

**AGREEMENT FOR PROFESSIONAL DENTAL SERVICES FOR
JOHNSON COUNTY, TEXAS**

This Agreement for Professional Dental Services for Johnson County, Texas (hereinafter referred to as the "Agreement") is made and entered into by and between Johnson County, Texas, a political subdivision of the State of Texas (hereinafter referred to as "COUNTY"), 2 Main Street, Cleburne, Texas 76033 and Dr. Eric Braunlin D.D.S., 103 S. Colonial Drive, Cleburne, TX 76033 drb@mycleburnedentist.com (herein referred to as "Provider"), individually referred to as a "Party" and collectively referred to as "Parties".

WITNESSETH:

WHEREAS, COUNTY is obligated to provide dental services for inmates housed at the Johnson County Jail (the "Facility"), located at 1800 Ridgemar Drive Cleburne Texas 76031 while complying with standards established by the Texas Commission on Jail Standards, and the policies and procedures of COUNTY; and

WHEREAS, COUNTY believes that the contracting of professional dental services to an outside party will best meet the needs of the Facility; and

WHEREAS, COUNTY desires to engage the services of Provider, as an independent contractor and not as an employee, to provide the contracted services on the terms and conditions provided in this Agreement, and Provider is willing to provide such services.

NOW, THEREFORE, for and in consideration of the promises and mutual agreements contained herein, COUNTY and Provider hereby agree as follows:

1. **Scope of Work by Provider**. Provider agrees to provide dental services when reasonably necessary at Provider's office. The Scope of Work will be on an as needed basis which will include dental services related to intake screening, routine dental care and emergency services or referrals. Inmates of the Facility that are in need of out-patient dental services will be referred to Provider by the Warden of the Facility, or his designees. In situations perceived to be an emergency, inmates can be referred by any member of the medical staff at the Facility. The Warden of the Facility has the authority to approve the provision of health care and will provide the required notification to County authorities. All surgeries and major treatments must be approved by COUNTY.
2. **Term**: This Agreement shall begin the first day of the signing of this Agreement and may terminate upon thirty (30) days after receipt of written notice without cause or upon ten (10) days with cause. Notice of termination must be delivered by certified mail or by hand-delivery to the other Party at the addresses listed herein.

3. **Compensation and Payment.**

- a. Provider will prepare a billing for each inmate for the dental procedure performed in accordance with the facility rate schedule in "Exhibit A". A copy of the facility rate schedule shall be attached to this Agreement. The inmate billing will be sent to the "Facility" for each County inmate for payment.
- b. The Facility medical staff will assist with those monthly billings. Billings will be processed and paid by COUNTY and COUNTY will be responsible for ensuring the payment of each invoice.

4. **Insurance.** Provider shall obtain and maintain the following minimum limits of insurance continuously during the life of this Agreement:

- a. Medical Professional Liability Insurance with limits of not less than \$200,000 per occurrence and \$500,000 in the aggregate, for coverage of allegations resulting, in whole or in part, from malpractice of Provider;
- b. COUNTY shall be designated as additional insureds under the comprehensive general liability policy;
- c. A copy of the certificate(s) of insurance provided to COUNTY as required herein shall be attached hereto and incorporated herein as Exhibit "B".

6. **Records.** Provider shall maintain adequate records in accordance with HIPPA guidelines. Provider shall maintain the confidentiality of inmate's dental information and comply with all legal restrictions in regard to the disclosure thereof. Any records created off-site of the Facility will be mailed to the Facility to the attention of the Nurse Supervisor of the Facility with evidence of the appropriate parental consent.

7. **Taxes, Permits and Certification.** Provider shall pay all applicable taxes, and shall keep current all necessary licenses, permits, and certifications necessary to fulfill the terms and conditions of this Agreement.

8. **Safeguarding of Patient Information.** The use or disclosure by either Party of information concerning a recipient of services, pursuant to this Agreement, for any purpose not directly connected with the administration of COUNTY's or the Providers' responsibility with respect to such purchased services is prohibited, except upon written consent of the appropriate jurisdiction, and the recipient or the recipient's attorney [responsible party or guardian].

9. **Security and Safety.** COUNTY agrees to provide security, including transport of inmates, sufficient to enable Provider to safely provide the dental services called for hereunder.

