

NAVARRO COUNTY COMMISSIONER'S COURT

A REGULAR MEETING OF THE NAVARRO COUNTY COMMISSIONERS' COURT WAS HELD ON MONDAY, 8TH DAY OF JUNE, 2009 AT 10:00 A.M., IN THE COUNTY COURTROOM IN THE NAVARRO COUNTY COURTHOUSE, CORSICANA, TEXAS. PRESIDING COMMISSIONERS PRESENT KIT HERRINGTON, FAITH HOLT, DAVID WARREN, AND JAMES OLSEN.

1. 10:05 A.M. MOTION TO CONVENE BY HERRINGTON SEC BY HOLT  
ALL VOTED AYE MOTION CARRIED
2. PRAYER BY COMMISSIONER OLSEN
3. PLEDGE OF ALLEGIANCE
4. PUBLIC COMMENTS- FRED GRICE-IN FAVOR OF MOBILE MEDICAL  
UNIT

**CONSENT AGENDA**

- MOTION TO APPROVE ITEMS 5-6 BY HERRINGTON SEC BY WARREN  
ALL VOTED AYE MOTION CARRIED
5. MOTION TO APPROVE THE MINUTES FROM THE PREVIOUS  
MEETINGS OF MAY 22ND, 2009
6. MOTION TO APPROVE AND PAY THE BILLS AS SUBMITTED BY THE  
COUNTY AUDITOR

**REGULAR AGENDA ITEMS**

7. MOTION TO APPROVE TAX REPORT FROM RUSSELL HUDSON BY  
OLSEN SEC BY WARREN **TO WIT PG 658-661**  
ALL VOTED AYE MOTION CARRIED
8. MOTION TO APPROVE PAYMENT FOR TANKER TRUCK 287 RICHLAND  
CHAMBERS FIRE AND RESCUE AND NAVARRO VOLUNTEER FIRE  
DEPARTMENT BY HOLT SEC BY WARREN **TO WIT PG 662-666**  
ALL VOTED AYE MOTION CARRIED
9. MOTION TO APPROVE REPLAT OF PART OF LOT 39(1/2) AND LOTS 40  
AND 41 OF FRANCISCO BAY PHASE I BY WILLIAM M. AND KAREN  
SPA BY HOLT SEC BY OLSEN

ALL VOTED ALL MOTION CARRIED

10. MOTION TO APPROVE REPLAT OF PART OF LOTS 38 AND 39(1/2) OF FRANCISCO BAY PHASE I BY PINECO, INC. BY HOLT SEC BY WARREN  
ALL VOTED AYE MOTION CARRIED
11. MOTION TO APPROVE A REPLAT OF LOT 124 AND 125 OF THE SHORES ON RICHLAND CHAMBERS PHASE I FOR JAMES AND JANE BOOHER BY HOLT SEC BY WARREN  
ALL VOTED AYE MOTION CARRIED
12. MOTION TO APPROVE TAKING BIDS FOR CONSTRUCTION OF SE CR 2230 BRIDGE, PRECINCT 3 BY WARREN SEC BY OLSEN  
ALL VOTED AYE MOTION CARRIED
13. MOTION TO APPROVE INTERLOCAL CONTRACT BETWEEN NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVIORY COUNCIL (NCTTRAC) AND THE COUNTY OF NAVARRO FOR A MOBILE MEDICAL UNIT PROJECT BY OLSEN SEC BY WARREN  
ALL VOTED AYE MOTION CARRIED TO WIT PG 667-679
14. MOTION TO APPROVE AGREEMENT WITH THE CITY OF CORSICANA FOR USE OF CITY EQUIPMENT SPECIFICALLY BOMAG RECLAIMING MACHINE FOR PRECINCT 2 BY HOLT SEC BY WARREN  
TO WIT PG 680-685  
ALL VOTED AYE MOTION CARRIED
15. ANNOUNCEMENT THAT NEW EMPLOYEE HAS BEEN HIRED FOR COUNTY INFORMATION TECHNOLOGY POSITION AND THAT THIS POSITION IS NO LONGER VACANT -TOMMY PRYOR
16. MOTION TO APPROVE CONTRACT WITH DENTRUST DENTAL TO PROVIDE SERVICES FOR INMATES BY OLSEN SEC BY WARREN  
ALL VOTED AYE MOTION CARRIED TO WIT PG 686-699
17. MOTION TO ADJOURN BY HOLT SEC BY HERRINGTON  
ALL VOTED AYE MOTION CARRIED

THESE MINUTES ARE HEREBY APPROVED THIS 22 DAY OF JUNE 2009.

JUDGE HM DAVENPORT *HM Davenport*

COMR.PCT.1 KIT HERRINGTON *Kit Herrington*

COMR.PCT.2 FAITH HOLT *Faith D. Holt*

COMR.PCT.3 DAVID "BUTCH" WARREN *David Warren*

COMR.PCT.4 JAMES OLSEN *James Olsen*

I, SHERRY DOWD, NAVARRO COUNTY CLERK, ATTEST THAT THE FOREGOING IS A TRUE AND ACCURATE ACCOUNTING OF THE COMMISSIONERS COURT'S AUTHORIZED PROCEEDING FOR JUNE 8TH, 2009.

SIGNED 22 DAY OF JUNE 2009.

*Sherry Dowd*  
SHERRY DOWD, COUNTY CLERK



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## **Navarro Volunteer Fire Department**

150 N. Harvard Avenue, Corsicana, TX 75109

8-Jun-09

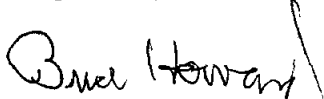
Your Honor and Commissioners:

The Navarro Volunteer Fire Department respectfully requests that the Commissioners Court formally approve the monthly payment of a third fire truck. This is a Brush truck that is now in service as unit # 4451 and has been on several fires already.

This Brush Truck is a Ton and Half Diesel with a water capacity of 700 gallons.

I submit this request on behalf of Chief Coker of the Navarro Fire Department who could not be here today.

Respectfully submitted,

A handwritten signature in black ink that reads "Bruce Howard". The signature is written in a cursive style with a long, thin vertical stroke extending upwards from the end of the name.

Bruce Howard



659  
287 Richland Chambers Fire & Rescue  
8616 S. Hwy 287  
Corsicana, TX 75109

Emergency Dispatch Phone: 911  
Business Phone: 903-874-8071

June 7, 2009

Navarro County Commissioners Court  
Judge H. M. Davenport  
Corsicana, TX 75110

Dear Sirs:

This is to advise you that the 287 R/C Fire and Rescue VFD has placed two additional fire fighting vehicles in service.

The first vehicle is a 1200 gallon tanker, unit 5560, which was placed in service May 31, 2009 and has already responded to several calls. The second is an additional brush truck, unit 5551 donated to our department on June 4, 2009. Pictures of the two vehicles are enclosed.

