

MARGIE R. IBARRA  
COUNTY CLERK  
FILED

**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**

2021 OCT 15 PM 2: 28  
WEBB COUNTY, TEXAS  
BY REN DEPUTY

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 Thirty-six (36) months beginning on September 1, 2021 and ending on August 31, 2023.

**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 otherwise 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 and to the extent permitted by the Constitution and laws of the State of Texas shall further indemnify and hold the Head Start/Early Head Start Program and Webb County harmless from any and all claims arising out of the performance of his or her duties under this agreement.

#### **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:

**UT Health San Antonio School of Dentistry  
Department of Developmental Dentistry  
7703 Floyd Curl Drive.  
San Antonio, Texas 78229**

Signed in duplicate originals on this the 27<sup>th</sup> day of September, 2021.

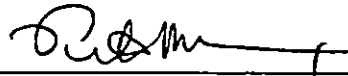
**COUNTY OF WEBB**

  
Hon. Tano E. Tijerina  
Webb County Judge

**SERVICE PROVIDER**

Kevin J. Donly, DDS, MS  
Digitally signed by Kevin J. Donly, DDS, MS  
Date: 2021.05.10 16:59:40 -05'00'  
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Kevin J. Donly, DDS, MS  
Professor and Chair, Developmental Dentistry Dept.

**SERVICE PROVIDER**



Peter M. Loomer, BSc, DDS, PhD, MRCD, FACD  
Chief Financial Officer,  
UTHSCSA School of Dentistry

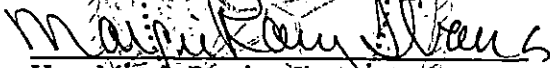
**SERVICE PROVIDER**



Ginny Gomez-Leon (Jul 7, 2021 18:42 CDT)

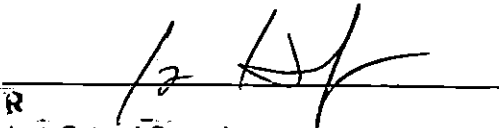
Ginny Gomez-Leon, MBA, CPA  
Vice-President and Chief Financial Officer,

**ATTEST:**



Hon. Margie Ramirez Ibarra  
Webb County Clerk

**APPROVED AS TO FORM:**



Asst. General Counsel  
Webb County Civil Legal Division\*

\*The General Counsel, Civil Legal Division's 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).

**Webb County Headstart Program, Laredo Dental Clinic**

retrieved 1/16/2020	GRADUATE DENTAL FEE SCHEDULE		D5200	TSS	WebbCounty
	Procedure	Description	Grad Fee	T4 level adjustment	Headstart Fee Sch
	D0120	Periodic oral evaluation	\$42.00	\$32.00	\$10.00
	D0140	Limited Oral eval-prob focused - UCC	\$53.00	\$40.00	\$13.00
	D0145	Oral evaluation - under 3 yrs	\$171.00	\$128.00	\$43.00
	D0150	Comprehensive oral evaluation	\$67.00	\$50.00	\$17.00
	D0160	Detailed & extensive oral eval	\$89.00	\$67.00	\$22.00
	D0170	Re-eval Limited-Prob Focused, existing condition	\$42.00	\$32.00	\$10.00
	D0180	Comprehensive perio evaluation	\$99.00	\$74.00	\$25.00
	D0210	Intraoral-complete series	\$106.00	\$80.00	\$26.00
	D0220	Intraoral-periapical 1st film	\$24.00	\$18.00	\$6.00
	D0230	Intraoral-Periapical Addl Film	\$18.00	\$14.00	\$4.00
	D0240	Intraoral - Occlusal Film	\$37.00	\$28.00	\$9.00
	D0272	Bitewing - 2 films	\$33.00	\$25.00	\$8.00
	D0274	Bitewing - 4 films	\$51.00	\$38.00	\$13.00
	D0277	Vertical bitewing - 7-8 films	\$71.00	\$53.00	\$18.00
	D0330	Panoramic film	\$95.00	\$71.00	\$24.00
	D1110	Prophy - adult 13+	\$80.00	\$60.00	\$20.00
	D1120	Prophy - child 1-12yrs	\$54.00	\$41.00	\$13.00
	D1206	Topical fluoride varnish, full mouth	\$23.00	\$17.00	\$6.00
	D1208	Topical Application of Fluoride	\$23.00	\$17.00	\$6.00
	D1330	Oral hygiene instructions	\$47.00	\$35.00	\$12.00
	D1351	Sealant - per tooth	\$43.00	\$32.00	\$11.00
	D2140	Amalgam - 1 surface	\$101.00	\$76.00	\$25.00
	D2150	Amalgam - 2 surfaces	\$129.00	\$97.00	\$32.00
	D2160	Amalgam - 3 surfaces	\$165.00	\$124.00	\$41.00
	D2161	Amalgam - 4 or more surfaces	\$183.00	\$137.00	\$46.00
	D2330	Resin-based comp-1 surf, ant.	\$118.00	\$89.00	\$29.00
	D2331	Resin-based comp-2 surf, ant.	\$148.00	\$111.00	\$37.00
	D2332	Resin-based comp-3 surf, ant.	\$171.00	\$128.00	\$43.00
	D2335	Resin-based comp-4+surf, ant.	\$223.00	\$167.00	\$56.00
	D2390	Resin-based comp crown, ant.	\$287.00	\$215.00	\$72.00
	D2391	Resin-based comp-1 surf, post.	\$124.00	\$93.00	\$31.00
	D2392	Resin-based comp-2 surf, post.	\$156.00	\$117.00	\$39.00
	D2393	Resin-based comp-3 surf, post.	\$190.00	\$143.00	\$47.00
*	D2394	Resin-based comp-4+surf, post.	\$237.00	\$178.00	\$59.00
	D2931	Prefab SS crown - perm. tooth	\$235.00	\$176.00	\$59.00
	D2932	Prefab resin crown	\$208.00	\$156.00	\$52.00
	D2933	Prefab SS crown - resin window	\$223.00	\$167.00	\$56.00
	D2934	Prefab esthetic SS primary tth	\$255.00	\$191.00	\$64.00
	D2940	Protective Restoration, not endo access	\$77.00	\$58.00	\$19.00
*	D2950	Core buildup - including pins	\$175.00	\$131.00	\$44.00
	D3110	Pulp cap - direct	\$52.00	\$39.00	\$13.00
	D3120	Pulp cap - indirect	\$52.00	\$39.00	\$13.00
	D3220	Therapeutic pulpotomy	\$188.00	\$141.00	\$47.00
	D3230	Ant. - primary tooth pulpectomy	\$81.00	\$61.00	\$20.00
	D3240	Post. - primary tooth pulpectomy	\$81.00	\$61.00	\$20.00
	D3310	Endo therapy - anterior	\$538.00	\$404.00	\$134.00
	D3320	Endo therapy - premolar tth, exclud rest	\$604.00	\$453.00	\$151.00
*	D3330	Endo therapy - molar tth, exclud rest	\$832.00	\$624.00	\$208.00
	D9230	Analg, anxiolysis, inhal of NO	\$62.00	\$47.00	\$15.00
	D9248	Non-intrav conscious sedation Pedo	\$268.00	\$201.00	\$67.00

Fee Schedule may change and is dependent upon School Year Treatment is performed  
Sept to August, Year