MEMORANDUM OF AGREEMENT – DENTAL OUTREACH SERVICES
SMILES AT SCHOOL

THIS MEMORANDUM OF AGREEMENT (this "Agreement"), dated as of August 4 , 2026 (the "Effective Date"), is entered into by and between UNION COMMUNITY CARE ("**PROVIDER**"), and Conestoga Valley School District. ("**RECIPIENT**")

PROVIDER	
Legal Name	Union Community Care
Street Address	454 New Holland Ave, Ste 300
City, State	Lancaster, PA
POC Name and Title	
POC Email	dentaloutreach@unioncomcare.org
POC Phone	

RECIPIENT	
Legal Name	Conestoga Valley School District
Street Address	502 Mt. Sidney Rd
City, State	Lancaster, PA 17602
POC Name and Title	Michelle Trasborg
POC Email	Michelle_Trasborg@conestogavalley.org
POC Phone	717-397-2421 ext 0102

RECITALS:

A. **PROVIDER** is a Federally Qualified Health Center, providing primary care, urgent care, pediatric care, chronic disease management, health & nutrition, women's health & pregnancy care, mental health counseling, addiction treatment, pharmacy services and dental care.

B. **RECIPIENT** is an organization seeking delivery of dental services to their clients.

C. Parties desire to collaborate for such purposes set forth above and to set forth their understandings in that regard in this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants contained within, the Parties agree as follows:

1. PROVIDER RESPONSIBILITIES

1.1. **Background Checks.** **PROVIDER** certifies that all employees performing services under this agreement have undergone and passed PA Act 33 (Child Abuse Clearance), PA Act 34 (Pennsylvania State Police Criminal Background Check, and Act 73 (FBI Criminal History Record Information) clearances.

1.2. **PROVIDER Credentialing.** **PROVIDER** certifies that all employees performing services under this agreement have an active Pennsylvania license, and have had their education, certifications, and training verified.

1.3. **PROVIDER Disbarment/Exclusion.** **PROVIDER** certifies that all employees providing services under this agreement have had their National Practitioner Data Bank (NPDB) reviewed and approved and are not on any disbarment or exclusion lists as maintained by HHS OIG or CMS.

1.4. **Insurance.** **PROVIDER** agrees to provide copy of malpractice coverage upon request.

1.5. **Supplies**. **PROVIDER** agrees to supply the clinical equipment and clinical nondurable supplies required to complete the services outlined in this agreement.

1.6. **Services**. **RECIPIENT** desires **PROVIDER** to render the services below.

SMILES AT SCHOOL Preventive Dental Program

PROVIDER will provide an integrated preventive dental program for eligible students. Services include Act 55 dental screenings, dental cleanings, fluoride treatments, dental sealants, silver diamine fluoride (SDF), education, and referrals for additional care. Service provided to each student will be determined by parent/guardian consent and by **PROVIDER**'s clinical assessment of the student's dental needs.

1.7. **Billing**. PROVIDER will bill available public or private insurance for all covered services provided. Insurance billing shall be the primary method of reimbursement for students with active dental coverage. For students enrolled in Head Start or other programs that prohibit charging families, parents/guardians will not be billed for deductibles, copayments, non-covered services, or services provided to uninsured children. For students in programs where family billing is permitted, uninsured families and families with balances not covered by insurance may be eligible for Union Community Care's Sliding Fee Discount Program in accordance with applicable policies. No child or family will be denied services due to insurance status or inability to pay. RECIPIENT's responsibilities for obtaining consent and collecting insurance information are described in Section 2.3.

2. RECIPIENT RESPONSIBILITIES

2.1. **Orientation**. **RECIPIENT** agrees to provide orientation to facility, clients, and space that would be used to provide services.

2.2. **Space**. **RECIPIENT** agrees to provide space to **PROVIDER**'s satisfaction to accommodate scope of services being offered.

2.3. **Consents and Insurance Collection**. **RECIPIENT** agrees to disseminate, promote, collect, and return to **PROVIDER** signed consent forms for all clients desiring services under this agreement. As a condition of this Agreement, **RECIPIENT** agrees to make all reasonable, diligent efforts to ensure that parents/guardians complete the insurance information section of the consent form.

2.4. **Schedule**. **RECIPIENT** agrees to work with **PROVIDER** to schedule services no less than two months in advance of requested dates of service delivery.

2.5. **Sustainability**. **RECIPIENT** agrees to collaborate with **PROVIDER** to maximize on-site time and full schedules to promote sustainability of providing services on site. **RECIPIENT** also agrees to pay any rates due under this agreement for the PA Act 55 Dental Screenings as noted above under section 1.7.

3. TERM AND TERMINATION

3.1. **Term**. Agreement shall begin on the later of the date specified a) at the top of this document or b) the later date of the countersigned parties below.

3.2. **Termination.** Agreement shall remain in effect until termed by either party, either for cause or convenience, with sixty (60) day notice to the other party.

PROVIDER	**RECIPIENT**
By: _____	By: _____
Name:_____	Name: _____
Title:_____	Title:_____
Date: _____	Date: _____