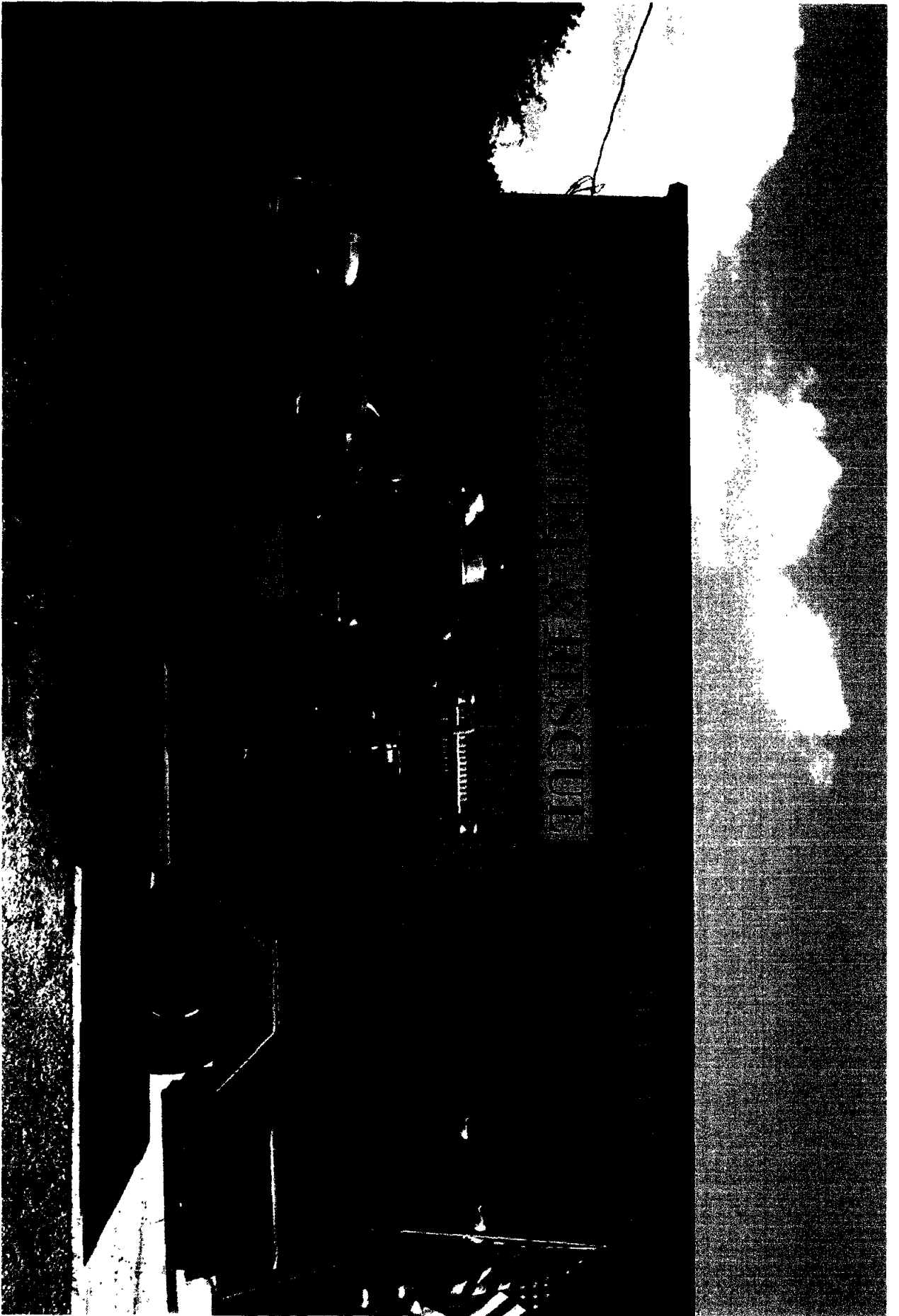
While this brings the total number of active fire fighting vehicles for our department to four, we are requesting that you increase our monthly county subsidy from two to the maximum of three vehicles allowed per our contract effective June 1, 2009.

Respectfully submitted,

John W. Gantt  
President

cc: Navarro County Sheriff Department  
enclosure

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Unit 5551

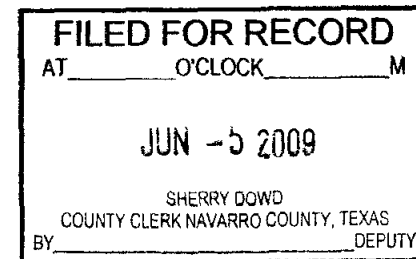
661



Unit 5560

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I, RUSSELL P HUDSON, NAVARRO COUNTY TAX ASSESSOR/COLLECTOR, DO HEREBY SWEAR UNDER OATH,  
THAT THE ATTACHED REPORT IS A TRUE AND CORRECT REPORT.



TOTAL PAGES INCLUDING COVER SHEET   5



NAVARRO COUNTY, TEXAS  
AD VALOREM TAXES COLLECTED DURING THE MONTH ENDING MAY 2009

DESCRIPTION	TAXES	DISCOUNT	PENALTY & INTEREST	SUBTOTAL	COLLECTION FEE	NET TAXES DUE	MEMO ONLY ATTY FEES	% CURRENT COLLECTED
<b>NAVARRO COUNTY</b>								LEVY
CURRENT	144,269.05		17,825.76	162,094.81	3,242.21	158,852.60	963.35	14,028,657.92
DELINQUENT	21,211.46		8,836.06	30,047.52	600.92	29,446.60	5,731.43	%
TOTAL	165,480.51	-	26,661.82	192,142.33	3,843.13	188,299.20	6,694.78	1.03%
<b>NAVARRO COLLEGE</b>								LEVY
CURRENT	29,967.10		3,682.17	33,649.27	1,070.45	32,578.82	196.73	2,886,499.94
DELINQUENT	4,591.32	-	1,942.37	6,533.69	508.54	6,025.15	1,255.53	%
TOTAL	34,558.42	-	5,624.54	40,182.96	1,578.99	38,603.97	1,452.26	1.04%
<b>CITY OF RICE</b>								LEVY
CURRENT	1,106.52	-	144.79	1,251.31	41.71	1,209.60		93,480.90
DELINQUENT	34.27		19.13	53.40	4.96	48.44	10.69	%
TOTAL	1,140.79	-	163.92	1,304.71	46.67	1,258.04	10.69	1.18%
<b>CITY OF KERENS</b>								LEVY
CURRENT	3,890.75		488.05	4,378.80	141.46	4,237.34	38.04	236,680.79
DELINQUENT	342.80	-	134.31	477.11	35.28	441.83	92.29	%
TOTAL	4,233.55	-	622.36	4,855.91	176.74	4,679.17	130.33	1.64%
<b>CITY OF CORSICANA</b>								LEVY
CURRENT	47,351.08	-	5,723.30	53,074.38	1,667.57	51,406.81	328.62	7,423,814.89
DELINQUENT	11,745.54	-	5,648.93	17,394.47	1,470.97	15,923.50	3,200.78	%
TOTAL	59,096.62	-	11,372.23	70,468.85	3,138.54	67,330.31	3,529.40	0.64%

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NAVARRO COUNTY, TEXAS  
AD VALOREM TAXES COLLECTED DURING THE MONTH ENDING MAY 2009

DESCRIPTION	TAXES	DISCOUNT	PENALTY & INTEREST	SUBTOTAL	COLLECTION FEE	NET TAXES DUE	MEMO ONLY ATTY FEES	% CURRENT COLLECTED
<b>CITY OF BARRY</b>								LEVY
CURRENT	337.76		38.61	376.37	11.34	365.03		14,049.36
DELINQUENT				-		-		%
TOTAL	337.76	-	38.61	376.37	11.34	365.03	-	2.40%
<b>CITY OF EMHOUSE</b>								LEVY
CURRENT	270.86	-	35.21	306.07	10.16	295.91	32.88	8,384.44
DELINQUENT	234.28		78.29	312.57	20.76	291.81	61.45	%
TOTAL	505.14	-	113.50	618.64	30.92	587.72	94.33	3.23%
<b>CITY OF RICHLAND</b>								LEVY
CURRENT	191.23	-	17.34	208.57	5.29	203.28		13,651.68
DELINQUENT	24.95		9.36	34.31	2.47	31.84	6.86	%
TOTAL	216.18	-	26.70	242.88	7.76	235.12	6.86	1.40%
<b>CITY OF GOODLOW</b>								LEVY
CURRENT	63.45	-	1.96	65.41	0.81	64.60	0.35	2,877.74
DELINQUENT	78.77		24.87	103.64	6.61	97.03	20.73	%
TOTAL	142.22	-	26.83	169.05	7.42	161.63	21.08	2.20%
<b>CITY OF DAWSON</b>								LEVY
CURRENT	488.75		57.14	545.89	16.73	529.16	3.80	63,435.27
DELINQUENT	129.14		46.86	176.00	12.37	163.63	35.19	%
TOTAL	617.89	-	104.00	721.89	29.10	692.79	38.99	0.77%
<b>CITY-BLOOMING GROVE</b>								LEVY
CURRENT	1,919.13		231.22	2,150.35	67.40	2,082.95		84,424.56
DELINQUENT	29.64		7.71	37.35	2.08	35.27	7.47	%
TOTAL	1,948.77	-	238.93	2,187.70	69.48	2,118.22	7.47	2.27%