10. **Entire Agreement.** This Agreement contains the entire understanding and agreement between the Parties with respect to the subject matter hereof and supersedes all prior commitments, understandings, warranties and negotiations, all of which are by the execution hereof rendered null and void. No amendment or modification of this Agreement shall be made or deemed to have been made unless in writing and executed by the parties to be found thereby.

11. **Independent Contractor.** Provider shall at all times be deemed to be an independent contractor of COUNTY. Provider shall have control over the details, methods, procedures and practices required to supply the services described herein. Provider is not, and shall not claim to be employees, agents or representatives of COUNTY. Provider shall not do business as, incur any obligation as, or claim to represent COUNTY.

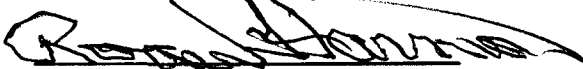
12. **Drug-Free Workplace Certification.** Pursuant to agreements with state agencies, each subcontractor must certify in writing as follows:

As part of the subcontracting agreement with COUNTY, Provider certifies to COUNTY that a drug-free workplace will be provided to Provider's employees during the performance of this Contract.

By signing this Agreement, COUNTY and Provider agree to comply with the contractual requirements.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be duly executed.

JOHNSON COUNTY, TEXAS

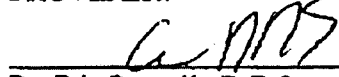


Roger Harmon, County Judge
817-556-6360

Attest:


Becky Ivey, County, Clerk

PROVIDER:


Dr. Eric Braunlin D.D.S.,
(817) 645-2486

Date: 10/24/16

Date: 10/24/16

Date: 10-13-16



Exhibit A
GLOVER
BRAUNLIN
Family Dentistry

Johnson County Corrections Facility,

Thank you for contacting us in regards to providing dental services. I believe we could have a beneficial partnership in serving the needs of the Johnson County Correctional Facility.

Public health dentistry is an important service to provide and one that I believe can be done in a conservative, caring, compassionate, and economic manner.

Attached is my lowest cost dental fee schedule that I provide for my patients.

As we discussed on the phone, I believe your patient base should have basic dental coverage of emergency care to keep them comfortable consisting of simple/ surgical extractions & simple fillings.

An off site screening at your facility would be the most efficient way to proceed, we can organize the patients in order of need and schedule necessary work accordingly. Also I strongly believe in an approval process of any work to be done. That way we can agree on all service done prior to completion.

Please review and we can discuss moving forward at your earliest convenience.

Sincerely,



Eric Braunlin DDS

Braunlin and Glover Family Dentistry, P.C.
Eric Braunlin DDS/ J. Michael Glover DDS
403 South Colonial Drive
Cleburne, TX 76063

817-641-2288 (phone)
817-641-2426 (fax)
www.mycleburnedentist.com
drb@mycleburnedentist.com

D0100 – D0999 DIAGNOSTIC

Procedure Code	Nomenclature	Fee \$
Clinical oral evaluations		
D0120	periodic oral evaluation - established patient	30
D0140	limited oral evaluation - problem focused	46
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	30
D0150	comprehensive oral evaluation - new or established patient	40
D0160	detailed and extensive oral evaluation - problem focused, by report	70
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	46
D0180	comprehensive periodontal evaluation - new or established patient	66
Pre-Diagnostic Services		
D0190	screening of a patient	21
D0191	assessment of a patient	21
Diagnostic imaging		
D0210	intraoral - complete series of radiographic images	66
D0220	intraoral - panoramic first radiographic image	14
D0230	intraoral - panoramic each additional radiographic image	13
D0240	intraoral - occlusal radiographic image	26
D0250	extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	25
D0270	bitewing - single radiographic image	14
D0272	bitewings - two radiographic images	26
D0273	bitewings - three radiographic images	32
D0274	bitewings - four radiographic images	38
D0277	vertical bitewings - 7 to 8 radiographic images	70
D0290	posterior-anterior or lateral skull and facial bone survey radiographic image	84
D0330	panoramic radiographic image	70
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	83
D0350	2D extrafacial photographic image obtained intra-orally or extra-orally	37
Tests and examinations		
D0460	pulp vitality tests	30
D0470	diagnostic casts	60
D0601	caries risk assessment and documentation with a finding of low risk	6
D0602	caries risk assessment and documentation with a finding of moderate risk	6
D0603	caries risk assessment and documentation with a finding of high risk	6
Oral pathology laboratory		
D0472	accession of tissue, gross examination, preparation and transmission of written report	84
D0473	accession of tissue, gross and microscopic examination, preparation and transmission of written report	111
D0474	accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	130

