

INDEPENDENT CONTRACTOR AGREEMENT

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(hereinafter "Company"), whose addre and (hereinafter "Doctor"), whose address	etween
and (bereinafter "Doctor") whose address	ess is
	s is

A description of the services the independent contractor will perform:

SERVICES TO BE PERFORMED

Perform and provide diagnostic, therapeutic, public consultation, and surgical services as regulated by the Board of Examiners and other legal agencies of the State of ______.

Physical location where the service shall take place. Explanation of who will provide materials, equipment and office space:

PLACE OF PERFORMANCE and MATERIALS

Doctor acknowledges that the nature of his services to be rendered necessitates that these services be performed on the premises of the Company. Doctor may, at his own discretion, provide and utilize any implements or supplies necessary to render services in keeping with the standards of the professional community or he may lease same from Company.

A description of the term of the agreement:

PROJECT SCHEDULE

The Doctor has determined and agrees to commence work on ______ (date), at ______ time), and end work at ______ or when the project is completed. The project dates are

This agreement may extend to future projects evidenced by an attachment hereto.



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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

A statement that the Doctor has all of the permits and licenses that the state requires and that the Doctor has his own liability insurance

LICENSES AND INSURANCE

Doctor certifies that he is fully licensed and in good standing with the Board of Examiners, and is doing business and engaged in the practice of dentistry. Doctor also agrees to furnish Company with proof of \$______liability insurance. Furthermore, Doctor will indemnify, defend and hold Company harmless from any claims, judgment and attorney's cost resulting from services rendered to Company because of any act or omission by Doctor or his employee(s) or agent including claims of injury, death to any person or property damage.



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

EXPENSES, SUBCONTACTORS OR ASSISTANTS

Doctor is responsible for his business expenses such as travel, meals, uniforms, legal and accounting fees, etc. incurred to render and perform these services. Doctor reserves the right at his expense to subcontract for or employ assistants as he deems necessary to perform the services described herein. Doctor assumes full and sole responsibility for payment of all compensation and expenses to his employees, subcontractors or assistants and agrees to furnish all necessary legally required insurance for such person(s). In the event of any legal dispute, the venue of jurisdiction shall be ______ County, State of ______.

Agreement to an Independent Contractor relationship. A statement of tax responsibility and non-entitlement of benefits

INDEPENDENT CONTRACTOR

Doctor agrees that he is completely independent from Company and is not an employee of Company. As an independent contractor, he has all the rights and privileges of being self-employed and in business for himself and none of the rights and privileges of being an employee. Company shall not supervise or directly control the Doctor who shall have the ultimate authority to determine the means and methods of performance of the work and the Company shall not interfere in this regard. Doctor is responsible to declare and pay all federal, state and local taxes, dues, licenses and insurance as may be required by law. Doctor acknowledges that he does not work exclusively for this Company. Likewise he is not eligible for workers compensation, state disability or unemployment benefits.

Doctor

Date

Company by:

Date

[Insert Addendum(s) and Exhibit(s)]



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