Mid America Dental Sales, inc.
121Exchange blvd.,GlendaleHeights,IL,60139
(630)629-6646 Support@dentalsalesinc.com

Break-Fix Support Policy for Imaging Devices & Software

Document Purpose: This document outlines the scope of support provided under the annual Break-Fix agreement for imaging devices and software sold and installed by our team. It is designed to eliminate ambiguity, limit overcommitment, and establish clear, enforceable expectations for clients and staff.

Part 1: What Break-Fix Actually Covers

1.1 Devices & Software Included:

- Intraoral sensors
- Intraoral cameras
- Handheld X-rays
- Imaging peripherals sold and installed by MADS
  MADS distributed DDS imaging software

1.2 Conditions for Eligibility:

- Device/software was sold and installed by our team
- System environment has not changed since install
  - Includes OS, network, drivers, and workstation/server
- All calibration files and licensing are intact

1.3 Services Provided:

Included Services	Description
Operational Troubleshooting	Issue diagnosis and resolution when setup remains unchanged
Software Performance Support	Limited to original install environment

Part 2: What Break-Fix Does Not Cover

2.1 Environmental or Hardware Changes:

Excluded Scenario	Reason
New workstation/server	Triggers reinstall/configuration need
Replaced firewall/switch/network gear	Breaks known-good routing and connectivity
OS wipe or reinstall	Invalidates calibration/software environment
Third-party hardware added	Not our responsibility to calibrate/integrate
Missing calibration files or drivers	Must be provided before we assist
Security policy/system modifications	Changes outside our support boundary

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Part 3: Third-Party Integration Expectations

3.1 We do not install or configure third-party imaging devices. Your third-party vendor or IT must:

- Install drivers and ensure OS compatibility
- Configure network access and system permissions
- Provide working calibration files and admin access

Part 4: Terms of Eligibility and Support

4.1 Support will only be rendered if:

- Device/software was sold by Mid America Dental Sales, Inc.
- Environment remains unchanged
- No third-party interference or unsupported hardware present

4.2 Break/fix Support Plan Pricing

- $850 yearly fee
- Additional work, outside the scope of break/fix plan: $155 per hour

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Date:

Subject: Your Break-Fix Support Coverage

This notice is to confirm the scope of your Break-Fix Support Contract with Mid America Dental Sales, Inc. Your coverage includes troubleshooting and maintenance for imaging devices and software that were purchased through us and remain in their original installed environments.

This ensures we can deliver fast, effective help without unnecessary delays or billing confusion.

Please remember:

- Hardware or software not purchased through Mid America Dental Sales Inc. is not covered
- System changes, such as OS reinstalls or new network hardware, void coverage
- Third-party devices require pre-configuration and calibration before we can assist

If you plan to change your environment or introduce new hardware, please contact us first. We're happy to quote an updated installation or configuration to keep things running smoothly.

Thank you for your partnership, Mid America Dental Sales at Support@dentalsalesinc.com (630)629-6646.

Glossary of Terms:

Term	Definition
Break-Fix Support	Resolution of failures in originally installed equipment or software.
Installation	Original OS, drivers, network, and devices.
Environment	Imaging-related hardware purchased through Mid America Dental Sales, Inc.
Peripheral Devices	Third-party integration—attempting to use external hardware with Mid America Dental Sales, Inc.-supported software.
Time-and-Materials	Hourly billing for support outside contracted coverage.

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Client Acknowledgment Form

Client Name: _____

Practice Name: _____

Primary Contact: _____

Phone Number: _____

Email Address: _____

Please confirm:

- I understand that Break-Fix coverage only applies to items purchased and installed by Mid America Dental Sales and its partners
- I understand changes to the install environment void coverage
- I understand that third-party hardware must be pre-configured before support
- I acknowledge that additional work is billed hourly if eligibility is not met

Authorized Signature: _____ Date: _____

Return this form to: Support@dentalsalesinc.com