D1000 – D1999 PREVENTIVE

Dental prophylaxis		
D1110	prophylaxis - adult	50
D1120	prophylaxis - child	46
Topical fluoride treatment (office procedure)		
D1206	topical application of fluoride varnish	22
D1208	topical application of fluoride - excluding varnish	22
Other preventive service		
D1351	sealant - per tooth	76

Procedure Code	Nomenclature	Fee \$
D1352	preventive resin restoration in a moderate to high caries risk patient - permanent tooth	46
Space maintenance (passive appliances)		
D1510	space maintainer - fixed - unilateral	230
D1515	space maintainer - fixed - bilateral	435
D1520	space maintainer - removable - unilateral	279
D1525	space maintainer - removable - bilateral	383
D1550	re-cement or re-bond space maintainer	61
D1555	removal of fixed space maintainer	61

D2000 – D2999 RESTORATIVE

Amalgam restorations (including polishing)		
D2140	amalgam - one surface, primary or permanent	92
D2150	amalgam - two surfaces, primary or permanent	113
D2160	amalgam - three surfaces, primary or permanent	130
D2161	amalgam - four or more surfaces, primary or permanent	150
Resin-based composite restorations-direct		
D2330	resin-based composite - one surface, anterior	105
D2331	resin-based composite - two surfaces, anterior	125
D2332	resin-based composite - three surfaces, anterior	150
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	160
D2390	resin-based composite crown, anterior	245
D2391	resin-based composite - one surface, posterior	105
D2392	resin-based composite - two surfaces, posterior	142
D2393	resin-based composite - three surfaces, posterior	175
D2394	resin-based composite - four or more surfaces, posterior	205
Inlay/onlay restorations		
D2510	inlay - metallic - one surface	600
D2520	inlay - metallic - two surfaces	657
D2530	inlay - metallic - three or more surfaces	731
D2542	onlay - metallic - two surfaces	739
D2543	onlay - metallic - three surfaces	813
D2544	onlay - metallic - four or more surfaces	821
Crowns — single restorations only		
D2710	crown - resin-based composite (indirect)	360
D2712	crown - 1/2 resin-based composite (indirect)	360
D2720	crown - resin with high noble metal	800
D2721	crown - resin with predominantly base metal	755
D2722	crown - resin with noble metal	765
D2740	crown - porcelain/ceramic substrate	855
D2750	crown - porcelain fused to high noble metal	776
D2751	crown - porcelain fused to predominantly base metal	730
D2752	crown - porcelain fused to noble metal	769
D2780	crown - 3/4 cast high noble metal	885
D2781	crown - 3/4 cast predominantly base metal	850
D2782	crown - 3/4 cast noble metal	873
D2783	crown - 3/4 porcelain/ceramic	924
D2790	crown - full cast high noble metal	760
D2791	crown - full cast predominantly base metal	720
D2792	crown - full cast noble metal	750
D2794	crown - titanium	825
Other restorative services		
D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	63
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	63
D2920	re-cement or re-bond crown	61

Procedure Code	Nomenclature	Fee \$
D2921	reattachment of tooth fragment, incisal edge or cusp	120
D2929	prefabricated porcelain/ceramic crown - primary tooth	265
D2930	prefabricated stainless steel crown - primary tooth	195
D2931	prefabricated stainless steel crown - permanent tooth	220
D2932	prefabricated resin crown	238
D2933	prefabricated stainless steel crown with resin window	265
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	265
D2940	protective restoration	63
D2941	interim therapeutic restoration - primary dentition	63
D2950	core buildup, including any pins when required	170
D2951	pin retention - per tooth, in addition to restoration	37
D2952	post and core in addition to crown, indirectly fabricated	220
D2954	prefabricated post and core in addition to crown	212
D2980	labial veneer (resin laminate) - chairside	420
D2961	labial veneer (resin laminate) - laboratory	617
D2962	labial veneer (porcelain laminate) - laboratory	817