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NAVARRO COUNTY, TEXAS  
AD VALOREM TAXES COLLECTED DURING THE MONTH ENDING MAY 2009

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DESCRIPTION	TAXES	DISCOUNT	PENALTY & INTEREST	SUBTOTAL	COLLECTION FEE	NET TAXES DUE	MEMO ONLY ATTY FEES	% CURRENT COLLECTED
<b>BLOOMING GROVE ISD</b>								LEVY
CURRENT	23,361.52		2,970.80	26,332.32	859.53	25,472.79	119.88	1,315,359.35
DELINQUENT	5,202.63		1,815.98	7,018.61	479.99	6,538.62	1,385.65	%
TOTAL	28,564.15	-	4,786.78	33,350.93	1,339.52	32,011.41	1,505.53	1.78%
<b>DAWSON ISD</b>								LEVY
CURRENT	15,292.06	-	1,860.59	17,152.65	541.55	16,611.10	12.95	1,230,122.36
DELINQUENT	1,717.34	-	522.12	2,239.46	139.12	2,100.34	447.89	%
TOTAL	17,009.40	-	2,382.71	19,392.11	680.67	18,711.44	460.84	1.24%
<b>RICE ISD</b>								LEVY
CURRENT	7,449.75		1,011.42	8,461.17	290.09	8,171.08	141.47	1,096,679.01
DELINQUENT	701.64		311.85	1,013.49	81.47	932.02	202.69	%
TOTAL	8,151.39	-	1,323.27	9,474.66	371.56	9,103.10	344.16	0.68%
<b>NAVARRO COUNTY ESD#1</b>								LEVY
CURRENT	1,832.66		229.08	2,061.74	66.48	1,995.26	31.44	104,464.88
DELINQUENT				-		-		%
TOTAL	1,832.66	-	229.08	2,061.74	66.48	1,995.26	31.44	1.75%
<b>GRAND TOTAL</b>	<b>323,835.45</b>	<b>-</b>	<b>53,715.28</b>	<b>377,550.73</b>	<b>11,398.32</b>	<b>366,152.41</b>	<b>14,328.16</b>	

MEMO:

TOTAL COLLECTED	<u>391,878.89</u>
ROLLBACK TAXES	<u>                    </u>
TAX CERTIFICATES	<u>1,140.00</u>
HOT CK FEES	<u>60.00</u>

YR-TO-DATE % CURRENT COLLECTED:

COUNTY	<u>94.35%</u>	RICHLAND	<u>86.05%</u>
COLLEGE	<u>94.26%</u>	GOODLOW	<u>70.77%</u>
RICE	<u>91.25%</u>	CITY-DAWSON	<u>89.14%</u>
KERENS	<u>90.70%</u>	CITY-BL GROVE	<u>91.38%</u>
CORSICANA	<u>95.45%</u>	B G ISD	<u>92.64%</u>
BARRY	<u>93.15%</u>	DAWSON ISD	<u>92.62%</u>
EMHOUSE	<u>78.85%</u>	RICE ISD	<u>91.37%</u>
N C ESD #1	<u>92.25%</u>		

NAVARRO COUNTY, TEXAS  
AD VALOREM TAXES COLLECTED DURING THE MONTH OF MAY 2009

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	TAXES	PENALTY & INTEREST	SUBTOTAL	COLLECTION FEE	NET TAXES DUE	MEMO ONLY ATTORNEY FEES
<b>CURRENT TAXES</b>						
COUNTY	118,831.40	14,661.46	133,492.86	2,670.15	130,822.71	790.67
ROAD & BRIDGE	23,272.88	2,895.72	26,168.60	523.58	25,645.02	157.87
FLOOD CONTROL	2,164.77	268.58	2,433.35	48.48	2,384.87	14.81
<b>TOTAL</b>	<b>144,269.05</b>	<b>17,825.76</b>	<b>162,094.81</b>	<b>3,242.21</b>	<b>158,852.60</b>	<b>963.35</b>
<b>DELINQUENT TAXES</b>						
COUNTY	17,612.10	7,386.50	24,998.60	499.99	24,498.61	4,751.98
STATE	-	-	-	-	-	-
ROAD & BRIDGE	3,283.52	1,320.09	4,603.61	92.06	4,511.55	893.21
FLOOD CONTROL	315.84	129.47	445.31	8.87	436.44	86.24
<b>TOTAL</b>	<b>21,211.46</b>	<b>8,836.06</b>	<b>30,047.52</b>	<b>600.92</b>	<b>29,446.60</b>	<b>5,731.43</b>
<b>TOTAL ALLOCATION</b>						
COUNTY	136,443.50	22,047.96	158,491.46	3,170.14	155,321.32	5,542.65
STATE	-	-	-	-	-	-
ROAD & BRIDGE	26,556.40	4,215.81	30,772.21	615.64	30,156.57	1,051.08
FLOOD CONTROL	2,480.61	398.05	2,878.66	57.35	2,821.31	101.05
<b>TOTAL</b>	<b>165,480.51</b>	<b>26,661.82</b>	<b>192,142.33</b>	<b>3,843.13</b>	<b>188,299.20</b>	<b>6,694.78</b>

COUNTY TAX REPORT  
Prepared by Gail Smith  
Navarro County Tax Office



# **North Central Texas Trauma Regional Advisory Council**

Mobile Medical Unit Briefing  
Navarro County  
June 1, 2009

*NCTTRAC: Due Diligence ... Delivered*



## **NCTTRAC MMU Project**

- Goal: Forward place mobile medical assets in host jurisdictions to support various health and medical missions
- 5 host cities / counties
  - Arlington
  - Navarro County
  - McKinney
  - Granbury
  - Denton (training unit only)
- Equipment deliveries in process

*NCTTRAC: Due Diligence ... Delivered*



## MMU Project

- Provides independent mobile medical assets for potential use as, but not limited to:
  - Triage sites
  - Shelter, reception, and evacuation hubs
  - Alternative care sites
  - Heat stress shelter
  - Medical special needs shelter
  - Quarantine / isolation shelter
- Basic medical equipment and supply caches available via mutual aid request

*NCTTRAC: Due Diligence ... Delivered*



## MMU Description

- Base-X ABX-2000 / 3000 series units
- Modular in portable sections for easy transport, layout and inflation
- Equipped with integrated flooring, inflator units which deliver and maintain optimal air pressure, with wind line and water ballast kits
- Capable of “negative-pressure” for biological response support

*NCTTRAC: Due Diligence ... Delivered*



## MMU Description

- Modular in portable sections for easy transport, layout, and stand up
- Equipped with integrated flooring, plus inflator units which deliver and maintain optimal air pressure
- Integrated HVAC and interior lighting
- Capable of “negative pressure” for biological response support
- \$535,000 each (40-bed with equipage)

*NCTTRAC: Due Diligence ... Delivered*



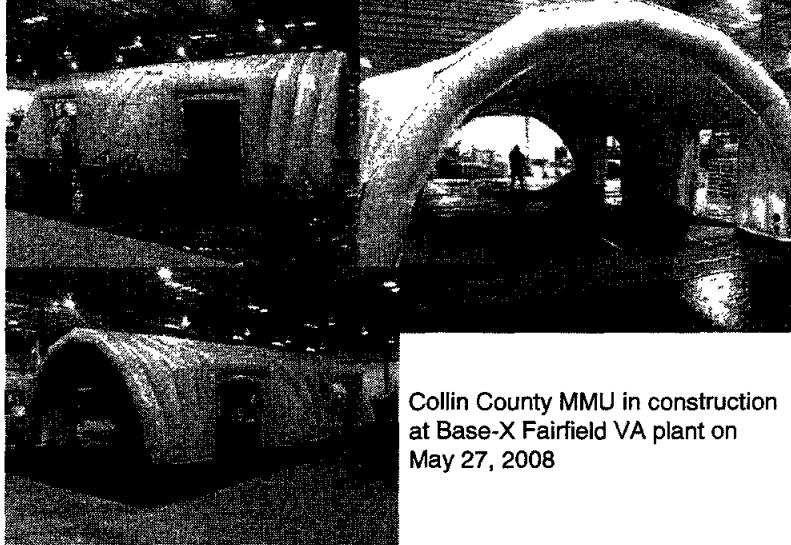
## MMU Equipage

- 30 medical cots
- 10 decontamination litters and stands
- 4 nursing stations
- Field sink
- Portable toilet and fluids bladder
- Air compressors, jack stands, floor jack, utility cart, extension cords

