Dental Billing
Client Service Agreement

Review before signing

Draft for discussion and legal review. Complete the legal party names, addresses, selected scope, service dates and signatures. BluePeak is a trade name here; this document does not assume an LLC has been formed. Website downloads are samples and do not enroll a practice.

1. Parties and effective date

Provider legal name / entity: _____
Doing business as BluePeak Dental Revenue
Address: _____
Client legal name / entity: _____
Practice trade name: _____
Practice address: _____
Effective date: _____ Service start date: _____
Covered location(s): _____

2. Purpose and documents

BluePeak provides the administrative dental insurance billing services selected in Schedule A. Schedule A, the communication standards on page 2, and the separately signed Business Associate Agreement (BAA) form the engagement. The BAA controls privacy/security conflicts; Schedule A controls specifically agreed scope and fees; this agreement controls remaining service terms. Changes require both parties' written approval.

3. Account leadership

Nena will be the designated billing lead at launch. Client receives a named billing contact and management escalation contact in Schedule A. BluePeak will disclose a proposed ongoing lead change and coordinate the handoff. Any person accessing patient data must be authorized, trained and subject to appropriate confidentiality and BAA obligations.

4. Professional performance

BluePeak will use reasonable professional care, maintain work notes, identify missing information and report material blockers. BluePeak does not guarantee payer approval, collection amounts or a particular improvement. Client retains clinical decisions, code/documentation approval, refund/write-off authority, payer contracts and ownership of records.

Communication & Service Standards

5. Working hours and clock

Business hours: Monday-Friday, 8:00 a.m.-5:00 p.m. Pacific time, excluding observed U.S. federal holidays. A business day is a non-holiday weekday. Business hours count only inside that window. Messages received outside it are deemed received at the next opening. A routine one-business-day deadline falls at the same time on the next business day.

6. Response commitments

Routine client inquiries: acknowledge or provide a substantive response within one business day.
Urgent billing issues: acknowledge within four business hours when sent to the designated client email and followed by a phone call or voicemail marked urgent. Examples: an imminent claim filing deadline or an access failure blocking agreed billing work.
Complex/open issues: the first response identifies the next action, responsible person and expected update date. Provide an update at least every two business days while a material issue remains open, unless another date is agreed.
Acknowledgement confirms receipt and the next step; it is not a promise of resolution within that period. No 24/7 phone or emergency service is provided.

7. Reporting and escalation

Weekly status update: by Friday at 5 p.m. Pacific, or the preceding business day if Friday is a holiday. Include work completed, key insurance-aging issues, missing office information and next priorities.
Monthly report: by the tenth business day after month-end, subject to access to the necessary records; identify any missing inputs by that deadline. A missed response deadline may be escalated to the management contact in Schedule A; management responds within one business day. Repeated misses trigger a corrective-action discussion.

8. Workflow timing

Review newly available, complete claim work within two business days during scheduled service operations. Submit ready claims within two business days after that review. Report missing documentation or coding questions and hold affected claims for office approval. For verification, agree a requested completion date before accepting each batch. Insurer response times and appeal outcomes are outside BluePeak's control.

9. Delays and continuity

If office access, documentation, approvals or a third-party outage prevents a task, notify the client within one business day of discovery, identify affected work and propose a revised date. Only the affected task timeline is extended; ordinary communication remains due when reasonably possible. BluePeak will disclose planned service interruptions in advance and agree coverage or a handoff.

Scope & Division of Responsibilities

10. Core insurance services

For selected locations and payer types: primary/secondary claim preparation and submission; insurance payment posting and authorized adjustments; rejection corrections; denial follow-up and appeals; insurance aging follow-up; work notes; weekly status updates and monthly reporting. Work is performed using the practice's authorized systems. Historical backlog and verification require the selections on Schedule A.

11. Office responsibilities

Provide accurate patient/insurance information, clinical documentation, approved coding, timely answers and secure access; maintain software licenses, clearinghouse accounts and backups; provide receipt/deposit and refund records; designate an authorized decision-maker. Client controls bank accounts and receives all payer/patient funds directly. BluePeak does not accept or hold client collections. Client remains responsible for patient-facing explanations, payment arrangements, clinical questions, coding decisions and approvals.

12. Statements remain with the office

Preparing, printing, mailing or electronically sending patient statements is not included. Patient collection calls, demand letters, debt collection, patient payment-plan administration and patient payment processing are not included. The practice handles these activities in-house or through its separately selected vendor. This allocation does not prevent BluePeak from performing the selected insurance billing services.

13. Possible patient-account support

Patient ledger review, patient-payment posting, balance reconciliation or a handoff list for the office may be added only through a signed scope describing the specific tasks, monthly volume, approvals and fee. No patient-account add-on is active under this template. Statements and patient calls remain excluded unless a later amendment expressly changes them.

14. Limits and change control

Schedule A records location/provider counts, payer mix, expected claim volume, starting insurance AR and office-approved adjustment rules. A significant scope increase is reviewed with the office; no unapproved overage or new service fee applies. Fees or scope changes require written consent. BluePeak will not alter documentation, waive balances or initiate refunds without the practice's authorization.

Fees, Term & Exit

15. Insurance fee calculation

Default monthly fee per selected location: greater of $1,400 or 3.5% of eligible monthly insurance payments actually received, net of refunds/recoupments. Eligible payments relate to claims within the agreed service scope. Exclude production, billed charges, patient payments, excluded payers and separately scoped historical AR. Identify included claims and starting AR in Schedule A; avoid duplicate fees. If later refunds affect a previously charged fee, adjust the next invoice or final reconciliation. Any alternate lawful fee model must be signed before use.