D3000 - D3999 ENDODONTICS

Procedure Code	Nomenclature	Fee \$
Pulpotomy		
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medication	117
D3221	pulpal debridement, primary and permanent teeth	125
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	117
Endodontic therapy on primary teeth		
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	135
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	145
Endodontic therapy (including treatment plan, clinical procedures and follow-up care)		
D3310	endodontic therapy, anterior tooth (excluding final restoration)	480
D3320	endodontic therapy, bicuspid tooth (excluding final restoration)	590
D3330	endodontic therapy, molar (excluding final restoration)	767
D3333	internal root repair of perforation defects	140
Endodontic retreatment		
D3348	retreatment of previous root canal therapy - anterior	742
D3347	retreatment of previous root canal therapy - bicuspid	800
D3348	retreatment of previous root canal therapy - molar	1150
Apexification/recalcification procedures		
D3351	apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	279
D3352	apexification/recalcification - interim medication replacement	137
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	416
Apicoectomy/periradicular services		
D3410	apicoectomy - anterior	633
D3421	apicoectomy - bicuspid (first root)	701
D3425	apicoectomy - molar (first root)	730
D3426	apicoectomy (each additional root)	245
D3427	periradicular surgery without apicoectomy	185
D3430	retrograde filling - per root	185
D3450	root amputation - per root	334
D3460	endodontic endosseous implant	1130
Other endodontic procedures		
D3820	hemisection (including any root removal), not including root canal therapy	278

D4000 - D4999 PERIODONTICS

Procedure Code	Nomenclature	Fee \$
Surgical services (including usual post-operative care)		
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	400
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	240

Procedure Code	Nomenclature	Fee \$
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	240
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	477
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	286
D4245	apically positioned flap	375
D4248	clinical crown lengthening - hard tissue	482
D4260	osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	803
D4261	osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	482
D4283	bone replacement graft - first site in quadrant	288
D4264	bone replacement graft - each additional site in quadrant	185
D4268	guided tissue regeneration - resorbable barrier, per site	400
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	506
D4270	pedicle soft tissue graft procedure	615
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	771
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	650
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	488
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	463
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	259
Non-surgical periodontal service		
D4321	provisional splinting - extracoronary	206
D4341	periodontal scaling and root planing - four or more teeth per quadrant	172
D4342	periodontal scaling and root planing - one to three teeth per quadrant	103
D4355	full mouth debridement to enable comprehensive evaluation and diagnosis	60
Other periodontal service		
D4910	periodontal maintenance	92

D5000 - D5899 PROSTHODONTICS (REMOVABLE)

Procedure Code	Nomenclature	Fee \$
Complete dentures (including routine post-delivery care)		
D5110	complete denture - maxillary	925
D5120	complete denture - mandibular	925
D5130	immediate denture - maxillary	1018
D5140	immediate denture - mandibular	1018
Partial dentures (including routine post-delivery care)		
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	705
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	705
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	975
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	975
D5221	immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	846
D5222	immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	846
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1170
D5224	immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	1170

Procedure Code	Nomenclature	Fee \$
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	731
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	731
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	550
Adjustments to dentures		
D5410	adjust complete denture - maxillary	48
D5411	adjust complete denture - mandibular	48
D5421	adjust partial denture - maxillary	54
D5422	adjust partial denture - mandibular	54
Repairs to complete dentures		
D5510	repair broken complete denture base	105
D5520	replace missing or broken teeth - complete denture (each tooth)	93
Repairs to partial dentures		
D5610	repair resin denture base	112
D5630	repair or replace broken clasp - per tooth	140
D5640	replace broken teeth - per tooth	93
D5650	add tooth to existing partial denture	130
D5680	add clasp to existing partial denture - per tooth	140
Denture rebase procedures		
D5710	rebase complete maxillary denture	380
D5711	rebase complete mandibular denture	380
D5720	rebase maxillary partial denture	385
D5721	rebase mandibular partial denture	385
Denture reline procedures		
D5730	reline complete maxillary denture (chairside)	215
D5731	reline complete mandibular denture (chairside)	215
D5740	reline maxillary partial denture (chairside)	186
D5741	reline mandibular partial denture (chairside)	186
D5780	reline complete maxillary denture (laboratory)	260
D5751	reline complete mandibular denture (laboratory)	260
D5760	reline maxillary partial denture (laboratory)	265
D5761	reline mandibular partial denture (laboratory)	265
Interim prosthesis		
D5820	interim partial denture (maxillary)	385
D5821	interim partial denture (mandibular)	365
Other removable prosthetic services		
D5850	tissue conditioning, maxillary	94
D5851	tissue conditioning, mandibular	94
D5883	overdenture - complete maxillary	925
D5884	overdenture - partial maxillary	975
D5885	overdenture - complete mandibular	925
D5886	overdenture - partial mandibular	975

