

**PROFESSIONAL SERVICE AGREEMENT
BETWEEN
WEBB COUNTY FOR ITS HEAD START/EARLY HEAD START PROGRAM
AND
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO (UTHSCSA)
PEDIATRIC DENTISTRY AND ADVANCE GENERAL DENTIST**

This agreement is made and entered into by and between the County of Webb, a political subdivision of the State of Texas, acting herein by and through the Webb County Commissioners Court, with its principal place of business at 1000 Houston, Laredo, Texas, for the Webb County Head Start /Early Head Start Program (hereinafter referred to as "**Webb County**") and **The University Of Texas Health Science Center At San Antonio (UTHSCSA) Pediatric Dentistry And Advance General Dentist** (hereinafter referred to as "**Service Provider**").

RECITALS

WHEREAS, Webb County, Texas desires to secure professional services in the form of dental health consulting services for the Webb County's Head Start /Early Head Start population; and

WHEREAS, Service Provider will provide dental health consultant services for Webb County Head Start/Early Head Start population; and

WHEREAS, Service Provider represents to Webb County that it is capable of providing dental health consultation services requested and as described in this Agreement;

NOW, THEREFORE, Webb County and Service Provider in consideration of the mutual covenants and agreements herein described, do agree as follows:

TERM

1. The term of this agreement shall be for a period of Twenty-Four (24) months beginning on September 1, 2018 and ending on August 31, 2020.

DESCRIPTION OF SERVICES

2. Service Provider shall provide the following services to participants of the Head Start /Early Head Start Program and in accordance with the following requirements and standards, dental service needs and special categories:

CATEGORY I: Emergency Treatment (Priority I)

Service Provider will provide for the treatment of emergency conditions or special needs that require immediate attention, including, but not limited to:

- a. painful teeth and/or gums
- b. badly decayed teeth

- c. obvious large cavities
- d. swelling, bleeding, or pus formation around the gums

CATEGORY II: Follow-up Treatment (Priority II)

- a. Service Provider will contact Head Start/Early Head Start Health Service staff to coordinate the scheduling of dental service and arrange all follow-ups required or ordered by the Service Provider
- b. Service Provider will provide follow-up treatment required for all Priority I (Emergency Treatment) children.
- c. Service Provider will provide follow-up treatment to children with observable decayed teeth and cavities.
- d. Service Provider will restore anterior teeth. This is a separate service and must be accounted for separately for payment purposes.
- e. Service Provider may provide prophylaxis and fluoride treatment at his/her own discretion.
- f. Service provider will take maximum of four dental x-rays when deemed necessary. Service Provider will contact Head Start/Early Head Start Health Services staff if additional x-rays are needed before they are administered.

CATEGORY III: Normal Service (Priority III)

- a. Service Provider will contact Head Start/Early Head Start Health Service staff to arrange scheduling initial appointments for dental screening, examination, and assessments.
- b. Service Provider will provide initial dental screenings, examinations, assessments as an 'In-Kind' service to the Head Start/Early Head Start Health Program and will schedule follow-ups.

The cost for the services shall be in accordance with the fee schedule in **Attachment "A"** of this agreement and incorporated herein by reference as if set out in full.

COUNTY OBLIGATIONS

- 3. Webb County, by and through Head Start/Early Head Start staff, will be responsible for:
 - a. Making all schedules for services to be provided by the Service Provider;
 - b. Coordinating visits to Service Provider;
 - c. Arranging transportation for the children

- d. Coordinating and carrying out instructions for follow-up services as ordered by Service Provider;
- e. Counsel with parents/legal guardian as instructed by the Service Provider; and
- f. Head Start/Early Head Start staff will visit Service Provider's office to obtain all documentation regarding services to the children as agreed and "In-Kind" documentation and other data as agreed for Head Start/Early Head Start programmatic purposes.

PAYMENT

- 4. Head Start /Early Head Start staff contact person will present to Service Provider a purchase order voucher for services to be rendered. Service Provider will mail or other wise present an invoice requesting payment at the end of the month. The invoice will contain information regarding names of children served or provided services, the purchase order number, and the amount to be charged for the service(s) rendered. The invoice must have a purchase order number. Invoices can be mailed to:

Webb County Head Start/Early Head Start Program
c/o Aliza Flores Oliveros, Director
P.O. Box 2397
Laredo, Texas 78044

Invoices may also be delivered to 5904 West Drive Unit 6. Payment requests will be processed immediately and are subject to Section 2251.021 of the Texas Government Code, "Time for Payment by Governmental Entity".