*NCTTRAC: Due Diligence ... Delivered*



## MMU Structure

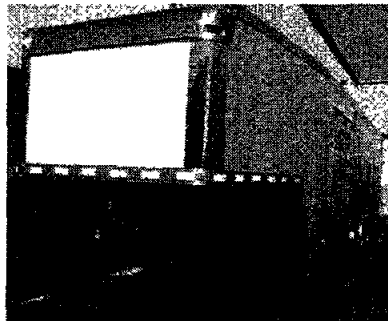


Collin County MMU in construction at Base-X Fairfield VA plant on May 27, 2008

*NCTTRAC: Due Diligence ... Delivered*



## MMU Trailers



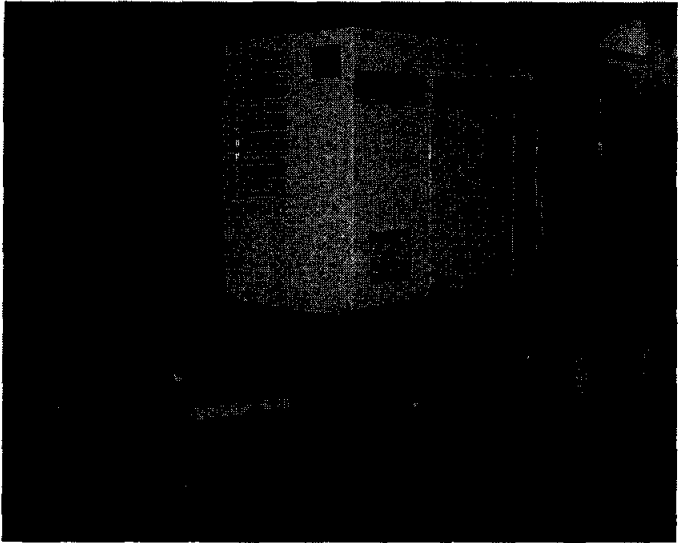
Arlington Fire Department MMU and Prime Mover

*NCTTRAC: Due Diligence ... Delivered*



**NCTTRAC**  
North Central Texas  
Transit System  
Advisory Council

## MMU Generators



*NCTTRAC: Due Diligence ... Delivered*

**NCTTRAC**  
North Central Texas  
Transit System  
Advisory Council

## Command, Control, & Logistics (C<sup>2</sup>L) Units

- NCTTRAC has purchased 5 C<sup>2</sup>L units
  - One for each HPP-purchased MMU
    - 4 MMUs and 1 training unit
  - May be independently activated
  - Not negative pressure capable
  - Tables, chairs for incident command post
  - Logistics wing large enough for tractor-trailer deliveries
  - Mate to MMUs and other C<sup>2</sup>L units

*NCTTRAC: Due Diligence ... Delivered*



## C<sup>2</sup>L Units

- 32ft gooseneck trailer (14,600 lbs GVWR)
- 36kw trailerized diesel generator (4,400 lbs GVWR)
- Integrated HVAC and interior lighting
- Trailers have HVAC and electrical capability when connected to generator
- \$194,000 each

*NCTTRAC: Due Diligence ... Delivered*



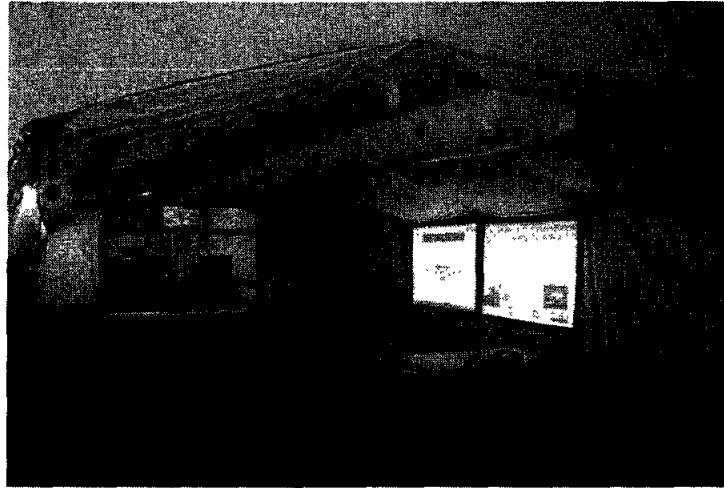
## C<sup>2</sup>L Communications

- NCTTRAC will provide a tactical communications kit for each C<sup>2</sup>L unit
  - Tactical Video Teleconferencing
  - VHF / HAM 2-way radio
    - Base station
    - 11 handheld radios
    - 2 satellite phones
      - Monthly service for 2 minutes
      - If deployed, service shifts to end user for payment
- \$28,000 per kit