D6000 - D6199 IMPLANT SERVICES

Procedure Code	Nomenclature	Fee \$
Surgical services		
D6010	surgical placement of implant body; endosteal implant	1700
D6013	surgical placement of mini implant	850
D6040	surgical placement; eposteal implant	6500
D6050	surgical placement; transosteal implant	4481
D6101	debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	288
D6102	debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	482
Implant Supported Prosthetics		
Implant/abutment supported removable dentures		
D6110	implant /abutment supported removable denture for edentulous arch - maxillary	1300
D6111	implant /abutment supported removable denture for edentulous arch - mandibular	1300
D6112	implant /abutment supported removable denture for partially edentulous arch - maxillary	1289

Procedure Code	Nomenclature	Fee \$
D6113	implant /abutment supported removable denture for partially edentulous arch - mandibular	1239

Supporting structures

D6055	connecting bar - implant supported or abutment supported	1515
D6058	prefabricated abutment - includes modification and placement	389
D6057	custom fabricated abutment - includes placement	507

Single crowns, abutment supported

D6058	abutment supported porcelain/ceramic crown	1027
D6059	abutment supported porcelain fused to metal crown (high noble metal)	934
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	876
D6081	abutment supported porcelain fused to metal crown (noble metal)	923
D6062	abutment supported cast metal crown (high noble metal)	912
D6063	abutment supported cast metal crown (predominantly base metal)	884
D6064	abutment supported cast metal crown (noble metal)	900
D6094	abutment supported crown - (titanium)	890

Single crowns, implant supported

D6065	implant supported porcelain/ceramic crown	1078
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1075
D6087	implant supported metal crown (titanium, titanium alloy, high noble metal)	1029

Fixed partial denture, abutment supported

D6068	abutment supported retainer for porcelain/ceramic FPD	1125
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1100
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	913
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	975
D6072	abutment supported retainer for cast metal FPD (high noble metal)	951
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	840
D6074	abutment supported retainer for cast metal FPD (noble metal)	828
D6194	abutment supported retainer crown for FPD (titanium)	1150

Fixed partial denture, implant supported

D6075	implant supported retainer for ceramic FPD	1009
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	976
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	881

Implant/abutment supported fixed dentures (hybrid prosthesis)

D6114	implant /abutment supported fixed denture for edentulous arch - maxillary	2350
D6115	implant /abutment supported fixed denture for edentulous arch - mandibular	2350
D6116	implant /abutment supported fixed denture for partially edentulous arch - maxillary	2000
D6117	implant /abutment supported fixed denture for partially edentulous arch - mandibular	2000

Other implant services

D6092	re-cement or re-bond implant/abutment supported crown	61
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	85

D6200 - D6999 PROSTHODONTICS, FIXED

Procedure Code	Nomenclature	Fee \$
Fixed partial denture pontics		
D6210	ponctic - cast high noble metal	770
D6211	ponctic - cast predominantly base metal	745
D6212	ponctic - cast noble metal	750
D6214	ponctic - titanium	825
D6240	ponctic - porcelain fused to high noble metal	750
D6241	ponctic - porcelain fused to predominantly base metal	710
D6242	ponctic - porcelain fused to noble metal	735
D6250	ponctic - resin with high noble metal	735
D6251	ponctic - resin with predominantly base metal	680