The fees for services provided by Service Provider shall be in accordance with **Attachment "A"**, which is attached to this contract and is incorporated by reference herein and for all purposes. The difference between Service Provider's normal and customary charges and the reduced cost of services as set forth above are donated as "In-Kind" services to the Head Start Program. The value of this "In-Kind" will be documented on forms provided by Head Start Program staff and submitted to the Head Start Program on a monthly basis.

DEVOTION OF TIME

- 5. Service Provider shall devote such time to the performance of its duties under this Agreement as is necessary for the completion of its services. Should Webb County require additional services not included in this Agreement, any amendment to this Agreement stating the exact scope of services and cost of all additional services shall be submitted for Webb County's approval. No additional services shall be provided or billed for without the prior written approval of Webb County.

CONFIDENTIALITY

6. Any reports, information, data or studies given to or assembled by Service Provider under this Agreement shall be kept confidential and shall not be made available to any individual or organization without the prior written approval of Webb County, unless otherwise required by law.

INDEPENDENT CONTRACTOR

7. It is the intention of the parties that under this agreement the Service Provider is an independent contractor and not an employee of Webb County. In this regard, Webb County shall not dictate the manner and method of providing services so long as such services are provided in compliance with accepted procedures and standards of care of Service Provider's profession.

INDEMNIFICATION

8. In order to protect the Head Start /Early Head Start Program and Webb County, Service Provider shall maintain a policy of professional liability insurance.

PERSONNEL AND EQUIPMENT

9. Service Provider agrees to furnish all personnel with the required skills and expertise needed to perform the above-mentioned services at no additional cost to Webb County.

NON-ASSIGNABILITY

10. Service Provider shall not assign any interest in this agreement nor delegate the performance of any of its duties herein specified without the written consent of Webb County.

GOVERNING LAW

11. This Agreement is made in Texas and shall be constructed, interpreted, and governed by the law of such state. The parties consent to venue in Webb County, Texas for any action under this Agreement.

COUNTY'S RIGHT TO TERMINATE

12. This contract may be terminated by Webb County at any time on 30 days written notice to Service Provider.

ENTIRE AGREEMENT

13. This contract supersedes any and all prior agreements between the Webb County and Service Provider whether written or oral. If any item, provision, covenant or condition of this contract should be held by a court of competent jurisdiction to be invalid, void or unenforceable, and such term, provision or condition is not an essential part of the contract and appears not to have been a controlling or material inducement to the making thereof, the same shall be deemed of no effect,

and shall upon application of either party be stricken from the contract without affecting the binding force of the contract as it shall remain after omitting such provision.

AMENDMENT

14. This Agreement may only be amended by the mutual agreement of the parties hereto in writing.

NON-DISCRIMINATION

15. Service Provider shall not discriminate against any person because of race, religion, color, sex, handicap or national origin.

NOTICES

16. Any and all notices required to be given under this contract shall be delivered by either personal delivery or mailing the respective party as follows:

On behalf of Webb County to:

**Webb County Head Start /Early Head Start
Program
c/o Aliza Flores Oliveros, Director
P.O. Box 2397
Laredo, Texas 78044**

On behalf of Service Provider to:

**The University Of Texas Health Science
Center At San Antonio (Uthscsa) Pediatric
Dentistry and Advance General Dentist
1937 E. Bustamante
Laredo, TX7 8040**

Signed in duplicate originals on this the ____ day of _____, 2018.

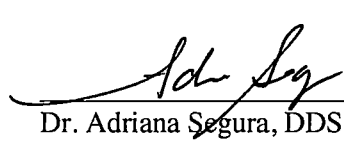
COUNTY OF WEBB



Hon. Tano E. Tijerina

Webb County Judge

SERVICE PROVIDER



Dr. Adriana Segura, DDS

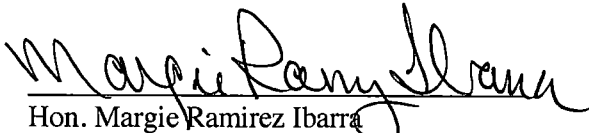
Interim Dean
UTHSCSA School of Dentistry

