

General Terms and Conditions

1. **DESCRIPTION OF SERVICES.** Beginning on the date specified in the contract, Grin Status LLC will provide the Recipient the following services (collectively, the “services”):

Requested Dental Insurance Eligibility and Benefits for patients.

All Eligibility and Benefits will be based on insurance customer service availability from the time request is submitted.

All Eligibility and Benefits will be based on information provided by insurance company.

2. **PAYMENT.** The Recipient agrees to pay Grin Status, LLC. For services on a monthly basis as per agreement.

Tier 1 Service includes 200 Submissions/Month + 3 Custom Codes. Eligibility (counts toward submissions)

Tier 2 Service includes 400 Submissions/Month + 5 Custom Codes. Eligibility (counts toward submissions)

Tier 3 Service includes 800 Submissions/Month + 8 Custom Codes. Eligibility (unlimited)

3. **CONFIDENTIALITY.** All parties and its employees, agents, or representatives will not at any time or in any manner, either directly or indirectly, use for the personal benefit, or divulge, disclose, or communicate in any manner, any information that is proprietary to the Provider and Recipient. All parties and its employees, agents, and representatives will protect such information and treat it as strictly confidential. This provision will continue to be effective after the termination of this Contract. All parties agree that patient information provided will be strictly confidential and communicated and stored securely between the two parties and its employees, agents, or representatives via website(s), app(s), and/or web services.

4. **Permitted Uses and Disclosures / Authorization.** Recipient agrees to give all rights and authorization to the provider for all dental insurance eligibility and benefit check purposes only. Provider will have all rights to create and access any portals on behalf of the recipient for insurance eligibility and benefit check purposes only.

5. **ASSIGNMENT.** Neither party may assign or transfer this Contract without the prior written consent of the non-assigning party, which approval shall not be unreasonable withheld.

6. **DEFAULT.** This contract will continue for indefinite time for all services requested unless occurrence of any of the following:

- a. Failure to make a required payment when due
- b. Insolvency or bankruptcy of either party
- c. By Written request by either party to terminate contract

7. **LIABILITY.** Provider’s service is to assist recipient of checking and retrieving patient dental insurance eligibility and benefits. Recipient acknowledges any release of liability for clinical work provided to any patients and associated insurance payments. Recipient fully acknowledges that all eligibility and benefit information gathered and submitted to the recipient is NOT a guarantee of payment or coverage and releases any liability.

Any requests submitted means that you have read understand, and agree to all terms/conditions in full.