HAPPY TOOTH MANAGEMENT

Tuition Grid & Enrollment Agreement

Core Training Plans (Levels 1–4)

Level	Program Name	Duration / Terms	Total Cost	Payment Terms
Level 1	**Basic Training Plan**	4 Weeks	**$499.00**	Due in full prior to start
Level 2	**Office Manager Success Plan**	8 Weeks	**$799.00**	Due in full prior to start
Level 3	**Training Vault Annual Access**	1 Year (Includes 1-yr virtual assistance)	**$2,000.00**	Due in full prior to start
Level 4	**Onsite Training Experience**	1 Year (Specific dates TBD)	**$3,000.00**	Due in full prior to start

Standalone Premium Service Contract

Contract Service Plan	Included Scope of Work	Duration	Annual Cost
Insurance Claims & Billing Assistance Plan	• Sending out insurance claims • Sending out billing statements • Updating Dentrix payment tables • Following up on insurance aging reports • Sending regular reports with updates	1-Year Contract	**$6,000.00** **(Due upfront)**

Custom Enrollment Notes & Policies

• **Level 4 Onsite Scheduling:** Physical onsite training dates are to be mutually determined. Submit your target timeline in writing at least 14 days in advance for coordination.

• **Level 3 Support Window:** The virtual assistance included with the Training Vault is valid for daily on-demand Q&A; support for exactly one full year from your start date.

• **Billing Plan Deliverables:** The insurance workflow plan runs on an annual loop. Access to your software platform must be provided prior to launching the claim submission cycle.

• **Contract Cancellation Policy:** Either party may terminate the 1-Year Insurance Claims & Billing Assistance Contract by providing a written **30-day advance cancellation notice**. Settlement of active balances follows standard refund rules.

Technical & System Requirements

• **Platform Access:** Students must possess high-speed internet (minimum 25 Mbps download speed) to access the Training Vault videos and host live virtual assistance sessions.

• **Software Prerequisites:** The client must provide independent administrative access credentials for **Dentrix** software required to fulfill the Insurance Claims plan.

• **Hardware Support:** A functioning webcam and microphone are required for all remote training sessions and virtual Q&A; checkpoints.

Authorization & Agreement

By signing below, the client acknowledges they have read, understood, and agreed to the pricing, payment terms, upfront payment policies, technical requirements, cancellation windows, and confidentiality clauses outlined in this document by Happy Tooth Management.

Client Printed Name: _____

Client Signature: _____ **Date:** _____

Happy Tooth Management Rep Signature:
_____ **Date:** _____

Payment Method Authorization

Please complete one of the sections below to authorize payment for the selected services.

Option A: Credit Card Authorization	Option B: ACH Direct Bank Debit Authorization
Cardholder Name: _____	Name on Bank Account: _____
Card Number: _____	Bank Name: _____
Expiration Date (MM/YY): _____ CVV: _____	Routing Number (9 Digits): _____
Billing Zip Code: _____	Account Number: _____
	Account Type: [ ] Checking [ ] Savings

I authorize Happy Tooth Management to charge the payment method indicated above for the total cost of my selected enrollment plans.

Authorized Signature: _____ **Date:** _____

ADDENDUM: Business Associate Agreement (BAA)

HIPAA Privacy & Security Compliance

This Business Associate Agreement ("Agreement") is entered into by Happy Tooth Management ("Business Associate") and the signing Client ("Covered Entity") to ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

1. Permitted Uses and Disclosures
The Business Associate may use or disclose Protected Health Information (PHI) solely to perform the functions, activities, or services related to the Insurance Claims & Billing Assistance Plan utilizing the Dentrix platform, provided such use or disclosure does not violate HIPAA Privacy or Security Rules.

2. Safeguards Against Unauthorized Use
The Business Associate agrees to use appropriate and commercially reasonable technical, physical, and administrative safeguards to prevent the unauthorized use or disclosure of PHI. This includes securing remote software connections and ensuring all personnel handling billing files are HIPAA-trained.

3. Reporting Safeguard Breaches
The Business Associate shall report to the Covered Entity any use or disclosure of PHI not provided for by this Agreement, including any active security incidents or data breaches, within seventy-two (72) hours of becoming aware of the event.

4. Mitigation and Cooperation
In the event of an unauthorized disclosure, the Business Associate agrees to mitigate, to the extent practicable, any harmful effects. The Business Associate will cooperate fully with the Covered Entity's efforts to investigate and resolve the breach.

5. Term and Termination
This Addendum terminates automatically when the primary 1-Year Insurance Claims & Billing Assistance Contract is terminated. Upon termination, the Business Associate will return or securely destroy all PHI received or created on behalf of the Covered Entity.

Covered Entity (Client) Signature: _____ **Date:** _____

Business Associate (Happy Tooth Management) Signature: _____ **Date:** _____