*NCTTRAC: Due Diligence ... Delivered*



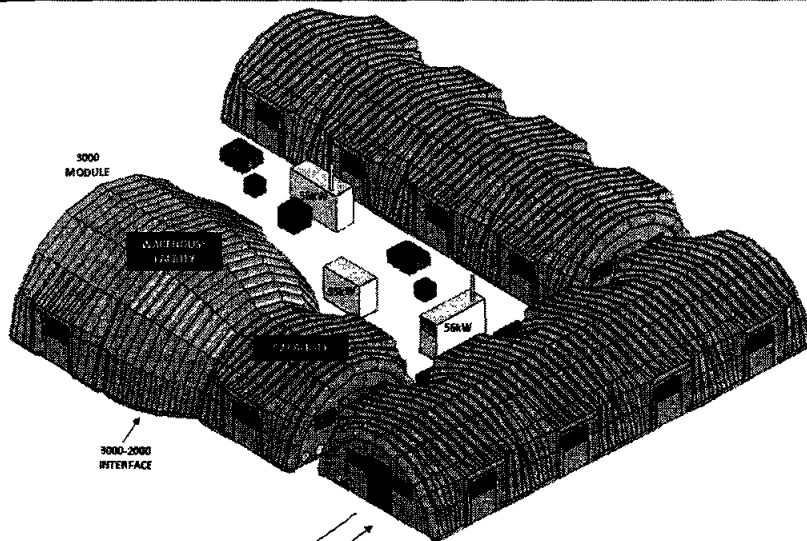
## C<sup>2</sup>L Unit and Trailer



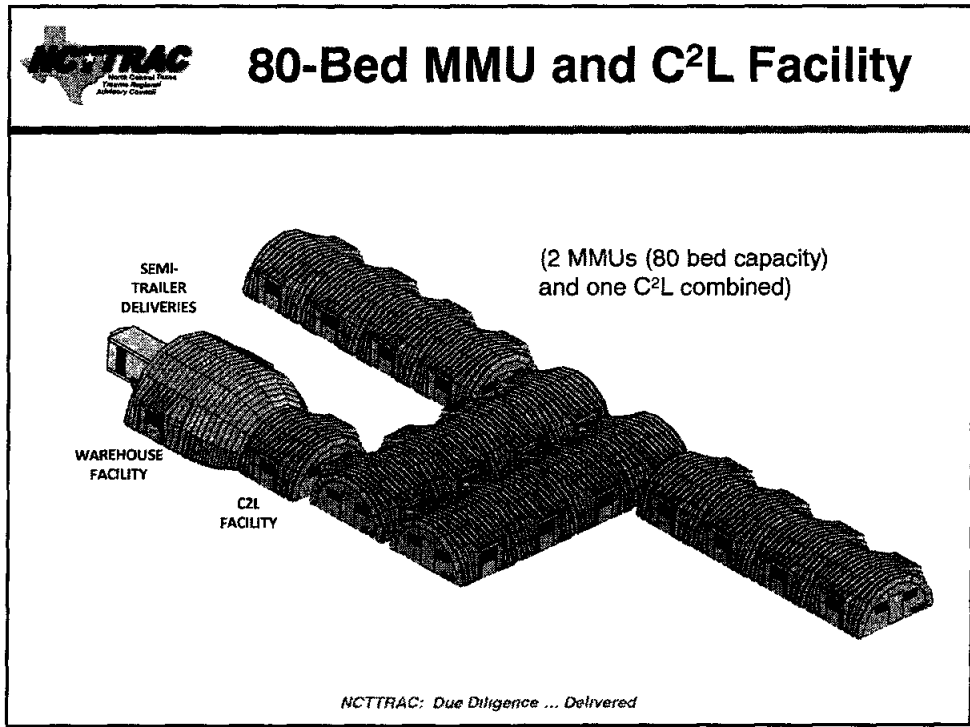
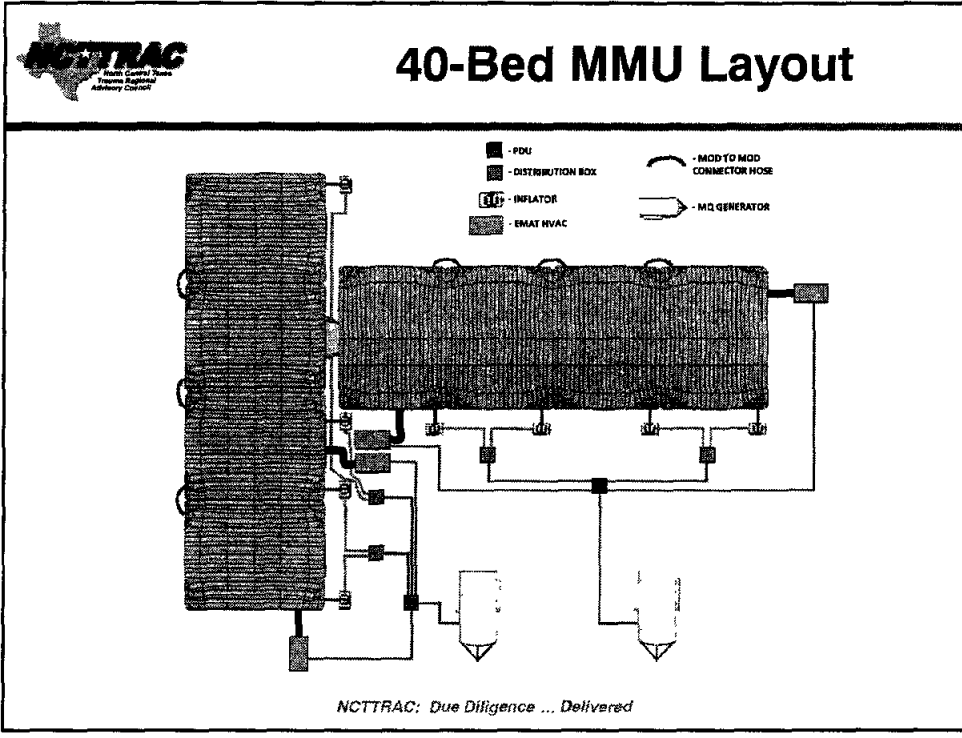
*NCTTRAC: Due Diligence ... Delivered*



## 40-Bed MMU and C<sup>2</sup>L Facility



*NCTTRAC: Due Diligence ... Delivered*





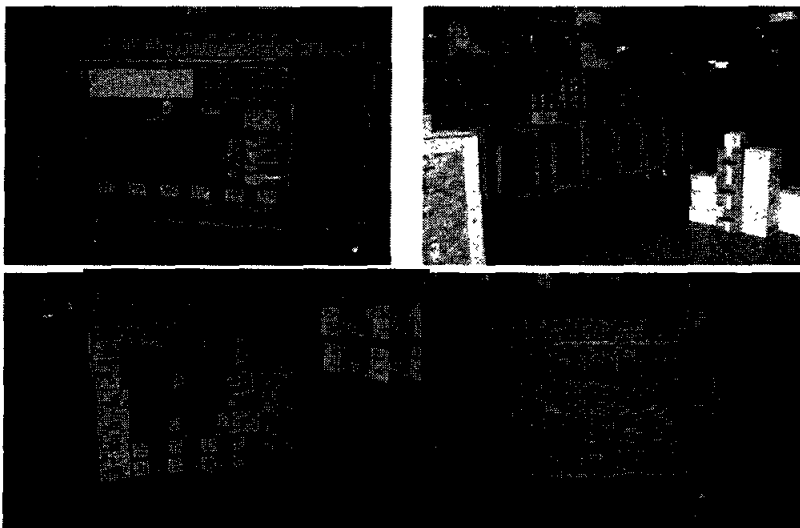
## MMU Mobile Caches

- 5 mobile caches
- Extensive supplies and equipment
  - No pharmaceuticals
- Supports approximately 100 patients for 3 days
  - Triage, stabilization, and transport operation
- 16 – 18 specialty wheeled crates
  - 6' long x 3' wide x 5' tall
- Each cache fills semi trailer
- \$113,000 each

*NCTTRAC: Due Diligence ... Delivered*



## MMU Mobile Caches



*NCTTRAC: Due Diligence ... Delivered*



## MMU Hospital Caches

- 4 palletized caches held in reserve at NCTTRAC Arlington warehouse
- Direct hospital support items
  - Extensive supplies and equipment
  - No pharmaceuticals
  - Each supplements hospital inventory
    - Triage, stabilization, and transport equipment
    - Burn & pediatric materials segregated
    - 16 specialty crates approx 4' x 4' x 4' each
- \$111,000 each

NCTTRAC: Due Diligence ... Delivered



## Additional Equipage

- 125 TEMPS beds in two 40ft ISO shipping containers
- 50 pallets of Pan Flu consumables
- Incorporated into one mobile cache:
  - 39 Univent Eagle ventilators
  - 125 WaterJel burn kits

NCTTRAC: Due Diligence ... Delivered



## MMU System Development

- Contracting with NCTCOG to develop:
  - Standard staffing template
  - Recommended Job Action Sheets
  - Recommended processes for the deployment, employment, redeployment, and reconstitution phases of MMU
  - Use of 20-bed MMU and C<sup>2</sup>L as a training assemblage
    - Develop jurisdiction and healthcare organization capability
- Training processes now in place


*NCTTRAC: Due Diligence ... Delivered*



## MMU System Development

- NCTCOG contractual obligations continued:
  - Develop standard training materials
  - Operate 20-bed training unit and provide multiple training sessions throughout region for support team development
- **NOT** developing medical staff / operations training – only recommendations for team organization and roles
  - Predict need for state - standard role development and refinement


*NCTTRAC: Due Diligence ... Delivered*



## MMU Summary

- Each operational MMU may be split into as many as 3 independently deployable units
  - Two 20-bed units
  - One C<sup>2</sup>L unit
- NCTTRAC total:
  - Six operational 20-bed units and four C<sup>2</sup>L units
  - Contingency: Training unit (20 beds) and one C<sup>2</sup>L unit
  - One C<sup>2</sup>L unit purchased for THR / Arlington MMU
- NCTTRAC MMUs may be joined into single 120-bed unit with additional space from C<sup>2</sup>L and Training units, plus trailer space
  - NCTTRAC units structurally interoperable with THR / Arlington 40 beds MMU (previous MMRS / HPP project)

*NCTTRAC: Due Diligence ... Delivered*



## MMU Summary

MMU UNIT	MMU C <sup>2</sup> L HOST / LOCATION / DESCRIPTION	CACHE HOST / LOCATION
COLLIN COUNTY (Note 1)	COLLIN COUNTY / MCKINNEY 40 bed MMU plus C <sup>2</sup> L, 3 GenSets	TEXOMA MEDICAL CENTER / DENISON
NAVARRO COUNTY (Note 1)	NAVARRO COUNTY / ARLINGTON 40 bed MMU plus C <sup>2</sup> L, 3 GenSets	ARLINGTON
HOOD COUNTY	HOOD COUNTY / GRANBURY 40 bed MMU plus C <sup>2</sup> L, 3 GenSets	HOOD COUNTY / ARLINGTON
TRAINING	NCTCOG / DENTON 20 bed MMU plus C <sup>2</sup> L, 2 GenSets	NCTTRAC / ARLINGTON
ARLINGTON (Note 2)	CITY OF ARLINGTON / ARLINGTON 40 bed MMU plus C <sup>2</sup> L, 3 GenSets	FORT WORTH MMRS WAREHOUSE

1. Final host agreements pending memoranda of agreement resolution
2. Arlington MMU is a joint enterprise with Arlington Fire Department, Arlington MMRS, Texas Health Resources, and the Hospital Preparedness Program.