Procedure Code	Nomenclature	Fee \$
D6252	pontic - resin with noble metal	705
Fixed partial denture retainers — inlays/onlays		
D6545	retainer - cast metal for resin bonded fixed prosthesis	412
D6549	resin retainer - for resin bonded fixed prosthesis	412
D6602	retainer inlay - cast high noble metal, two surfaces	670
D6603	retainer inlay - cast high noble metal, three or more surfaces	705
D6604	retainer inlay - cast predominantly base metal, two surfaces	610
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	675
D6606	retainer inlay - cast noble metal, two surfaces	627
D6607	retainer inlay - cast noble metal, three or more surfaces	693
D6610	retainer onlay - cast high noble metal, two surfaces	691
D6611	retainer onlay - cast high noble metal, three or more surfaces	763
D6612	retainer onlay - cast predominantly base metal, two surfaces	676
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	719
D6614	retainer onlay - cast noble metal, two surfaces	685
D6615	retainer onlay - cast noble metal, three or more surfaces	725
D6624	retainer inlay - titanium	705
D6634	retainer onlay - titanium	763
Fixed partial denture retainers — crowns		
D6720	retainer crown - resin with high noble metal	800
D6721	retainer crown - resin with predominantly base metal	755
D6722	retainer crown - resin with noble metal	765
D6750	retainer crown - porcelain fused to high noble metal	775
D6751	retainer crown - porcelain fused to predominantly base metal	730
D6752	retainer crown - porcelain fused to noble metal	769
D6780	retainer crown - 3/4 cast high noble metal	885
D6781	retainer crown - 3/4 cast predominantly base metal	850
D6782	retainer crown - 3/4 cast noble metal	873
D6790	retainer crown - full cast high noble metal	760
D6791	retainer crown - full cast predominantly base metal	720
D6792	retainer crown - full cast noble metal	750
D6794	retainer crown - titanium	825
Other fixed partial denture services		
D6930	re-cement or re-bond fixed partial denture	85
D6940	stress breaker	220

D7000 – D7999 ORAL AND MAXILLOFACIAL SURGERY

Extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care)

D7111	extraction, coronal remnants - deciduous tooth	62
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	93

Surgical extractions (Includes local anesthesia, suturing, if needed, and routine postoperative care)

D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	165
D7220	removal of impacted tooth - soft tissue	220
D7230	removal of impacted tooth - partially bony	300
D7240	removal of impacted tooth - completely bony	330
D7250	surgical removal of residual tooth roots (cutting procedure)	190

Other surgical procedures

D7260	oroantral fistula closure	581
D7261	primary closure of a sinus perforation	535
D7270	tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth	340
D7280	surgical access of an unerupted tooth	400
D7283	placement of device to facilitate eruption of impacted tooth	144
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	372
D7286	incisional biopsy of oral tissue-soft	185
D7881	occlusal orthotic device adjustment	46

Alveoplasty — surgical preparation of ridge

D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	160
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Procedure Code	Nomenclature	Fee \$
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	95
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	265
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	171
Vestibuloplasty		
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	438
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	680
Surgical excision of soft tissue lesions		
D7410	excision of benign lesion up to 1.25 cm	264
D7411	excision of benign lesion greater than 1.25 cm	533
Surgical excision of intra-osseous lesions		
D7450	removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	365
D7451	removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	459
D7460	removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	450
D7461	removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	506
Excision of bone tissue		
D7471	removal of lateral exostosis (maxilla or mandible)	540
Surgical incision		
D7510	incision and drainage of abscess - intraoral soft tissue	125
D7520	incision and drainage of abscess - extraoral soft tissue	249
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	315
D7540	removal of reaction producing foreign bodies, musculoskeletal system	377
D7550	partial osteotomy/osteotomectomy for removal of non-vital bone	264
D7560	maxillary sinusotomy for removal of tooth fragment or foreign body	550
Other repair procedures		
D7560	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	330
D7970	excision of hyperplastic tissue - per arch	400
D7971	excision of pericoronal gingiva	135

D8000 – D8999 ORTHODONTICS

Limited orthodontic treatment

D8010	limited orthodontic treatment of the primary dentition	3233
D8020	limited orthodontic treatment of the transitional dentition	3664
D8030	limited orthodontic treatment of the adolescent dentition	3737
D8040	limited orthodontic treatment of the adult dentition	3912

Interceptive orthodontic treatment

D8050	interceptive orthodontic treatment of the primary dentition	1518
D8060	interceptive orthodontic treatment of the transitional dentition	1980

Comprehensive orthodontic treatment

D8070	comprehensive orthodontic treatment of the transitional dentition	4548
D8080	comprehensive orthodontic treatment of the adolescent dentition	4652
D8090	comprehensive orthodontic treatment of the adult dentition	4778

Minor treatment to control harmful habits

D8210	removable appliance therapy	625
D8220	fixed appliance therapy	699

Other orthodontic services

D8660	pre-orthodontic treatment examination to monitor growth and development	95
D8661	removable orthodontic retainer adjustment	46
D8694	repair of fixed retainers, includes reattachment	144

D9000 – D9999 ADJUNCTIVE GENERAL SERVICES

Unclassified treatment

D9110	palliative (emergency) treatment of dental pain - minor procedure	59
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Total reimbursement for any service performed on a patient who is an eligible enrollee under a Delta Dental plan shall not exceed (a) the amount on this PREMIER Schedule of Allowances or (b) for a service not listed on this schedule, the fee that is accepted by Delta Dental. Please refer to the claim details on your Check Payment/Statements for the patient's actual financial responsibility.

