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AGREEMENT made this	day of	, 2	20	by and betweer
and		(hereinafter "Do	octor"), w	hose address is
A description of the services the independent contractor	or will perform:			
SERVICES TO BE PERFORMED				
Perform and provide diagnostic, therapeutic, p	oublic consulta	ation, and surgic	al service	es as regulated by
the Board of Examiners and other legal agence	ies of the Stat	e of		·
Physical location where the service shall take place. Exp	planation of who	will provide materia	als, equipm	nent and office space:
PLACE OF PERFORMANCE and M	IATERIALS			
Doctor acknowledges that the nature of his se	ervices to be re	endered necessi	tates tha	t these services be
performed on the premises of the Company. D	Doctor may, at	his own discreti	on, provi	de and utilize any
implements or supplies necessary to render se	ervices in kee <sub>l</sub>	ping with the sta	ndards o	of the professional
community or he may lease same from Compa	any.			
A description of the term of the agreement:				
PROJECT SCHEDULE				
The Doctor has determined and agrees to con	mmence work	on	(date)	), at
time), and end work at or v	when the proje	ect is completed	. The pro	ject dates are
This agreement may extend to future projects	evidenced by	an attachment l	nereto.	



A description of how much and when Company will pay the Doctor

## **INVOICES AND PAYMENT FOR SERVICES**

The Company understands	that the Doctor will be paid in full no later than the last date of this project
and not less than those fees	as presented in an invoice on behalf of the Doctor and guaranteed by the
Company to wit: \$	per diem, unless the following arrangements have been made
No waiver, alteration or mod	lification shall be binding unless signed by both parties. Cancellation of
this agreement by either par	ty must be made in writing and if applicable the cancellation fee shall be
\$	. This instrument contains the entire agreement between the parties and
may not be amended or sup	oplemented except in writing signed by both parties. Any provision deemed
invalid shall not impair or inv	alidate remaining provisions.
A statement that the Doctor has a that the Doctor has his own liabilit	ll of the permits and licenses that the state requires and y insurance
LICENSES AND INSU	JRANCE
Doctor certifies that he is ful	ly licensed and in good standing with the Board of Examiners, and is doing
business and engaged in the	e practice of dentistry. Doctor also agrees to furnish Company with proof of
\$liability insurance	e. Furthermore, Doctor will indemnify, defend and
hold Company harmless fro	m any claims, judgment and attorney's cost resulting from services
rendered to Company beca	use of any act or omission by Doctor or his employee(s) or agent including
claims of injury, death to any	person or property damage.



An explanation of who will be responsible for expenses. A statement regarding Subcontractors or Assistants :

Doctor is responsible for his business expenses such as travel, meals, uniforms, legal and accounting

## **EXPENSES, SUBCONTACTORS OR ASSISTANTS**

[Insert Addendum(s) and Exhibit(s)	I		
Doctor	Date	Company by:	Date
·			
Likewise he is not eligible for work	ers compensation, s	tate disability or unemployment	benefits.
as may be required by law. Doctor	acknowledges that	he does not work exclusively for	r this Company.
Doctor is responsible to declare an	nd pay all federal, sta	ate and local taxes, dues, license	es and insurance
means and methods of performan	ce of the work and t	he Company shall not interfere i	n this regard.
supervise or directly control the Do	octor who shall have	the ultimate authority to determ	ine the
business for himself and none of the	ne rights and privileg	es of being an employee. Comp	oany shall not
As an independent contractor, he	has all the rights and	I privileges of being self-employ	ed and in
Doctor agrees that he is complete	y independent from	Company and is not an employ	ee of Company.
INDEPENDENT CONTRAC	CTOR		
Agreement to an Independent Contractor	relationship. A stateme	nt of tax responsibility and non-entitlen	ment of benefits
County, State of	·		
for such person(s). In the event of a	any legal dispute, the	e venue of jurisdiction shall be _	
employees, subcontractors or ass	istants and agrees to	o furnish all necessary legally red	quired insurance
Doctor assumes full and sole resp	onsibility for paymer	nt of all compensation and expe	nses to his
subcontract for or employ assistar	nts as he deems nec	essary to perform the services	described herein.
fees, etc. incurred to render and pe	erform these service	s. Doctor reserves the right at h	is expense to



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