*NCTTRAC: Due Diligence ... Delivered*





### Questions?

Hank Hufham  
Hospital Preparedness Program  
Program Manager

NCTTRAC  
600 Six Flags Drive, Suite 160  
Arlington, TX 76011  
(817) 608-0390  
hhufham@ncttrac.org

NCTTRAC: Due Diligence ... Delivered

for overflow → TRIAGE Shelter

6 pieces  
3 diesel  
40 beds

Standard Mutual Aid County  
In SE sector of 19 counties  
Rockwall  
Ellis



680  
**CITY OF CORSICANA, TEXAS**

May 29, 2009

Ms. Faith Holt  
Navarro County Commissioner, Pct. 2  
300 West 3<sup>rd</sup> Avenue  
Corsicana, TX 75110

Reference: Requested use of City Equipment-Bomag Reclaiming Machine  
Model MPH 100R, S/N 86218T

Dear Faith,

In response to your recent request to use the City's Bomag Reclaiming Machine, I agree to provide this piece of equipment according to the following criteria:

- One Time Use Only – one week, Monday through Friday
- City will deliver on Monday morning and pick up no later than Friday afternoon.
- Machine will be available June 8 through June 12, 2009.
- County employee, Tyrone Bailey to operate machine—additional operator (s) must be approved by City Manager.
- County to furnish insurance through TACS or approved equal.
- County to specify location for delivery, use and pickup.
- County shall be responsible for any and all damages incurred while equipment is in their possession.

Upon your signature below, this document shall serve as agreement to above referenced equipment usage. Please submit a signed copy for our records by use of enclosed envelope.

Sincerely,

Handwritten signature of Connie Standridge in cursive.

Connie Standridge  
City Manager

I concur:

Handwritten signature of Faith Holt in cursive.  
Commissioner, Precinct 2

cc: Ron Lynch, Director of Public Works  
Kathy Hollomon, County Auditor



681  
**CITY OF CORSICANA, TEXAS**

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682  
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Kathy Hollomon, County Auditor

683

**RISK MANAGEMENT POOL**

**CERTIFICATE OF PROPERTY COVERAGE**

The Texas Association of Counties Risk Management Pool is created to enable each county or county-related governmental entity to provide self insurance coverage against physical damage claims. The specified county or county related governmental entity participates in this Fund under an agreement pursuant to the provisions of and operates under the Chapter 791, Texas Government Code Annotated.

**NAME AND ADDRESS OF COVERED COUNTY:**

Navarro County  
300 West Third Avenue, Suite 14  
Corsicana, TX 75110

Coverage Agreement No.: PR 1750 2008 07 01

Coverage Period: 6/2/2009 to 7/1/2009

**PROPERTY**

Includes the following coverages:

All risk of physical loss subject to coverage terms, exclusions and conditions.

Actual cash value

Deductible: \$5,000

With respect to the following property:

Bomag Reclaiming Machine  
Model MPH 100R  
S/N: 86218T

Total Value: \$100,000

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the Pool. The certificate does verify that coverage has been placed in force for the period indicated above. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage provided by the Pool described herein is subject to all the terms, exclusions and conditions of the coverage document issued by the Pool. The coverage is primary without right of contribution from any insurance carried by any additional insured. Should any of the above described coverage be altered or cancelled the Pool will endeavor to mail ten days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the Pool.

**Certificate Holder**  
City of Corsicana



**Authorized Representative**  
Texas Association of Counties  
1210 San Antonio St.  
Austin, TX 78701-1834  
(512) 478-8753

*Certificate Issued*  
*Wednesday, June 03, 2009*

**RECEIVED**

JUN 05 2009

NAVARRO COUNTY  
AUDITORS OFFICE

684

**RISK MANAGEMENT POOL**

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NAVARRO COUNTY  
AUDITORS OFFICE

685

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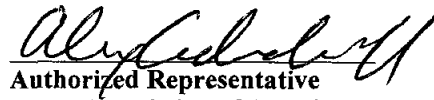
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**RECEIVED**

**JUN 05 2009**

**NAVARRO COUNTY  
AUDITORS OFFICE**

686

**AGREEMENT FOR DENTAL SERVICES**

**AGREEMENT BY AND BETWEEN:**

The COUNTY OF NAVARRO with offices at the Navarro County Justice Center at 300 W. 2<sup>nd</sup> Avenue, Corsicana, Texas 75110

Hereinafter referred to as the "COUNTY",

**AND:**

DENTRUST DENTAL TEXAS, P.C., a corporation of the State of Texas, with offices located at 975 Easton Road, Suite 101, Warrington, Pennsylvania 18976

Hereinafter referred to as "DENTRUST".

WHEREAS, the COUNTY desires to provide dental care for inmates and detainees at the Navarro County Correctional Facility (hereinafter "the Jail"); and

WHEREAS, Dentists provided by DENTRUST are duly licensed dentists in the State of Texas, desires to conduct part of its practice of dentistry at the Jail;

WHEREAS, the provisions of the Health Insurance Portability and Accountability Act (HIPAA) as set forth hereto in Appendix "A", HIPAA Business Associate Agreement, is hereby made part of this Agreement and incorporated by reference;

IT IS MUTUALLY AGREED by and between the above-referenced parties hereto, for one dollar (\$1.00) and for other goods and valuable consideration, as follows;

1. DENTRUST agrees to conduct an independent practice of dentistry at the Jail. The COUNTY in turn, agrees to provide DENTRUST with the required space and sufficient time to conduct its dental practice. The COUNTY will neither contract with nor allow any other provider to perform routine or non-emergent dental services on inmates or detainees housed at the Navarro County Correctional Facility while the COUNTY is under contract with DENTRUST. The



COUNTY will allow DENTRUST access to the Jail one day every month and any other time when DENTRUST's services are required as scheduled by either the Jail or DENTRUST.

2. DENTRUST agrees that it shall give priority scheduling to inmates in need of emergency dental treatment; inmates who have medical problems, such as allergies, diabetes, heart conditions and/or blood diseases; and inmates who do not have sufficient teeth to masticate the food provided by the Jail.

3. DENTRUST agrees to perform necessary dental services upon any and all County, State and Federal prisoners presently detained at the Jail. In the course of performing said dental services for County, State and Federal prisoners, DENTRUST agrees to adhere to any and all applicable State and Federal regulations governing dental services for prisoners and detainees.

4. DENTRUST agrees that it is responsible for furnishing, at its own expense, all additional necessary equipment and supplies and its own paid personnel, as determined by DENTRUST, for the proper and safe operation of its clinic at the Jail.

5. In addition to emergency treatment DENTRUST shall only perform the treatment necessary to control and prevent pain, infection, decay or other abnormalities of the hard and soft tissue within, and immediately adjacent to the oral cavity of any inmate or detainee presently being housed at the Jail. DENTRUST shall not perform any cosmetic or other dental services other than the aforementioned, without first obtaining authorization from the Jail Administrator.