Procedure Code	Nomenclature	Fee \$	Procedure Code	Nomenclature	Fee \$
Anesthesia					
D8223	deep sedation/general anesthesia - each 15 minute increment	118			
D8243	intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	109			
D8248	non-intravenous conscious sedation	204			
Professional consultation					
D8910	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	64			
Professional visits					
D8430	office visit for observation (during regularly scheduled hours) - no other services performed	48			
D8440	office visit - after regularly scheduled hours	95			
Miscellaneous services					
D8930	treatment of complications (post-surgical) - unusual circumstances, by report	53			
D9940	occlusal guard, by report	388			
D9951	occlusal adjustment - limited	52			
D9952	occlusal adjustment - complete	443			

Note: The above codes and nomenclature are copyright of the American Dental Association.

Delta Dental Insurance Company
 1130 Sanctuary Parkway
 Alpharetta, GA 30009
 (800) 521-2651

**THE
MEDICAL PROTECTIVE COMPANY
OF
FORT WAYNE, INDIANA**

(A STOCK INSURANCE COMPANY HEREIN CALLED THE COMPANY)

In Consideration of the payment of the premium, receipt of which is hereby acknowledged, and subject to the limits of liability and the other terms of this policy, the Company hereby agrees to DEFEND and PAY DAMAGES, in the name and on behalf of the Insured or his estate,

A IN ANY CLAIM FOR DAMAGES, AT ANY TIME FILED, BASED ON PROFESSIONAL SERVICES RENDERED OR WHICH SHOULD HAVE BEEN RENDERED, BY THE INSURED OR ANY OTHER PERSON FOR WHOSE ACTS OR OMISSIONS THE INSURED IS LEGALLY RESPONSIBLE, IN THE PRACTICE OF THE INSURED'S PROFESSION DURING THE TERM OF THIS POLICY; EXCEPT this policy does not cover

- 1 any liability growing out of the ownership, operation or supervision by the Insured or an employee of the Insured of (a) any hospital, sanitarium, clinic with bed and board facilities or (b) any business enterprise, whether or not related to patient care and / or treatment;
- 2 payment of damages (BUT WILL DEFEND) in any claim for damages if said damages are in consequence of the performance of a criminal act or willful tort or sexual act;
- 3 any vicarious liability of the Insured arising out of membership or participation in a partnership;
- 4 any liability of any corporation or association of which the Insured is an owner or shareholder or of which the Insured has any financial interest;
- 5 any liability covered under a workmen's compensation, automobile, fire or general liability policy;
- 6 any punitive damages or damages over and above actual compensatory damages, which may be assessed against the Insured.

B Upon receipt of notice the Company shall immediately assume its responsibility for the defense of any such claim. Such defense shall be maintained until final judgment in favor of the Insured shall have been obtained or until all remedies by appeal, writ of error or other legal proceedings deemed reasonable and appropriate by the Company shall have been exhausted at the Company's cost and without limit as to the amount expended. However, the Company shall not be obligated to defend any claim after the applicable limit of the Company's liability has been exhausted by payment of judgments or settlements.

C The Company shall furnish a bond, not to exceed the stated amount for any one occurrence, required to appeal a judgment hereunder, but shall not be liable for more than a pro rata share of interest payments on appealed judgments.

D The Company shall not compromise any claim hereunder without the consent of the Insured.

E Except as respects the cost of defense provided under paragraph B and the premium on any bond furnished under paragraph C, the Company's liability is limited as follows: Regardless of the number of (a) insureds or interests named in this contract or any endorsement or (b) persons or organizations who sustain damages or (c) claims made or suits brought on account of such injury or damage or (d) the number of policy years involved or (e) the imposition of prejudgment interest on any final adjudication against the Insured, the Company's total liability for damages including prejudgment interest shall not exceed the stated amount for any one occurrence and, subject to the same limit for each occurrence, the Company's total liability during any one policy year shall not exceed the stated annual aggregate.

