

**Jeffrey M Collura DMD
7 Burnham St, Suite 3
Turners Falls, Ma, 01376**

Discount Dental Service Plan

DENTAL PROVIDER AGREEMENT

This agreement is made and entered into this _____ day of _____ by the _____ subscriber (patient) and Dr. Jeffrey M. Collura, who is licensed to practice Dentistry in the State of Massachusetts. Whenever mentioned herein, the term DENTIST shall include all employees, partners, dental associates, and lab technicians that are associated with Dr. Jeffrey M. Collura, as well as those under his direct supervision and or/or control.

WITNESSETH

- A. Dr. Collura has provided various individuals and groups with a wide range of dental care services, on a discount fee for service basis, to subscribers that electively choose to participate in the Discount Dental Service Plan.
- B. Both parties have agreed to the terms of said named contract "Discount Dental Service Plan", which will provide dental services to the subscriber by the above-named dentist.

It is specifically understood by all parties concerned that the said contract contains varying provisions, which may be prospectively modified from time to time. Therefore, in consideration of the mutual covenants herein contained and for other good and valuable consideration, it is agreed as follows:

AGREEMENT

1. **RENDITION OF CARE:** Dr Collura agrees to render all necessary dental services to each subscriber covered by the Discount Dental Service Plan, during regular office hours, subject prior appointments; provided, however that Dr. Collura, has the right within the framework of his professional ethics to reject any patient seeking his professional services. In this event, copies of all dental radiographs/records will be transferred on request of the subscriber to the location of the new dentist.
2. **ELIGIBILITY:** Evidence of coverage shall be issued to each subscriber in a form of this contract (i.e., photocopy of the original document). The contract will be valid for a period of 12 months from the date of signatures.

3. **FEES DUE DIRECTLY FROM THE SUBSCRIBER:** Dr. Collura agrees to look solely to the subscriber for payment for all services that are rendered. The subscriber will be financially responsible for all services at the time they are rendered. After basic preventive services the **fees would be 15% less regular fee schedule** thereof. An annual fee of \$350 **per person per year** will be due for contract to be valid. (**\$285 per child**)

4. **CHANGE IN TERMS AND BENEFITS:** It is specifically understood that the benefits, terms, and conditions of this agreement between the subscriber and dentist will remain the same for **one full year from the time of inception, per nonrefundable annual fee of \$350.**

5. **STANDARD OF CARE:** Dr. Collura agrees that he shall perform his obligations under this agreement in accordance with high standards of competence care, and concern for the welfare and needs of the subscriber, and in accordance with the principles of ethics of the American Dental Association and the dental practice laws of the Commonwealth of Massachusetts.

6. **NOTICE OF TERMINATION OF AGREEMENT:** If in the event this Agreement is terminated by either party, in accordance with the procedure set forth herein, Dr. Collura agrees that at the time the subscriber seeks an appointment, he will notify each subscriber, prior to giving service, that the contract is no longer in effect. In the event such notice is not given to the subscriber, prior to given service, then the contract is no longer in effect; Dr. Collura agrees to accept payment for his services at a rate no more than set forth in the appropriate fee schedule.

I N WITNESS WHEREOF, THE PARTIES HERE TO HAVE AFFIXED THEIR

SIGNATURE THIS _____ DAY OF _____, 20 ____.

X _____ Jeffrey M Collura, DMD

X _____ Subscriber (patient)

ATTACHMENTS: registration form