6. The COUNTY agrees to pay the fees in Appendix "B" for all treatment performed on inmates and detainees housed in the Jail, and that a fee of fifty-five dollars (\$55.00) will be billed to the COUNTY for travel expenses incurred by DENTRUST for each day it operates the clinic at the Jail. This fee will also apply to any emergency calls to which DENTRUST may respond.

7. The COUNTY agrees that it is responsible for disposing of all bio-hazardous waste products created as a result of the operation of the dental clinic at the Jail.

8. The COUNTY agrees to make the medical records available to DENTRUST, in advance of any dental treatment, of any patient expected to be examined or treated by a Dentist provided by DENTRUST. DENTRUST agrees to treat all patients with proper infection control procedures including barrier protection, chemical disinfectants, sterilization, and, where possible, disposable equipment.

9. The COUNTY agrees that when a Dentist provided by DENTRUST is in the presence of inmates or other detainees under the jurisdiction of the Jail at least one corrections officer will be immediately present. At no time will the COUNTY leave any Dentist alone with an inmate or other detainee under the jurisdiction of the Jail regardless of how rehabilitated or trustworthy that inmate or detainee may appear.

10. DENTRUST agrees to maintain the appropriate amounts of Dental malpractice insurance necessary for it to satisfy its obligations under this Agreement. Moreover, this Agreement will not be effective unless and until DENTRUST demonstrates that it possesses said malpractice coverage.

11. The COUNTY agrees that during the terms of this Agreement and for a period of two (2) years after its termination, the COUNTY will not engage, directly or indirectly, any employee or dentist-employee of DENTRUST in connection with the provision of dental services.

12. The terms of this Agreement shall be for three (3) years effective June 1, 2009 and may be renewed by mutual consent of both parties, for additional one (1) year terms.

13. It is understood and agreed that either party retains the right to revoke this Agreement at any time, and for reasonable cause, upon ninety (90) days written notice.

14. All notices, approvals, consents and other instruments required or permitted to be given under this Agreement shall be in writing.

15. This Agreement may not be changed, modified or discharged, except in writing, and signed by both parties.

16. This Agreement constitutes the entire understanding between DENTRUST and the COUNTY. There are no understandings, representations, or agreements, either oral or written, other than those set forth herein.

17. Waiver of any provision of this Agreement shall not be deemed a waiver of future compliance herewith and such provisions shall remain in full force and effect.

18. In the event any provision of this Agreement is held invalid and illegal, or unenforceable, in whole or in part, the remaining provisions of this Agreement shall not be affected thereby and shall continue to be valid and enforceable. In the event that any provision of this Agreement is held to be unenforceable as written, but enforceable if modified, then such provision shall be deemed to be modified to such extent as shall be necessary for such provision to be enforceable, and it shall be enforced to that extent.

19. This Agreement shall be construed and interpreted according to the laws of the State of Texas.

20. The undersigned represent that they have been authorized by each of the above-referenced parties to execute this Agreement.

IN WITNESS WHEREOF, the officers of the respective parties have signed and sealed this

Agreement this 11 day of June, 2009.



Sherry Dowd

COUNTY OF NAVARRO

By: [Signature]

ATTEST

DENTRUST DENTAL TEXAS, P.C.

[Signature]

By: [Signature]  
John M. Halcovich, D.M.D., CCHP  
President

**APPENDIX "A"**

**HIPAA BUSINESS ASSOCIATE AGREEMENT**

This Appendix "A" is made part of the Services Agreement (as defined below) by and between DENTRUST DENTAL TEXAS, P.C. ("Covered Entity") and the COUNTY OF NAVARRO ("Business Associate").

WHEREAS, Covered Entity and Business Associate are parties to the Service Agreement pursuant to which Business Associate provides certain services to Covered Entity. In connection with Business Associate's services, Business Associate creates or receives Protected Health Information from or on behalf of Covered Entity, which information is subject to protection under the Federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 ("HIPAA") and related regulations promulgated by the Secretary ("HIPAA Regulations").

WHEREAS, in light of the foregoing and the requirements of the HIPAA Regulations, Business Associate and Covered Entity agree to be bound by the following terms and conditions:

1. **Definitions.**

- a. **General.** Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy Rule.
- b. **Specific.**
  - i. **Individual.** "Individual" shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
  - ii. **Privacy Rule.** "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
  - iii. **Protected Health Information.** "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
  - iv. **Required By Law.** "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR 164.501.

- v. Secretary. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.
- vi. Services Agreement. "Services Agreement" shall mean any present or future agreements, either written or oral, between Covered Entity and Business Associate under which Business Associate provides services to Covered Entity which involve the use or disclosure of Protected Health Information.

2. **Obligations and Activities of Business Associate.**

- a. Use and Disclosure. Business Associate agrees not to use or disclose Protected Health Information other than as permitted or required by the Services Agreement or as Required by Law.
- b. Appropriate Safeguards. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by the Services Agreement. Without limiting the generality of the foregoing, Business Associate agrees to protect the integrity and confidentiality of any Protected Health Information it electronically exchanges with Covered Entity.
- c. Mitigation. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- d. Reporting. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by the Services Agreement of which it becomes aware.
- e. Agents. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- f. Access to Designated Record Sets. To the extent that Business Associate possesses or maintains Protected Health Information in a Designated Record Set, Business Associate agrees to provide access, at the request of Covered Entity, and in the time and manner designated by the Covered Entity, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR 164.524.

- g. Amendments to Designated Record Sets. To the extent that Business Associate possesses or maintains Protected Health Information in a Designated Record Set, Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526 at the request of Covered Entity or an Individual, and in the time and manner designated by the Covered Entity.
  - h. Access to Books and Records. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity, or to the Secretary, in a time and manner designated by the Covered Entity or designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.
  - i. Accountings. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.
  - j. Requests for Accountings. Business Associate agrees to provide to Covered Entity or an Individual, in the time and manner designated by the Covered Entity, information collected in accordance with Section 2.i. of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.
3. **Permitted Uses and Disclosures by Business Associate.** Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Services Agreement, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.
4. **Permissible Requests by Covered Entity.** Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.
5. **Term and Termination.**
- a. Term. This Agreement shall be effective as of the date of the Services Agreement, and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity,

or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.

b. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

i. In its sole discretion, provide an opportunity for Business Associate to cure the breach or end the violation. If Business Associate does not cure the breach or end the violation within the time specified by Covered Entity, Covered Entity shall terminate: (A) this Agreement;

(B) all of the provisions of the Services Agreement that involve the use or disclosure of Protected Health Information; and (C) such other provisions, if any, of the Services Agreement as Covered Entity designates in its sole discretion;

ii. Immediately terminate: (A) this Agreement; (B) all of the provisions of the Services Agreement that involve the use or disclosure of Protected Health Information; and (C) such other provisions, if any, of the Services Agreement as Covered Entity designates in its sole discretion if Business Associate has breached a material term of this Agreement; or

iii. If termination is not feasible, Covered Entity shall report the violation to the Secretary.

c. Effect of Termination.

i. Except as provided in paragraph ii. of this Section 5.c., upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

ii. In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that

make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information. If Covered Entity makes a reasonable determination that returning or destroying the Protected Health Information is feasible, Business Associate shall return or destroy the Protected Health Information in the time and manner designated by Covered Entity.

6. **Miscellaneous.**

- a. **Regulatory References.** A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended.
- b. **Amendment.** The Parties agree to take such action as is necessary to amend the Services Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and HIPAA.
- c. **Survival.** The respective rights and obligations of Business Associate under Section 5.c. of this Agreement shall survive the termination of the Services Agreement.
- d. **Interpretation.** Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.
- e. **Miscellaneous.** The terms of this Agreement are hereby incorporated into the Services Agreement. Except as otherwise set forth in Section 6.d. of this Agreement, in the event of a conflict between the terms of this Agreement and the terms of the Services Agreement, the terms of this Agreement shall prevail. The terms of the Services Agreement which are not modified by this Agreement shall remain in full force and effect in accordance with the terms thereof. The Services Agreement together with this Business Associate Agreement constitutes the entire agreement between the parties with respect to the subject matter contained herein.



