	\$60.00		
D2970 TEMPORARY CROWN (FRACTURED TOOTH).....	\$40.00		
ENDODONTICS			
D3110 PULP CAP, DIRECT	\$19.00		
D3120 PULP CAP, INDIRECT	\$24.00		
D3220 PULPOTOMY.....	\$35.00		
D3310 ROOT CANAL, ANTERIOR.....	\$185.00		
D3320 ROOT CANAL, BICUSPID.....	\$209.00		

PROSTHODONTICS – FIXED BRIDGES	
D6241	PONTIC – PORCELAIN FUSED TO BASE METAL ...\$320.00
D6751	CROWN – PORCELAIN FUSED TO BASE METAL ..\$320.00
D6791	CROWN – FULL CAST FUSED TO BASE METAL....\$270.00
D6930	RECEMENT BRIDGE..... \$20.00
D6940	STRESS BREAKER.....\$90.00
D6950	PRECISION ATTACHMENT (EACH)..... \$225.00

A specific prosthodontic treatment may present unusual circumstances requiring an additional cost. If precious metal (gold) is desired, the cost will be additional to the crown cost. Please consult the affiliated dentist as to the total cost prior to treatment

ORAL SURGERY	
D7110	SINGLE TOOTH EXTRACTION..... \$36.00
D7120	EACH ADDITIONAL TOOTH.....\$34.00
D7130	ROOT REMOVAL – EXPOSED ROOTS..... \$48.00
D7210	SURGICAL EXTRACTION – ERUPTED\$68.00
D7220	REMOVAL OF IMPACTED TOOTH – SOFT TISSUE.....\$78.00
D7230	REMOVAL OF IMPACTED TOOTH – PARTIALLY BONY \$109.00
D7240	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY \$129.00
D7241	REMOVAL OF IMPACTED TOOTH – COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS\$189.00
D7250	ROOT RECOVERY\$72.00
D7280	SURGICAL EXPOSURE PER TOOTH.....\$66.00
D7310	ALVEOLOPLASTY (PER QUADRANT, WITH EXTRACTIONS) \$78.00
D7320	ALVEOLOPLASTY (PER QUADRANT, WITHOUT EXTRACTIONS) \$84.00
D7960	FRENECTOMY.....\$99.00

A specific oral surgery treatment may present unusual circumstances requiring an additional cost. Please consult the affiliated dentist as to the total procedure cost prior to treatment.

ORTHODONTICS (QCD GENERAL DENTIST ONLY)	
D8999	DIAGNOSTIC WORK UP RADIOGRAPHS, MODEL, RECORDS.....\$120.00
D8080	CHILD (QCD GENERAL DENTIST) CLASS I OR II FOR 24 MONTH TREATMENT \$2,200.00
D8090	ADULT (QCD GENERAL DENTIST) CLASS I OR II FOR 24 MONTH TREATMENT \$2,400.00
D8680	ORTHODONTIC RETENTION.....\$230.00

A special orthodontic treatment may present unusual circumstances requiring an additional cost. During the orthodontic consultation appointment, the affiliated dentist will explain all needed procedures, length of treatment, required fees and payment schedule.

GENERAL SERVICES	
D9999	FAILED APPOINTMENT (WITHOUT 24 HOURS NOTICE)..... \$30.00
D9999	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN – MINOR PROCEDURES..... \$20.00
D9999	OFFICE VISIT – AFTER HOURS.....\$45.00

SPECIALTY CARE SERVICES
All scheduled charges listed are for services rendered by a QCD OF AMERICA® affiliated general dentist. All treatments provided by a QCD OF AMERICA® affiliated specialty dentist (advanced degree) in Endodontics, Periodontics, Prosthodontics, Oral Surgery, Pediatric Dentistry or Orthodontics (Board Certified or Board Eligible only) will be charged at a 20% discount from the affiliated specialty dentist’s usual and customary fee for the treatment.

OTHER PROCEDURES AND PAYMENT FOR SERVICES
Any procedure not listed on the QCD OF AMERICA® Schedule of Dental Program Fees is available at the affiliated dentist’s usual and customary fee less a 20% discount - this includes all lab fees. All fees included in the Schedule of Dental Fees are for payment at time of service. The member may negotiate payment terms with the affiliated dentist, however, an additional charge may be added for payment terms.

ASEPSIS FEE
An asepsis fee of \$8.00 per patient appointment is charged by all affiliated dentists to insure proper infection control for all QCD OF AMERICA® members.