Furthermore, for the purpose of determining the Company's liability, the following shall be considered as arising from one occurrence:

- a) all injury resulting from a series of acts or omissions in rendering professional services to one person and
- b) all injury arising out of continuous or repeated exposure to substantially the same general conditions.

Upon the following conditions:

1 The Insured shall notify the Company, at its General Offices, Fort Wayne, Indiana, or its agent, as soon as possible, of any threatened claim, with full information relative to the services rendered; and in event such claim is filed in court shall immediately forward any and all summons or process served together with the original or a copy of any and all other papers relating to said claim.

2 The Insured shall not (a) make any hold harmless agreements or contract any expense nor voluntarily assume any liability in any situation nor (b) make or contract any settlement of a claim hereunder, except at his own cost and responsibility, without the written authorization of the Company. The Insured shall at all times fully cooperate with the Company in any claim hereunder and shall attend and assist in the preparation and trial of any such claim.

3 The Insured shall be authorized to practice his profession under the laws of the State or States in which he practices.

4 Other insurance—The insurance afforded by this policy is primary insurance, except when stated to apply in excess of or contingent upon the absence of other insurance. When this insurance is primary and the insured has other insurance which is stated to be applicable to the loss on an excess or contingent basis, the amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.

When both this insurance and other insurance apply to the loss on the same basis, whether primary, excess or contingent, the Company shall not be liable under this policy for a greater proportion of such loss than the applicable limit of liability under this policy for such loss bears to the total applicable limit of liability of all valid and collectible insurance against such loss.

5 No action shall be maintained against the Company to recover a loss covered by this policy unless brought after the amount of such loss shall have been fixed either by a final judgment against the Insured by the court of last resort after trial of the issue or by agreement between the parties with the written consent of the Company and unless brought within two years and one day after such judgment or written agreement, except that, if such period is in conflict with the statutes of the state wherein this policy is issued, it is hereby amended to conform with such statutes. Any person or his legal representative who has secured such judgment or written agreement shall thereafter be entitled to recover under the terms of this policy in the same manner and to the same extent as the Insured. Nothing contained in this policy shall give any person or organization any right to join the Company as a co-defendant in any action against the Insured to determine the Insured's liability. Bankruptcy or insolvency of the Insured shall not relieve the Company of any of its obligations hereunder.

6 The interest of the Insured under this policy shall not be assignable to any other person.

7 This policy may be cancelled by the Insured by mailing to the Company or any of its authorized representatives, written notice, stating when thereafter the cancellation shall be effective. This policy may be cancelled by the Company by mailing, postage prepaid, to the Insured at the last address on record with the Company written notice stating when, not less than 30 days thereafter such cancellation shall be effective. If the Insured cancels, earned premium shall be computed in accordance with the standard short rate tables and procedure. If the Company cancels, earned premium shall be computed pro rata. Premium adjustments shall be made within a reasonable period of time after cancellation, but payment of or tender of such unearned premium shall not be a condition of cancellation.

8 By acceptance of this policy the Insured agrees that this policy embodies all agreements existing between himself and the Company or any of its agents relating to this insurance.

9 The following space is intended for waivers, exceptions and endorsements. If any, they shall become part of this policy.

89 125 128 136 271 304 426 428 429 549 590 772 820 825

Insured's Profession: DENTISTRY
The Insured:

Policy No. 749503 ERIC T.C BRAUNLIN DDS
The Premium \$ 1732 403 S COLONIAL DR
TOTAL 1732 CLEBURNE TX 76033-4618

One Occurrence \$ 1,000,000 Annual Aggregate \$ 3,000,000

The term of this policy shall begin and end at 12:01 a.m., standard time, at the place where the Insured resides

MO DAY YEAR MO DAY YEAR
and be from 06 01 2016 to 06 01 2017

In Witness Whereof, The Medical Protective Company has caused this policy to be signed by its President and its Secretary and countersigned by its duly authorized representative.

Timothy J. Kersey
PRESIDENT
Tom Henry
SECRETARY

Angela S. [Signature]

COUNTERSIGNED
1-6-85

MEMBER OF THE NATIONAL ASSOCIATION OF INSURANCE BROKERS
MEMBER OF THE NATIONAL ASSOCIATION OF INSURANCE BROKERS

FOR SERVICE CALL

TDA FINANCIAL SERVICES INS PROGRAM @ 713-269-4066

PROFESSIONAL LIABILITY POLICY
Continuous service to the profession since 1899

RM