APPENDIX "B"



975 EASTON ROAD, SUITE 101, WARRINGTON , PENNSYLVANIA, 18976 TEL(267)927-5000 FAX (267)927-5007

FEE SCHEDULE- Effective January 1, 2006

TYPE 1 SERVICES

Diagnostic

0110	Initial Examination	30.00
0120	Periodic Examination	30.00
0140	Problem Focused Examination	35.00
0210	Full Mouth Series	85.00
0220	Periapical-First Film	15.00
0230	Periapical-Additional Film	10.00
0240	Occlusal X-ray	30.00
0270	Bitewing-Single	15.00
0272	Bitewing-Two Films	25.00
0273	Bitewing-Three Films	30.00
0274	Bitewing-Four Films	35.00
0460	Pulp Vitality Test	25.00
0470	Diagnostic Casts	40.00

Preventive

1110	Adult Prophylaxis	60.00
1120	Child Prophylaxis	50.00
1203	Topical Fluoride-Child	20.00
1204	Topical Fluoride-Adult	20.00
1350	Sealants-Quadrant	70.00
1351	Sealant-Per Tooth	25.00
1330	Oral Hygiene Instruction	----
1310	Nutritional Counseling	----

Space Management Therapy

1315	Night Guard Therapy For MPD	325.00
1510	Fixed Unilateral	150.00
1515	Fixed Bilateral	275.00
1520	Removable Unilateral	150.00
1525	Removable Bilateral	300.00
1550	Recement Space Maintainer	50.00

Restorative

2110	Amalgam-Primary-One Surface	30.00
2120	Amalgam-Primary-Two Surface	41.00
2130	Amalgam-Primary-Three Surface	52.00
2131	Amalgam-Primary-Four Surface	63.00
2140	Amalgam-Permanant-One Surface	55.00

2150	Amalgam-Permanant-Two Surface	75.00
2160	Amalgam-Permanant-Three Surface	90.00
2161	Amalgam-Permanant-Four Surface	110.00
2162	Amalgam-Permanant-Five Surface	130.00
Anterior Composite Resins		
2330	One Surface	55.00
2331	Two Surface	75.00
2332	Three Surface	90.00
2335	Four Surface or Incisal Angle	110.00
2336	Facial Veneer	130.00
Posterior Composite Resins		
2391	Permanant-One Surface	80.00
2392	Permanant-Two Surface	110.00
2393	Permanant-Three Surface	150.00
Gold Foil		
2410	One Surface	100.00
2420	Two Surface	175.00
Gold Inlay & Onlay		
2510	Inlay-One Surface	market
2520	Inlay-Two Surface	market
2530	Onlay-Three Surface	market
2540	Onlay-Four Surface	market
Porcelain Inlays & Onlays		
2610	Inlay-One Surface	425.00
2620	Inlay-Two Surface	500.00
2630	Onlay-Three Surface	625.00
Crowns-Single		
2700	Porcelain Laminate	425.00
2710	Acrylic Temporary	100.00
2740	Porcelain Jacket	650.00
2750	Porcelain-gold	725.00
2752	Porcelain-Semiprecious Metal	525.00
2790	Gold-Full Cast	market
2792	Semiprecious-Full Cast	650.00
2830	Stainless Steel	125.00

**Other Restorative Services**

2891	Cast Post & Core	155.00
2892	Parapost	90.00
2893	Cast Post & Core as Part of Crown	155.00
2910	Recement Inlay	50.00
2920	Recement Crown	50.00
2940	Sedative Filling	50.00
2950	Buildup For Crown	85.00
2951	Pin Retention In Addition to Restoration	30.00

**Endodontics**

3110	Pulp Cap-Direct	25.00
3120	Pulp Cap-Indirect	25.00
3210	Therapeutic Apical Closure	85.00
3220	Vital Pulpectomy	85.00
3310	Root Canal-Anterior Tooth	325.00
3320	Root Canal-Bicuspid Tooth	400.00
3330	Root Canal-Three Canal Molar	575.00
3340	Root Canal-Four Canal Molar	625.00
3910	Hemisection	90.00

**Periodontics**

4050	Periodontal Evaluation	55.00
4320	Provisional Splinting Intracoronal	85.00
4321	Provisional Splinting Extracoronal	85.00
4330	Occlusal Adjustment	50.00
4331	Occlusal Adjustment Complete	150.00
4340	Scaling & Rootplaning Full Mouth	375.00
4341	Scaling and Root Planing per Quadrant	125.00
4345	Therapeutic Periodontal Scaling	100.00
4399	Isolated Scaling	70.00
4910	Periodontal Maintenance (perio prophy)	100.00

**Removable Prosthodontics**

5110	Complete Upper Denture	625.00
5120	Complete Lower Denture	625.00
5130	Immediate Upper Denture	625.00
5140	Immediate Lower Denture	625.00
5211	Resin Base Upper Partial	325.00
5212	Resin Base Lower Partial	325.00
5213	Upper Cast Partial	695.00
5214	Lower Cast Partial	695.00
5310	Each Additional Clasp With-Rest	85.00
5410	Adjustment Complete Upper	70.00
5411	Adjustment Complete Lower	70.00
5421	Adjustment Partial Upper	70.00
5422	Adjustment Partial Lower	70.00

5850	Tissue Conditioning-Per Denture	175.00
5860	Overdenture-Complete	650.00
5861	Overdenture-Partial	725.00

**Denture Repairs**

5510	Complete Denture No Teeth Damaged	50.00
5520	Missing Tooth-Complete Denture (each)	40.00
5610	Partial Denture Acrylic Saddle	55.00
5620	Cast Framework of Partial	100.00
5630	Broken Clasp	100.00
5640	Missing Tooth-Partial Denture (each)	40.00
5650	Addition of Tooth-Partial Denture (each)	40.00
5660	Addition of Clasp	100.00

**Denture Relines**

5730	Upper Complete-Chairside	165.00
5731	Lower Complete-Chairside	165.00
5740	Upper Partial-Chairside	140.00
5741	Lower Partial-Chairside	140.00
5750	Upper Complete-Laboratory	175.00
5751	Lower Complete-Laboratory	175.00
5760	Upper Partial-Laboratory	175.00
5761	Lower Partial-Laboratory	175.00

**Fixed Prosthodontics**

6210	Gold-Full Cast Pontic	market
6212	Semiprecious-Full Cast Pontic	650.00
6240	Porcelain-Gold Pontic	725.00
6252	Porcelain-Semiprecious Pontic	625.00
6545	Maryland Bridge	450.00
6750	Porcelain-Gold Abutment	725.00
6752	Porcelain-Semiprecious Abutment	625.00
6790	Gold-Full Cast Abutment	market
6792	Semiprecious-Full Cast Abutment	650.00

**Other Prosthetic Services**

6920	Recementation of Maryland Bridge	60.00
6930	Recement Bridge	60.00

**Oral Surgery**

7140	Simple Extraction	70.00
7140	Simple Extraction (third molar)	80.00
7210	Surgical Extraction	95.00
7210	Surgical Extraction (third molar)	110.00
7220	Soft Tissue Impaction	165.00

## Dentrust Dental Fee Schedule

7230	Partial Bony Impaction	225.00
7240	Full Bony Impaction	275.00
7250	Removal of Residual Root Tip	85.00
7260	Fistula Closure	275.00
7281	Exposure of Unerupted/Impacted Tooth	95.00
7285	Hard Tissue Biopsy (exc. path report)	195.00
7286	Soft Tissue Biopsy (exc. path report)	195.00
7310	Alveoloplasty With Extractions	105.00
7320	Alveoloplasty Without Extractions	185.00
7321	Tuberosity Reduction	95.00
7452	Excision of Hyperplastic Tissue-Quadrant	105.00
7510	Incision & Drainage Intraoral	175.00
7971	Excision of Pericoronal Gingiva	65.00

**Miscellaneous**

9110	Palliative Treatment	70.00
9910	Desensitizing Medicaments	15.00
9941	Athletic Mouthguard	85.00