QCD OF AMERICA® – EXCLUSIONS AND LIMITATIONS

- 1) THE FOLLOWING EXCLUSIONS AND LIMITATIONS APPLY:
 - A) SERVICES COVERED UNDER WORKMEN’S COMPENSATION OR EMPLOYER’S LIABILITY LAWS;
 - B) COST OF ANY DENTAL CARE COVERED BY ANY INSURANCE;
 - C) SERVICES WHICH, IN THE OPINION OF THE ATTENDING DENTIST, ARE NOT NECESSARY FOR THE PATIENT’S DENTAL HEALTH OR CANNOT BE PERFORMED BECAUSE OF THE GENERAL HEALTH OF THE PATIENT;
 - D) GENERAL ANESTHESIA, I.V. SEDATION, HOSPITALIZATION, AND HOSPITAL OR MEDICAL CHARGES OF ANY TYPE.
- 2) QCD OF AMERICA® MEMBER FEES APPLY ONLY TO SERVICES RENDERED BY AFFILIATED DENTAL OFFICES AND ARE SUBJECT TO CHANGE IN THE FUTURE.
- 3) QCD OF AMERICA® MEMBER FEES DO NOT APPLY TO WORK IN PROGRESS OR IF THE PATIENT’S MEMBERSHIP IS NO LONGER VALID.
- 4) QCD OF AMERICA® ASSUMES NO RESPONSIBILITY OR LIABILITY FOR SERVICES RENDERED BY AFFILIATED DENTISTS.
- 5) ANY QCD OF AMERICA® MEMBER ACCEPTED FOR ORTHODONTIC TREATMENT MUST REMAIN A MEMBER OF THE PLAN FOR THE COMPLETE DURATION OF THE TREATMENT OR RISK ADDITIONAL CHARGES BY THE AFFILIATED DENTIST.
- 6) ANY PROCEDURE MAY PRESENT UNUSUAL CIRCUMSTANCES REQUIRING AN ADDITIONAL COST. PLEASE CONSULT THE AFFILIATED DENTIST AS TO THE TOTAL TREATMENT COST PRIOR TO ANY SERVICE BEING RENDERED.

IMPORTANT NOTICE THE QCD OF AMERICA® DENTAL BENEFIT PROGRAM DOES NOT CONSTITUTE DENTAL INSURANCE AND IS NOT A HEALTH MAINTENANCE ORGANIZATION CONTRACT. QCD OF AMERICA® DOES NOT REIMBURSE THE AFFILIATED DENTIST OR INDEMNIFY THE MEMBER FOR THE COST OF DENTAL SERVICES RECEIVED BY THE MEMBER.



Affiliated Dentist Agreement

This agreement ("Agreement") is entered into this day of , 20 , between QCD of America, Inc., ("QCD" or "The Company") whose mailing address is 751 E. Southlake Blvd. Suite 120 Southlake, Tx 76092, and Dr. , hereinafter referred to as ("Dentist"), who is duly qualified and licensed to practice Dentistry with professional offices located at .

WHEREAS the Company is in the business of establishing, marketing and administering fee for service dental programs for both groups and individuals; and

WHEREAS the Dentist wishes to affiliate with the Company in providing quality dental care to its members.

NOW, THEREFORE, FOR AND IN CONSIDERATION of the mutual agreements and covenants herein made, the parties hereto agree as follows:

AGREEMENT

1. **Affiliation:** Dentist agrees to affiliate with the Company and provide quality dental care to the company's designated members in accordance with the Membership Fee Schedule listed as Exhibit "A" hereto, as changed from time to time by the Company. The Company shall provide to all its members a list of its Affiliated Network of Dentists to include each Dentist's name, address, telephone number, school of graduation and date of graduation.
2. **Rendition of Care:** Dentist shall be affiliated with and be available to deliver quality care to Company members up on request. Dentist agrees to perform the obligations of this Agreement with the identical care, quality and attention as is customarily practiced with all Dentists' patients.
3. **Insurance:** Dentist shall procure and maintain, at Dentist's expense, such general liability insurance, professional liability insurance and other coverage as may be necessary to

insure the Dentist and Dentist's agents, servants, and employees against any liability with regard to the performance of the Dentist's duties under this Agreement. Dentist shall provide evidence of this coverage upon the return of this Agreement.