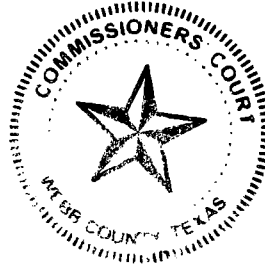
SERVICE PROVIDER



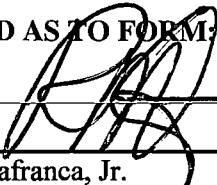
Ms. Andrea M. Marks, MBA, CPA,
Chief Financial Officer,
UTHSCSA School of Dentistry

ATTEST:


Hon. Margie Ramirez Ibarra
Webb County Clerk



APPROVED AS TO FORM:



Ramon A. Villafranca, Jr.
Attorney, Webb County Civil Legal Division *

*By law, this office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval of their own respective attorney(s).

Passed and approved by the Webb County Commissioners Court On
October 9, 2018; item no. 10g.

UTHSCSA Fee Schedule-Unfunded
Laredo Dental Clinic- Revised 08/01/2018

Procedure Code	Description	Tier IV
DIAGNOSTICS		
D0120	Periodic Oral Examination	\$10.00
D0140	Limited Oral Evaluation - Problem Focused	\$13.00
D0145	Oral Evaluation - under 3 yrs	\$37.00
D0150	New/Est Comprehensive Oral Exam	\$17.00
D0160	Detailed & extensive oral eval	\$19.00
D0170	Estab Pt - Re-evaluation - Limited	\$10.00
D0180	New/Est Comprehensive Periodontal Eval	\$24.00
D0210	Radiographs - Intraoral complete series	\$26.00
D0220	Radiographs - Intraoral - Periapical First film	\$6.00
D0230	Radiographs - Intraoral - Periapical Each addl film	\$5.00
D0240	Radiographs - Intraoral - Occlusal film	\$9.00
D0272	Bitewing - 2 films	\$8.00
D0274	Bitewing - 4 films	\$13.00
D0277	Bitewing - Vertical 7-8 films	\$18.00
D0330	Panoramic film	\$23.00
PREVENTATIVE		
D1110	Dental Cleaning - Adult	\$20.00
D1120	Dental Cleaning - Child	\$13.00
D1206	Topical fluoride varnish	\$4.00
D1208	Fluoride - Topical application - Child / Adult	\$6.00
D1330	Oral Hygiene Instructions	\$3.00
D1351	Sealant - per tooth	\$11.00
RESTORATIVE		
D2140	Amalgam - 1 surface	\$25.00
D2150	Amalgam - 2 surfaces	\$32.00
D2160	Amalgam - 3 surfaces	\$41.00
D2161	Amalgam - 4 or more surfaces	\$45.00
D2330	Resin-based comp - 1 surf, ant.	\$29.00
D2331	Resin-based comp - 2 surf, ant.	\$36.00
D2332	Resin-based comp - 3 surf, ant.	\$42.00
D2335	Resin-based comp - 4+ surf, ant	\$55.00

UTHSCSA Fee Schedule-Unfunded
Laredo Dental Clinic- Revised 08/01/2018

Procedure Code	Description	Tier IV
D2390	Resin-based comp - Crown, ant.	\$70.00
D2391	Resin-based comp - 1 surf, post.	\$31.00
D2392	Resin-based comp - 2 surf, post.	\$38.00
D2393	Resin-based comp - 3 surf, post.	\$47.00
D2394	Resin-based comp - 4+surf, post.	\$58.00
D2931	Prefab SS crown - permanent tooth	\$58.00
D2932	Prefab resin crown	\$38.00
D2933	Prefab SS crown - Resin window	\$55.00
D2934	Prefabricated Esthetic - Coated SSC - Primary tooth	\$63.00
D2940	Sedative filling	\$19.00
D2950	Core buildup - including pins	\$41.00
ENDODONTICS		
D3110	Pulp cap - direct	\$13.00
D3120	Pulp cap - indirect	\$13.00
D3220	Therapeutic pulpotomy	\$46.00
D3230	Anterior - Primary tooth pulpectomy	\$20.00
D3240	Posterior - Primary tooth pulpectomy	\$20.00
D3310	Endo therapy - anterior (root canal)	\$264.00
D3320	Endo therapy - bicuspid	\$296.00
D3330	Endo therapy - molar	\$408.00
PERIODONTICS		
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15.00
D9248	Non-IV conscious sedation	\$66.00

MARGIE R. IBARRA
COUNTY CLERK
FILED

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WEBB COUNTY, TEXAS

BY  DEPUTY