16. Additional fees and payment

Onboarding: $500 one time per location, invoiced at kickoff. Basic eligibility: $3 per completed selected check. Full breakdown: $9 per completed selected breakdown; do not also charge the basic-check fee for the same breakdown. Historical cleanup requires a separate fixed quote. Outside costs require advance written approval. No client-facing fee is due merely for downloading this sample. Monthly service invoices are issued after month-end with fee-base totals and itemized additions; payment due in 15 calendar days. Raise a specific invoice dispute within 30 days and pay undisputed sums on time.

17. Term and cancellation

Month-to-month beginning on the signed service start date; either party may cancel on 30 calendar days' written notice. No cancellation penalty. Prorate the minimum fee for a partial service month; the percentage applies only to eligible payments received during active service, with refund adjustments. No percentage fee on payments first received after termination unless a separately signed historical-work quote expressly provides otherwise. Earned onboarding charges remain payable; return any prepaid unearned services.

18. Default and transition

For a material service breach, give written notice and 10 business days to cure where cure is possible. The BAA governs privacy-related termination. For undisputed fees more than 30 days overdue, BluePeak may suspend affected work after 10 calendar days' additional written notice and a deadline-risk handoff. At exit, provide existing work notes, open-claim status, pending deadlines and a fee reconciliation within five business days, using authorized secure channels. Records are not withheld for a payment dispute. Revoke access and handle PHI under the BAA.

Risk Allocation & General Terms

19. Privacy and security

Execute the BAA before patient-data access. Use named accounts, least-privilege permissions, MFA where supported and agreed secure transfer channels. Do not send patient records through the public website form or ordinary marketing email. Client authorizes access and preserves its records/backups. Suspected privacy/security incidents must be escalated immediately; the BAA's notice deadlines apply, including outside ordinary service hours.

20. Authority and compliance

BluePeak is an independent contractor, not the practice's employee, clinical provider or insurer. Neither party may bind the other beyond documented authorization. Fees compensate administrative services, not patient referrals. The parties will review the fee model for the practice's jurisdiction and agree a lawful alternative before performing work if required. No patient referrals or clinical business are promised in exchange for fees.

21. Liability and remedies

Each party is responsible for losses caused by its own breach, negligence or misconduct. Subject to applicable law, neither party owes the other speculative lost profits or indirect/consequential damages. Each party's aggregate ordinary contractual liability is capped at service fees paid or payable for the preceding 12 months (or the shorter engagement period). The cap and exclusion do not apply to unpaid fees, fraud, willful misconduct, gross negligence, confidentiality/privacy/security violations, or liabilities that law does not permit limiting. No limitation eliminates required HIPAA duties or available statutory remedies.

22. Disputes and governing law

Authorized representatives first attempt good-faith resolution within 15 business days of written dispute notice. If unresolved, the parties may agree to nonbinding mediation before litigation; urgent protective relief remains available. California law governs, subject to mandatory applicable law in the practice's jurisdiction. Venue is a court of competent jurisdiction in Orange County, California, unless mandatory law requires otherwise. This agreement does not impose arbitration or a jury-trial waiver.

23. Notices and entire agreement

Formal notices go to the email/address contacts in Schedule A; an email notice requires acknowledgement or another documented delivery method. Routine work messages use the designated client channels. Assignment requires the other party's written consent, except an agreed business succession with equivalent protections. Invalid provisions are narrowed or severed without defeating the remaining terms. Signed amendments, this agreement, Schedule A and the BAA are the complete agreement. Electronic signatures and counterparts are permitted.

Schedule A
Scope, Fees & Signatures

24. Complete for each client

Practice / location: _____
Providers: _____ Software / version: _____
Included payer types: _____
Expected claims per month: _____ Starting insurance AR: $_____
Starting AR date: _____ Included ongoing claims / cutoff: _____
Excluded backlog / accounts: _____
Approved adjustment rules / approver: _____

25. Select services and fees

[ ] Core insurance billing: 3.5%, $1,400 monthly minimum / location.
[ ] Alternate negotiated insurance fee (describe): _____
Onboarding: $500 / location; selected locations: _____
[ ] Basic eligibility ($3/check) [ ] Full breakdown ($9/breakdown)
Verification volume / lead time: _____
[ ] Historical cleanup: separate signed quote dated _____; fee $_____
[ ] Patient-account support: separate signed task/volume/fee addendum.
Statements and patient calls are excluded from this selected scope.
Approved outside costs / cap: _____

26. Contacts, access and start conditions

Client decision-maker / email / phone: _____
BluePeak billing lead: Nena; direct client email / phone: _____
Management escalation name / email / phone: _____
Formal notice emails / addresses: _____
Secure channel / system access method: _____
BAA execution date: _____ Access / documentation ready date: _____
Services begin only after signed documents, authorized access and kickoff.
Review this proposed response schedule with Nena before signature.

27. Agreement signatures

Client authorized signer: _____
Title: _____ Signature: _____ Date: _____

Provider authorized signer: _____
Title: _____ Signature: _____ Date: _____

Both parties accept the completed scope, fee calculation, communication standards, exclusions and exit provisions. Retain a fully signed copy.