4. **Documentation:** The Company requires that all affiliated Dentists furnish current copies of licensure, insurance and DEA Certification for internal company files. This information is kept in strict confidence at the corporate office. The Dentist shall notify the Company immediately upon any action by the State Board of Dental Examiners or any changes in the above items stated in this paragraph.
5. **Fee Payments Directly From Members:** It is understood that the Dentist shall perform all services required pursuant to this Agreement and Dentist agrees that all payments for all services rendered by the Dentist to the Company's designated members are to be paid by the members at time of service. The Dentist agrees that the charges for such services are according to the Membership Fee Schedule ("Exhibit A") and that services not specifically listed will be charged at 80% of the Dentist's usual and customary rate. The Company will in no way provide reimbursement to its designated members, or payment to affiliated Dentist for services rendered to its members. The Dentist will not be required to make payment to the Company for affiliation.
6. **Termination:** This Agreement shall be in effect for one year from the date written above and renew automatically for periods of one year. The Agreement may be terminated without cause upon the service of 90 days notice by either party in accordance with the manner required for notices outlined herein. This Agreement may be terminated for cause, to take effect immediately, upon notice to Dentist of any non-performance or breach of the Dentist's obligation, the conviction of Dentist for a crime involving moral turpitude, the institution of any disciplinary action against Dentist by the State Board of Dental Examiners, or the discovery of any material representation made by the Dentist to the Company at any time.
7. **Indemnification:** The Company and Dentist agree that the Company has no dominion or control over Dentist's practice, Dentist-Patient relationship, or Dentist's personnel, facilities, or procedures. Upon the initiation of the Member Grievance Resolution Procedure, the Company will become involved to resolve the member's grievance in

the interest of all involved parties. Recognizing the above, Dentist agrees to indemnify the Company, its agents, servants, members, employees, directors and officers, and the Company's clients and their respective companies, agents, servants, employees, directors and officers, for any claims, causes of action or complaints of negligence or malpractice by Dentist of any of Dentist's employees, partners, associates, supervisors, staff or personnel, and for any claims against the Company for negligent referral, negligent certification, or similar claims. Such indemnification shall include the payment of reasonable attorney's fees necessary for the defense of such claim.

8. **Entire Agreement:** This Agreement and attached Exhibits hereto represent the entire Agreement between the parties and supersedes all previous agreements between the Company and the Dentist.
9. **Amendment:** This Agreement cannot be amended except in writing signed by an authorized representative of the Company and Dentist; however, the Company may unilaterally revise its Membership Fee Schedule, Exhibit "A" herein. Any such revisions shall be deemed as amendments to such exhibit.
10. **Assignment:** This Agreement may not be assigned by either party without the prior written consent of the other party. Any attempt to assign this Agreement without such written consent shall enable the non-assigning party to terminate this Agreement for cause.
11. **Notice:** Any notice required of any party hereunder shall be effected by either hand-delivery or by United States Certified Mail, Return Receipt Requested, at the address listed under their respective signatures below, and shall be deemed delivered to the other party upon receipt, or, if mailed, three (3) days after mailing. Such addresses may be changed only upon giving notice to the other party as outlined herein.
12. **Non-Waiver:** The failure of either party o the Agreement to exercise any remedy or right under this Agreement shall not operate as a waiver of such remedy or right. No forbearance by either party to exercise any rights or privileges under this Agreement shall be construed as a waiver, but all rights and privileges shall continue in effect as if no forbearance had occurred. No covenant or condition of this Agreement may be waived except by written consent of the waiving party.

13. **Relationship of Parties:** The Company and Dentist recognize that they are separate and independent entities. Dentist agrees to perform his/her duties and obligations under this Agreement as an independent contractor. Nothing in this Agreement shall be deemed to, nor shall it create, the relationship of principal and agent, employer and employee, master and servant, partners, or joint-ventures between the Company and Dentist.
14. **Partial Invalidity:** In case of any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal, or unenforceable in any respect, such as invalidity, illegality, or unenforceability shall not affect any other provision herein.
15. **Choice of Law:** This Agreement shall be construed and enforced in accordance with the laws of the State of Texas, and is performable in Dallas County, Texas.

AFFILIATED DENTIST

QCD OF AMERICA, INC.

Signature Date

Signature Date

I am a General Dentist

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Dental School Attended _____

Year of Graduation _____

Bilingual - Circle Y N Website _____

Please include the following for QCD internal records:

- Current State License
- Evidence of Professional Liability Insurance
- DEA Certification
- W9 Form
- Tax ID
- NPI Number