Addendum to Memorandum of Agreement – Dental Outreach Services "Smiles at School"

This Addendum ("Addendum") is made and entered into as of the date of the last signature below, by and between Union Community Care ("**PROVIDER**") and Conestoga Valley School District ("**RECIPIENT**").

WHEREAS, the parties desire to amend Section 1.7 Billing;

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

Amendment

1.7 **Billing**. **PROVIDER** will bill available insurance for all covered services provided, to extent allowable by law. **RECIPIENT** explicitly agrees that insurance billing shall be the primary and required method of reimbursement for all students possessing active public or private dental coverage. Parents/guardians are responsible for any dental services not covered by insurance and may apply for Union's sliding fee discount if eligible, except for the below:

Specific and exclusively limited to Conestoga Valley School District's "Pre-K Counts" program, financial responsibility for dental visits not covered by insurance will be billed to the school district in the amount of $125.00 per visit.

RECIPIENT's consent and insurance collection responsibilities are described in Section 2.3.

Execution

IN WITNESS WHEREOF, the parties have executed this ADDENDUM as of the last date written below.

PROVIDER
By: _____
Name:_____
Title:_____
Date: _____

RECIPIENT
By: _____
Name: _____
Title:_____
Date: _____